

FCIC/NCIC CHECK YES  NO

ARREST/NOTICE TO APPEAR  
PROBABLE CAUSE AFFIDAVIT/  
JUVENILE REFERRAL

1. Arrest  
2. Notice to Appear  
3. Arrest Affidavit  
4. Complaint Affidavit  
5. Request for Capias  
6. Juvenile Referral  
1 Juvenile

OBTS Number  
0501376171

Agency ORI Number <b>FL0050000</b>	Agency Name <b>Brevard County Sheriff's Office</b>	Agency Report Number <b>2018-00228333</b>
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized/Type 1. Yes 2. No <input checked="" type="checkbox"/> 2. Unarmed	Agency Arrest Number <b>4850946</b>
Location of Arrest (Include Name of Business) <b>3810 HIGHWAY 1 Mims</b>		City <b>Mims</b>
Date of Arrest <b>06/29/2018</b>	Time of Arrest <b>14:04</b>	Jail Date <b>06/29/2018</b>
Date of Offense <b>06/29/2018</b>	FDLE Number	Jail Time <b>16:30</b>
DOC Number		Fingerprinted <input type="checkbox"/> Identification Only <input type="checkbox"/> Criminal
FBI Number		

Name (Last, First, Middle) <b>FRIEBERG, KYLE CHRISTOPHER</b>								Alias	
Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unknown	Sex <b>M</b>	Date of Birth <b>1985</b>	Height <b>6'4</b>	Weight <b>250</b>	Eye Color <b>Blue</b>	Hair Color <b>Brown</b>	Complexion <b>Fair</b>	Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Incarceration: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) <b>FL 32780</b>				(City)	(State)	(Zip)	Phone	Residence Type <input type="checkbox"/> City <input type="checkbox"/> Florida <input type="checkbox"/> Out of State	
Permanent Address (Street, Apt. Number) or Parent's Name if Juv.				(City)	(State)	(Zip)	Phone	Parent Contacted <input type="checkbox"/> Y <input type="checkbox"/> N	
Business Address (Name, Street) or Parent's Address if Juv. <b>700 S Park Titusville, FL 32780-</b>				(City)	(State)	(Zip)	Phone <b>(000)000-0000</b>	Occupation	
Driver's License State/Number <b>FL F-0</b>	Social Security Number		INS Number	Place of Birth <b>Florida</b>	Citizenship <b>U.S. Citizen</b>				

\*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth or Age	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth or Age	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

Activity N. N/A P. Possess	S. Sell 6. Buy 7. Traffic	R. Seize D. Deliver E. Use	K. Dispense/Distribute M. Manufacture/Produce/Obtain Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Opoids	P. Paraphernalia/Equipment S. Synthetic	U. Unknown 7. Other
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Charge Description <b>DUI</b>	Counts <b>1</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number <b>316.193.1</b>	Commit	Violation of Section (CRD)
Activity	Drug Type	Amount/Unit	Bond Amount <b>\$500.00</b>	Court Number <b>05-2018-CT-34573-A XXX-XX</b>	
<input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest	

Charge Description	Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (CRD)
Activity	Drug Type	Amount/Unit	Bond Amount	Court Number
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that, the above named Defendant committed the following violation of law:  
On the **29** day of **June**, 2018 at **1350**  A.M.  P.M. Specifically include facts constituting cause for arrest.)

\*\*\*\*See Narrative\*\*\*\*  
Case # 05-2018-CT-034573-AXXX-XX  
Document Page # 1  
  
\*29085356\*

In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of \_\_\_\_\_ hrs @ \$\_\_\_\_\_ per hr and/or \_\_\_\_\_ miles @ \_\_\_\_\_ c per mile for a total of \$\_\_\_\_\_ Affidavit enclosed Y  N  Continue for: Narrative  Charges

In accordance with F.S.S. 874, two (2) or more characteristics constitutes gang member; one (1) characteristic constitutes gang associate.  
 GANG MEMBER  ADMITS  ID BY PARENT  DOCUMENTED  STYLE OF DRESS  HAND SIGNS  TATTOO  KNOWN ASSOCIATE  
 GANG ASSOCIATE  ID BY PHYSICAL EVIDENCE  IN COMPANY OF MEMBERS  AUTHORIZED COMMUNICATION  ID BY INFORMANT

<b>Mandatory Appearance In Court</b>	Location (Court, Room Number, Address)			
	Time	Month	Day	Year
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.				
Signature of Defendant/Juvenile	Signature of Juv. Parent/Custodian		Release to: (Name)	Date

<input checked="" type="checkbox"/> Miracles Working	Hold for Other Agency Name:	Verified By:	Date	Bonding Agency
Adults Only <input type="checkbox"/> Hold for First Appearance Do Not Bond Out (Itemize)				
I swear/affirm the above and attached statements are true and correct. <b>Yes</b>		Sworn to subscribed before me the undersigned authority this <b>06/29/2018</b> day of <b>June</b> , 2018		
Officer's/Complainant's Signature <b>Electronically Signed</b>		Signature <b>Electronically Signed</b>		
ID No./Date <b>4093</b>	<b>Patrol - North</b>	Print or Type Name <b>Thomas, Heather</b>		Returnable Court Date
Name (Printed) <b>Baumann Matthew</b>	Notary Law Enforcement Officer in Performance of Official Duties Personally known <input checked="" type="checkbox"/> ID Produced <input type="checkbox"/>		Returnable Court Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
		Court Location		Page <b>1</b> of <b>2</b>

AGENCY NAME: Brevard County Sheriff's Office

**BREVARD COUNTY, FLORIDA**

NARRATIVE Continuation Page 2 Of 2

AGENCY REPORT NO.  
**2018-00228333**

(Last, First, Middle)

DEFENDANT/JUVENILE: **FRIEBERG, KYLE, CHRISTOPHER**

OBTS NO.  
**0501376171**

<b>CHARGE</b>	Charge Description		Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (ORD)
	Activity	Drug Type	Amount/Unit	Bond Amount	Court Number	
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation		Date Issued	<input type="checkbox"/> Writ. Aft. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest			
<b>CHARGE</b>	Charge Description		Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (ORD)
	Activity	Drug Type	Amount/Unit	Bond Amount	Court Number	
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation		Date Issued	<input type="checkbox"/> Writ. Aft. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest			

I responded to the Sandman Motel at 3810 Highway 1 in Mims Florida in response to a suspicious vehicle. Upon arrival I observed a White Nissan 4 Door car bearing Florida tag [REDACTED] sitting on the side of a building running. I approached the vehicle and observed Mr. Kyle Frieberg passed out in the driver seat. I banged on the drivers window several times and was unable to wake Mr. Frieberg. Unable to wake Mr. Frieberg, I opened the door to the car and attempted to wake him up by shaking him and telling him to wake up. Mr. Frieberg woke up and appeared disoriented and unsure of where he was. While speaking to Mr. Frieberg I smelled the distinct odor of an alcohol beverage emitting from his breath. I observed a half full open can of Busch light beer sitting in the center consol next to Mr. Frieberg. The can was cold to the touch and had moisture on the outside of the can. I then had Mr. Frieberg exit the vehicle. While exiting the vehicle Mr. Frieberg stumbled and pulled himself up using his car door. Once outside the vehicle I asked him if he would perform the field sobriety exercises, and he stated he would. While speaking to Mr. Frieberg he was stumbling, unsteady and using the car to stable himself.

The following exercise's were administered: The Horizontal Gaze Nystagmus, the walk and turn , and the one leg stand. Each exercise was explained and demonstrated before Mr. Frieberg was asked to perform them. He advised he understood each exercises. During the exercises he exhibited further signs of impairment, and was not able to perform the exercises to standard.

After completing the exercises I placed Mr. Frieberg under arrest for driving under the influence of alcohol, or drugs. I then requested he submit to a lawful test of his breath, for the purpose of detecting the alcohol content in it. Mr. Frieberg told me no he was not going to provided a breath test. I then read him his implied consent. He stated he understood, but still refused to provide a breath sample.

Officer's Signature <b>Electronically Signed</b>	Officer's Name PRINTED <b>Matthew Baumann, 4093</b>
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COURT FILE    STATE ATTORNEY    SHERIFF'S RECORDS    JAIL    LAW ENFORCEMENT    DEFENDANT'S COPY