7th. Judicial Circuit 798	P	age 1 of 1		Arrest # _				Chargin	g Affidavit	
ARREST □ NOTICE TO APPEAR □ AFF	C.C. 🗆	ADULT ⊠ JUVENILE □			Number: 06-415CFA					
	Agency Name: FLAGLER COUNTY SHERIFF'S OFFICE Number: 14332-06								32-06	
FCIC/NCIC Check? Yes □ No □ O	BTS#	Data						Time of Arrest:		
ADDRESS OF ARREST: Arrested By:							ID Number:			
DEFENDANT Name (L,F,M): FRUEHAN, FRANCES, ROBERT A.K.A.							Sex: N		Race: White	
DOB: 8/20/59 Age: 46 Driver's Lic/	F650-2	76-59-300-0	State: FL	Year Expires:	2010	S.S. #:				
Height: 602 Weight: 200 Hair:	BROW	Eyes:	POB	t Country)	Lapares.				Statement: Yes No 🗵	
Scars, Marks, Business & Physician Physician									Citizenship:	
Tattoos: Occupation Fristdan Yes ☒ No ☐ Address-Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE RESIDENT PHONE										
Address-Local (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE RESIDENT PHONE										
27 Cleveland Court Palm Coast FL						321	2137			
Address-Other (Employer/School) (STREET, AP	Г. NUMBER)		(C)	ITY)	(STATE)	ZIPCO	DDE	RESIDI	ENT PHONE	
CHARGES DOMESTIC VIOLENCE? VES Attachments: Affidavit(s) Statement(s) NTA Schedule Report Traffic Infraction(s) Charges: Total Charges: 1										
#1 Charge: FEL MISD	FEL ☑ MISD ☐ ORD ☐ FS/ORD:				Citation No.:			Bond:		
SEAUAL BATTERT	FEL MISD ORD			794.011 FS/ORD: Citation No			D.: Bond:			
	FEL MISD ORD F			S/ORD: Citation No			o.: Bo		Sond:	
CO-DEFENDANT Co-Def #1. Arrested? Y	IN I Fal II	Mied [] Trof [ON FINTAL	1 Co-Def #2 As	rested? V □	N \square Fel \square	T Misd	∐ П Traf П (Ord. NTA	
#1 NAME(L,F,M):	114 [] 101. []	iviiou. Lood IIIai. Lo	d Oid. Lad 1417.La	1 00-201 112. 111	Race:	Sex:		DOB:	Age:	
#2 NAME(L,F,M):					N/A Race:	N/A Sex:]	DOB:	Age:	
NARRATIVE The undersigned certifies					N/A	N/A			L	
with urination. Dr. Fruehan (the defendant) walke came in a short time later and called in a nurse. To vagina and began pressing on her stomach. The vagina and began place his fingers back into her vagina and began place his hand on her stomach, but did not push of forceful at during this time. The victim advised the victim's husband told him that he knew what it looffice shortly after the exam and believes that the went back to the office to talk with the nurse, but abruptly left the office when they found out that I NOTICE TO APPEAR MANDATORY APPEARANCE I	The victim's victim stated moving his n her stoma hat Dr. Freu oked like, be nurse was a Dr. Freuhan Dr. Freuhan	husband was I that this wer fingers back ch at this time han placed th ut Dr. Freuha aware that wh a advised ther was coming o	also present. It on for a min and forth "lik e. The victim te clamp back in told him that happened don that he wou out to the lobb	The victim statute. The victime an intercourse states that this in her vagina at the probably huring this incided answer any of	es that Dr. n advised to motion." went on fo nd asked h as not seen lent was no of their que	Freuhan hat she di The viction approximer husban it like thot right. Tostions.	placed d feel p m state mately d if he is befor he vict	his fingers pain. Dr. I ed that Dr. 2 minutes wanted to re. The vi- tim and her	Freuhan then Freuhan did and was see. The ctim left the r husband	
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE	OFFENSE CI	HARGED OR TO	O PAY THE FINE	IDICATED. I UND	ERSTAND TH	AT SHOUL	D I WILL	FULLY FAIL	TO APPEAR (
BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED	FINE, I MAY B	E HELD IN COM	NTEMT OF COU	RT AND A WARR.	ANT FOR MY Juve	Y ARREST W	VILL BE I	SSUED.		
	BION ATT	DE OF HUTCH	LE PARENT OR	CUCTODIAN	Disp.	NI NI o				
	SIGNATO	RE OF JUVENI	LE PARENT OR			IN INO.	£**			
SIGNATURE OF DEFENDANT DATE	and the state of t	REL	ATIONSHIP TO	JUVENILE		10				
Sworn to and subscribed before me, the undersigned This 3 day of May 2000	I swear/affi	rm the above stat	ements are correc	t and true.			i i	Rt Thumb		
		OFFICER/COMPLAINANT SIGNATURE						ာ်		
Name: Jak	1	23 1001973 \		The state terms	***************************************				Že. I	
Notary Public Law Enforcement or Corrections Officer Personally Known Produced Identification Type of Identification:	NAME (PR	NAME (PRINTED) ID NUMBER						9		
OFFICIAL USE ONLY	Inmate Nun & facility:	nber	- A - A - A - A - A - A - A - A - A - A	See	<u> </u>			Consiste		
OFFICIAL OSE ONL I	oc facility:						1			