

0367809

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

Juvenile

OBTS Number	Agency ORI Number FL0, 5, 0, 0, 2, 0, 0	Agency Name BOCA RATON POLICE SERVICES DEPT.	Agency Report Number (N.T.A.'s only) 3, 2, 1, 1, 6, 1, 0, 1, 6, 9, 3, 5, 1, 1
Charge Type: Check as many as apply.	1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>	5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>
Location of Arrest (Including Name of Business) 1999 N. Fed Hwy		Weapon Seized / Type 1. Yes 2. No	

Date of arrest 11.20.16	Time of Arrest 07:41	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle No Vehicle
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Name (Last, First, Middle) **FLEISHMAN DAVID IRA** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 10.2.03	Height 6'2"	Weight 240	Eye Color BRN	Hair Color BRN	Complexion LGT	Build LARGE
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Left ankle Fish + Bomb	Marital Status S	Religion Jewish	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
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Local Address (Street, Apt. Number) 215 S Seacrest #4 Boynton Beach FL 33425	Phone (561) 287-0507	Residence Type: 1. City 2. County 3. Florida 4. Out of State
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Permanent Address (Street, Apt. Number) 215 S Seacrest #4 Boynton Beach FL 33425	Phone (561) 333-8300	Address Source Verbal
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Business Address (Name, Street) Fla Courtz 1999 N. Federal Hwy Boca Raton FL	Phone (561) 368-0666	Occupation Data Clerk
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D/L Number, State F42516931220	INS Number	Place of Birth (City, State) Milwaukee, WI	Citizenship US
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<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
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<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
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<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone
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Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone
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Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated
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Released To: (Name)	Relationship	Date	Time
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The above address was provided by  defendant and / or  defendant's parents. The child and / or parent was notified to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.  
 Yes, by: (Name)  No: (Reason)

Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Product/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description Felony battery by strangulation	Counts 1	Domestic Violence BY <input type="checkbox"/> ON <input type="checkbox"/>	Statute Violation Number 7.8.4.1.0.4.1. 112.A. 1	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense # 16-016935	Warrant / Capias Number	Bond
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Charge Description Domestic battery	Counts 1	Domestic Violence BY <input type="checkbox"/> ON <input type="checkbox"/>	Statute Violation Number 7.8.4.1.0.3. 111.a.1. 1	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense # 16-016935	Warrant / Capias Number	Bond
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Charge Description Criminal mischief	Counts 1	Domestic Violence BY <input type="checkbox"/> ON <input type="checkbox"/>	Statute Violation Number 8.0.6.1.1.3. 11b.2. 1	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense # 16-016935	Warrant / Capias Number	Bond
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Health/Apparent Physical Condition of Defendant	Property - Rec'd-By	Released By	Released To
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Any knowledge of the following, place an "X" and explain:  Mental;  Escape Risk;  Medication;  Deformities;  Injuries

Check which applies:  Released O.R.;  Posted Bond;  Released to Parent/Guardian;  S. County Mental Health;  T.O.T. County Jail

Transported By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Other \_\_\_\_\_

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and 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 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 SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/ Custodian)	Date Signed
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HOLD for other Agency Name:	Signature of Arresting Officer x <i>S. Robert 781</i>	Name Verification (Printed by Arrestee) <b>SCANNED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT) NOV 21 2015
Intake Deputy <i>DS</i>	I.D. # <i>0025</i>	PAGE _____ OF _____
Transporting Officer <i>S. Robert 781</i>	I.D. # <i>BRPD</i>	Agency <i>BRPD</i>

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>11/19/2016 23:40</b>		Agency ORI Number <b>FL 0500200</b>			Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>			Agency Report Number <b>3   2   2016-016935</b>			
	Name (Last, First, Middle) <b>FLEISHMAN, DAVID IRA</b>						Alias			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/02/1963</b>
C H R G	Charge Description <b>784.041(2A) FELONY BATTERY-DOMESTIC STRANGULATION</b>											
	Victim's Name (Last, First, Middle)						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/08/1959</b>			Address Source
V I C T I M	Business Address (Name, Street)						(City)	(State)	(Zip)	Phone		Occupation
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/>			VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>SCARED, FLUSTERED</b>					
RELATIONSHIP BETWEEN VICTIM & SUSPECT												
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>								
	Victim:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>								
	911 CALL:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CALLER: <b>ANONYMOUS</b>							
	WEAPON USED:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TYPE: <b>HANDS</b>							
	WITNESSES:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	(If YES, attach witness list)							
	INJURIES:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>								
	MEDICAL TREATMENT:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>								
	AT: Scene:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PARAMEDICS: <b>BRFD</b>							
	Hospital:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:							
	ACT COMMITTED IN PRESENCE OF MINOR(S):		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	NAMES/AGES:							
	H. R. S. NOTIFIED:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>								
	VICTIM PREGNANT:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>								
VIOLATION OF RESTRAINING ORDER:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	CASE #:								
PRIOR HISTORY OF DOMESTIC VIOLENCE:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>									
ALCOHOL OR DRUGS INVOLVED:		YES <input type="checkbox"/>	NO <input type="checkbox"/>									
N A R R	On November 19th 2016, at approximately 1940 hours, I was dispatched to a fight in progress at [REDACTED]. I arrived and made contact with [REDACTED] who advised me [REDACTED] of several years, David Fleishman, and her got into a fight.											
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, [Signature], personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.											
Sworn to and subscribed to before me this <u>19</u> day of <u>11</u> , <u>16</u> .												
[Signature] 788 SIGNATURE OF ARRESTING OFFICER												
[Signature] 614 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)												

CERTIFIED COPY

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time <b>11/19/2016 23:40</b>	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2016-016935</b>
	<p>█████ stated █████ and Fleishman █████ and Fleishman tried to take her motorcycle, a Harley Davidson FL tag MBBW10. █████ told him to get off her motorcycle, put it in the garage and take an Uber home. Fleishman refused and stated he was taking the bike. █████ told him to put it back and Fleishman told her she was messing with the wrong person. Fleishman then grabbed █████ by the neck and slammed her against the garage door choking her so █████ could not breathe. █████ was then thrown to the ground while Fleishman said she didn't know who she was fucking with. Fleishman tried to get his house key off of █████ key ring. Fleishman then grabbed █████ by her shirt and dragged her in the parking lot and proceeded to mount her while trying to get the house key. Fleishman grabbed her purse and emptied the contents █████ pants to slide down, scraping her back and buttocks. Fleishman then attempted to tear █████ cell phone out of her hands while tossing her around the parking lot. Fleishman then pushed the motorcycle over onto the ground causing scrapes to the motorcycle and gouges in the pavement. █████ screamed for help and for someone to call 911. █████ had visible scrapes and abrasions to her arms, shoulder, lower back and buttocks as well as a torn shirt and tousled clothing.</p> <p>A bystander, █████, called 911 after hearing █████ screams for help. █████ witnessed Fleishman choking █████ on the ground. █████ stated █████ got up and tried to leave by driving the motorcycle when Fleishman grabbed her off of the motorcycle by the neck and threw her to the ground. █████ heard a bystander scream and Fleishman then fled the scene on foot.</p> <p>█████ complained of body aches and was having trouble breathing, FD was called out to evaluate her. I took a written witness statement from █████ and █████ and also gave █████ the Domestic and Dating Violence brochure. █████ had a torn shirt and visible red marks on her right arm, left shoulder, right hip, and right buttocks and lower back. Pictures of █████ injuries and also the damage to the motorcycle were taken and placed into evidence.</p> <p>Officer Frenz, Officer Leinonen, and I met with Boynton Beach police and tried to locate Fleishman by visiting his last two current addresses on file. Fleishman was not located at either residence. I attempted to contact him by phone also, but was unsuccessful. At this time, I have established probable cause for the arrest of David Fleishman for Domestic Battery by Strangulation FSS 784.041(2) (a), Domestic Battery FSS 784.03(1a1) and criminal mischief 806.13(b) (2).</p>			

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, █████ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

 784  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of 11, 2016.

 614  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED  
NOV 21 2016

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - ( This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report#: 2016-016935 Agency: Boca Raton  
Offense: Domestic Battery by strangulation  
Suspect/Offender: David Ira Fleishman  
D.O.B. 4/2/63 Race: W Sex: M

2. Warrant#(s): \_\_\_\_\_

3.a. Victim's name: [REDACTED] D.O.B. 9/6/59 Race: W Sex: F  
Address: [REDACTED]  
City: [REDACTED]  
Home#: [REDACTED]

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Other: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

## Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver: I choose not to be notified when the arrestee is released from custody.
- Confidential: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

SCANNED

Printed name of person waiving notification: \_\_\_\_\_

NOV 21 2016

Officer's Name: J. CHRISWISSER I.D.# 788 Date: 11/19/16

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records