

1901006743

ADMINISTRATIVE	FCIC CHECK: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			ARREST / NOTICE TO APPEAR JUVENILE REFERRAL 15TH JUDICIAL CIRCUIT					1 Arrest 2. Notice to Appear 3. Arrest Affidavit 4. Compl. Affidavit 5. Request Capias 6. Juvenile Ref.			Juvenile 1 <input type="checkbox"/>			
	OBTS #			Agency Name FLORIDA ATLANTIC UNIVERSITY POLICE					Agency Case # 19-0339						
	Agency ORI Number FL0503700														
	Check Type. Check as many as apply:			1. Felony	2. Traffic Felony	Weapon Seized?	Type	Agency Arrest # or Court Case #							
	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other/Capias	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
	Location of Arrest (Include Name of Business) 777 GLADES ROAD, PARKING LOT 40			City FL ATLANTIC UNIV.		Business Name, Address 777 GLADES ROAD, PARKING LOT 40			City FL ATLANTIC UNIV.						
	Date of Arrest 04/11/2019		Time of Arrest 2340 hrs	Date of Booking		Time of Booking		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> ID Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal			
	Booking #		SPN #	Other ID #		FCIC/NCIC # FCIC/NCIC		DOC #		FBI #					
	Name (Last, First, Middle, Suffix) FIERSTEIN DAVID V														
	Race: W-White I-American Indian M-Sex B-Black A-Oriental/Aisan O-Other <input checked="" type="checkbox"/> W 1/15/1983 Height 5'09" Weight 190 LBS Eye Color BLU Hair Color BRO Complexion FAIR Build MEDIUM														
DEFENDANT	SCARS/MARKS/TATTOOS (Location/Describe) TATTOOS ON BOTH LEGS, INNER ARMS, BACK AND CHEST														
	Local Address 3200 SOUTH OCEAN BLVD			City PALM BEACH		State FL		Zip Code 33480		Phone # (914) 261-4615		1.City 2.County 3.FL 4.Out-of-State <input checked="" type="checkbox"/> 1			
	Permanent Address 90 GLENVUE DR APT 2			City NEW YORK		State FL		Zip Code 10512		Phone # (914) 261-4615		Address Source FCIC/NCIC			
	Street Address			City		State		Zip Code		Phone #		Occupation			
	DL # 573209354		DL State NY	Soc. Sec. # <input type="checkbox"/>		INS # <input type="checkbox"/>		Place Of Birth NYC, NY		Country of Citizenship US					
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date Of Birth	<input type="checkbox"/> Arrested <input type="checkbox"/> At Large	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	Juvenile			
	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date Of Birth	<input type="checkbox"/> Arrested <input type="checkbox"/> At Large	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	Juvenile			
	Activity: N. N/A S. Sell R. Smuggle K. Dispense/Distribute B. Buy D. Deliver M. Manufacture/Produce/Cultivate P. Possess T. Traffic E. Use Z. Other						Type: N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ A. Amphetamine C. Cocaine M. Marijuana Equipment E. Heroin O. Opium/Deriv. S. Synthetic U. Unknown Z. Other								
	CODE CHARGE #	Charge Description D.U.I.-DRIVING UNDER THE INFLUENCE (MISDEMEANOR)						Counts 1	F.S.S. <input checked="" type="checkbox"/> Ordinance	State Statute 316.193(1)		Ordinance #			
		Drug Activity			Drug Type			Drug Amount			State Attorney Number		Court Number		Bond Amount
<input checked="" type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation			#			Offense/Issued Date 04/11/2019			<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction <input type="checkbox"/> Order of Arrest		#				
Charge Description						Counts	<input type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance	State Statute		Ordinance #					
Drug Activity			Drug Type			Drug Amount			State Attorney Number		Court Number		Bond Amount		
<input type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation			#			Offense/Issued Date			<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction <input type="checkbox"/> Order of Arrest		#				
Charge Description						Counts	<input type="checkbox"/> F.S.S. <input type="checkbox"/> Ordinance	State Statute		Ordinance #					
Drug Activity			Drug Type			Drug Amount			State Attorney Number		Court Number		Bond Amount		
<input type="checkbox"/> PC <input type="checkbox"/> AC <input type="checkbox"/> FW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Capias <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Citation			#			Offense/Issued Date			<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Injunction <input type="checkbox"/> Order of Arrest		#				
NOTICE TO APPEAR		Mandatory Appearance in Court. You need not appear in Court, but must comply with attached instructions.				Location Date:				Time:					
	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 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 SHALL BE ISSUED.														
	Defendant/Juvenile Signature				Parent/Guardian Signature				Released To:		Date <input type="checkbox"/> Time <input type="checkbox"/>				
	<input type="checkbox"/> Miranda Warning <input type="checkbox"/> Hold For (Agency):				Verified By:				Bond Date		Bond Charge #		Bond Charge #		
	Adults <input type="checkbox"/> Hold for First Appearance Only <input type="checkbox"/> Do Not Bond Out				Reason:				Type: 1. R.R. 2. Cash 3. Surety 4. Bail/Bond 5. Cert. 6. Other		Bond Type		Bond Type		
	I swear/affirm the above and attached statements are true and correct. <i>ADAM J. ERMICK</i>				Sworn and subscribed before me, the undersigned authority this _____ day of _____, 20____.				BOND INFORMATION		Return to Court <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.				
	Officer's / Complainant's Signature ADAM J. ERMICK 0444				Signature of Person Administering Oath				Date: _____		Time: _____				
	Name(Printed)				Name(Printed)				Name(Printed)		Title		Released by:		
													Page		
													1 of 3		

SCANNED APR 15 2019

DS/Collins
7627

0506969

HPR 124 6:29

PROBABLE CAUSE CONTINUATION

Agency ORI Number FL0503700	Agency Name FLORIDA ATLANTIC UNIVERSIT	Agency Case # 19-0339	OBTS #
Name (Last, First, Middle, Suffix) FIERSTEIN		DAVID	Date Of Birth 1/15/1983
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:</p> <p>On 04/11/2019 at 23:42 (Specifically include facts constituting cause for arrest.)</p> <p>On Thursday, April 12, 2019, at or about 2342 hours at the location of 777 Glades Road, Parking Lot 40, which is the jurisdictional limits of the Florida Atlantic University, in the State of Florida, and Palm Beach County, the above named defendant did commit the violation of Driving Under the Influence of an alcoholic beverage. David V Fierstein did then and there unlawfully drive, or was in actual physical control of a motor vehicle, to-wit: a 2019 Hyundai Elantra VIN #: 5NPD84LF4KH430332, while he was under the influence of an alcoholic beverage to the extent that his normal faculties were impaired.</p> <p>The above named witness stated she observed the vehicle drive through a fence located on Florida Atlantic University property, causing property damage, and proceed to park in a nearby parking lot (Parking Lot 40). Florida Atlantic University Police Department Officer Godinez #459 responded on scene to Parking Lot 40 and observed David V Fierstein exit the above listed vehicle from the driver side seat. Officer Godinez stated he observed the defendant approach him with a staggered gait. I then made contact with David V Fierstein in Parking Lot 40 and observed alcoholic beverage effects displayed by David V Fierstein to include swaying of the body, slurred speech, and red, glassy eyes that were bloodshot. After these observations, I requested the defendant to submit to standardized field sobriety tests to which he refused.</p> <p>David V Fierstein was then arrested for the above listed offense and transported to the Boca Raton Police Department. I then read to him from printed form the implied consent information and requested a breath analysis test via machine to be completed to which he refused.</p> <p>It should be noted this investigation was completed under FAUPD case number 19-0338 (traffic crash) and later changed to 19-0339 (DUI arrest). Both cases relate to this incident.</p>			

PROBABLE CAUSE STATEMENT



Officer's / Complainant's Signature

ADAM

J

ERMOVICK

0444

Name (Printed)

ID NO.

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PROBABLE CAUSE CONTINUATION

Agency ORI Number FL0503700		Agency Name FLORIDA ATLANTIC UNIVERSIT		Agency Case # 19-0339		OBTS #	
Name (Last, First, Middle, Suffix) FIERSTEIN DAVID V							
WITNESS	First Name MARIA	Middle DE LOS ANGELES	Last Name PAGAN		Suffix	Phone #1 (407) 860-6122	
	Street Address 2395 RIVERDALE CT		City OVIEDO	State FL	Zip Code 32765	Phone #2	
WITNESS	First Name	Middle	Last Name		Suffix	Phone #1	
	Street Address		City	State	Zip Code	Phone #2	
DEFENDANT	Marital Status	# of Dependents	Length in County	Property Owner	Address of Property		
	Place of Employment (Name and address)		Length of Employment	Previous Employment (if current less than 2 years)			
<p>The Defendant named on the Arrest/Notice to Appear document came before me for an Advisory and Solvency hearing on the _____ day of _____, 20____, at _____ am/pm, and was advised by me on the charge against him/her, his/her right to remain silent, that any statements by him/her may be used against him/her, his/her right to counsel, and, if he/she is financially unable to afford counsel, that counsel forthwith will be appointed, of his/her right to communicate with his/her counsel, family or friends, and that reasonable implementation will be afforded him/her to contact the foregoing.</p>							
I FURTHER CERTIFY THAT:							
ADVISORY AND SOLVENCY HEARING	<input type="checkbox"/> Defendant has advised the court that he/she has retained counsel, or will retain counsel.	<input type="checkbox"/> The Defendant waived right to counsel at the first appearance only.					
	<input type="checkbox"/> The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel.	<input type="checkbox"/> The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial.					
	<input type="checkbox"/> The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant.	<input type="checkbox"/> The probable cause determination is hereby passed 72 hours.					
		<input type="checkbox"/> Order of No Imprisonment (ONI)					
BOND ACTION TAKEN, if any _____ JUDGE: _____							
<p><input type="checkbox"/> I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.</p> <p><input type="checkbox"/> I hereby waive right to counsel at the first appearance only. Defendant's Signature _____</p> <p><input type="checkbox"/> I hereby acknowledge receipt of a copy of the foregoing complaint and advisory</p>							
<p>Defendant's Signature _____ Defendant's Attorney Signature _____</p>							
WAIVER	I have been advised of my rights to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s).						
	Defendant's Signature _____						
FIRST APPEARANCE	ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER						
	<p>Said Defendant was arraigned for trial on _____ and entered a plea of _____ to the charge(s) as set forth herein. After hearing the evidence and duly considering the same, the Court finds you, the defendant _____ of said charge(s); AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ as charged of said offense(s) and set forth herein.</p> <p>IT IS, THEREFORE, the judgement, Order, and Sentence of the Court that you, the Defendant, be imprisoned in the county jail of _____ County, FL, for the term of _____ days, and pay a fine of \$_____ and \$_____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, FL, for a term of _____ days.</p> <p>DONE, ORDERED, AND ADJUDGED in open Court at _____ County, FL, on _____.</p>						
<p>JUDGE _____ COUNTY COURT in and for _____ County, Florida.</p>							
FIRST APPEARANCE	Charge	Action	Date				
	_____	_____	_____				
Bond Amount \$ _____		Cash/Surety: Receipt # _____					
ESTREATED BY (Judge): _____ Date: _____							


Officer's / Complainant's Signature

ADAM J ERMOVICK 0444
Name (Printed) ID NO.

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FAU PD CASE# 19-0338
1015 : 2342 hrs
CBV : 0000 hrs

DUI INFLUENCE REPORT

FAU PD



FAU PD

BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

ARRESTING OFFICER: ERMOVICH

FAU

Name: Ofc Ermovich Phone # _____ Work # 561-297-3500

Address: 777 W Glades Rd Boca Raton FL 33431

Can testify to: investigation

BRPD

Name: Ofc Murphy Phone # _____ Work # 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL 33482

Can testify to: booking

FAU

Name: Sgt Jabilles Phone # _____ Work # 561-297-3500

Address: 777 W Glades Rd Boca Raton FL 33431

Can testify to: investigation

FAU

Name: Ofc Godinez Phone # _____ Work # " "

Address: " "

Can testify to: " "

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

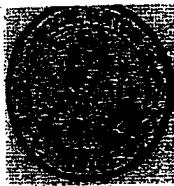
Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

FAU Agency Case # 19-0338

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, April, 17, 2019
(day) (month) (date) (year)

B. The time is now approximately 0025 AM/PM

C. The following is in reference to case number 19-0338

Ofc Ernovich (FAU PD)

D. Present at this time is Ofc Murphy of the Boca Raton Police Department.
(Officer's Name)

E. Officer Ernovich, have you arrested David Fierstein in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? YES
FAU property

G. Mr Mrs/Ms Fierstein, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your URINE for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am OFC Emovich of the FAU PD.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: on video

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

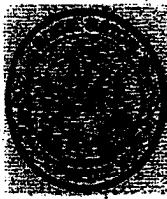
Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr. Mrs. Ms. Fierstein has refused to submit to a breath test.

The date is April 12, 2019, and the time is 0032 AM/PM.

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: David Fierstein

FAU CASE #: 19-0338 DATE: 4-12-19

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Murphy

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: agitated

CLOTHING: grey shirt, blue shorts, white sneakers

MEDICAL CONDITION: none

OTHER: red and glassy eyes
odor of an alcoholic beverage emitting
from person

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
- (7) Any statement can be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: on video Date: 4-12-19 Time: video

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? yes

Where were you going? home

What street or highway were you on? Glades

Direction of travel? East

Where did you start driving from? 2400

What city (county) were you stopped in? Boynton Beach

What time did you start? 10 AM/PM What time is it now? 12

What is today's date? 11th What day of the week is it? Friday

When did you last eat? 3pm What did you eat? 1/4 lb cheese

What have you been doing the past three hours prior to this stop/accident? Hanging out with friends

How much do you weigh? 190 Have you been drinking? 5-6 What were you drinking? Vodka

How much? Don't remember Where? Atlantic Ave With whom were you drinking? By myself

When did you have your first drink? 10 AM/PM When did you stop drinking? 11 AM/PM

How did you consume your last two drinks? Skipped them

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____

Where? _____

What line of work are you in? Chef

When did you last work? Yesterday

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? Yes

Have you taken any drugs or smoked marijuana today? No

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? Suboxone When? 6:30am

Do you have: Epilepsy? Yes No

Inner ear trouble? Yes No

Glass eye? Yes No

Ear infection? Yes No

False teeth? Yes No

Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? No

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? Florida license

I am now ending this video recording. The time is now approximately 0044 AM/PM.

The date is April, 12, 2019
(month) (day) (year)



Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/> 119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/> 943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/> 119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/> 119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/> 119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/> 985.04(1)	Juvenile offender records.	
	<input type="checkbox"/> 119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/> 395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/> 394.4615(7)	Mental health information.	
	<input type="checkbox"/> 119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/> (iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/> (viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/> (xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/> (xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
	<input type="checkbox"/>	Other:	
	<input type="checkbox"/>	Other:	

REVIEW COMPLETED BY

Booking Number: 2019012141	Date: 04/13/2019
	Specialist Name/ID: AM/31562