

367809

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report
 1. Arrest    3. Request for Warrant  
 2. N.T.A.    4. Request for Capias

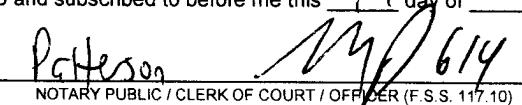
Juvenile

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------|------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|------------------------------------------------|------------------------|--|--|--|
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                  | OBTS Number                                                                                                                                                                 | Agency Name                                        |                                        | Agency Report Number (N.T.A.'s only)     |                                                 | 1                                                                                                                                                                                                  |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | FLO 5 0 0 2 0 0                                                                                                                                                             | BOCA RATON POLICE SERVICES DEPT.                   |                                        | 3 21-116-101, 16935-11                   |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Charge Type:<br>Check as many as apply:                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> 1. Felony                                                                                                                               | <input checked="" type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 5. Ordinance  | <input type="checkbox"/> 6. Other        | Weapon Seized / Type                            | Multiple Clearance Indicator                                                                                                                                                                       |                                           |                                                    |                                                |                        |  |  |  |
| Location of Arrest (Including Name of Business)                                                                                                                                                                                                                                                                 | 1999 N. Federal Hwy                                                                                                                                                         |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Date of arrest                                                                                                                                                                                                                                                                                                  | 11/20/16                                                                                                                                                                    | Time of Arrest                                     | 07:44                                  | Booking Date                             | Booking Time                                    | Jail Date                                                                                                                                                                                          | Jail Time                                 | Location of Vehicle                                | No Vehicle                                     |                        |  |  |  |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                      | FLEISHMAN DAVID IRA                                                                                                                                                         |                                                    |                                        |                                          | Alias (Name, DOB, Soc. Sec. #, Etc.)            |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Race                                                                                                                                                                                                                                                                                                            | W - White                                                                                                                                                                   | I - American Indian                                | Sex                                    | Date of Birth                            | Height                                          | Weight                                                                                                                                                                                             | Eye Color                                 | Hair Color                                         | Complexion                                     | Build                  |  |  |  |
| B - Black                                                                                                                                                                                                                                                                                                       | O - Oriental/Asian                                                                                                                                                          | W                                                  | M                                      | 10-10-2003                               | 6'2"                                            | 240                                                                                                                                                                                                | Brown                                     | Brown                                              | Light                                          | Large                  |  |  |  |
| Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                    | Left Ankle Fish & Bomb                                                                                                                                                      |                                                    |                                        |                                          | Marital Status                                  | Religion                                                                                                                                                                                           | Indication of: Y N Unk.                   |                                                    |                                                |                        |  |  |  |
| Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                                             | (City)                                                                                                                                                                      |                                                    | (State)                                | (Zip)                                    | Phone                                           | Residence Type:                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| 215 S Seacrest #4 Boynton Beach                                                                                                                                                                                                                                                                                 | FL                                                                                                                                                                          |                                                    | 33425                                  | (561) 287-0507                           | 1. City 2. County                               | 3. Florida 4. Out of State                                                                                                                                                                         |                                           |                                                    |                                                |                        |  |  |  |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                         | (City)                                                                                                                                                                      |                                                    | (State)                                | (Zip)                                    | Phone                                           | Address Source                                                                                                                                                                                     |                                           |                                                    |                                                |                        |  |  |  |
| 215 S Seacrest #4 Boynton Beach                                                                                                                                                                                                                                                                                 | FL                                                                                                                                                                          |                                                    | 33425                                  | (561) 333-8300                           | Verbal                                          |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                 | (City)                                                                                                                                                                      |                                                    | (State)                                | (Zip)                                    | Phone                                           | Occupation                                                                                                                                                                                         |                                           |                                                    |                                                |                        |  |  |  |
| Flakowitz 1999 N. Federal Hwy Boca Raton                                                                                                                                                                                                                                                                        | FL                                                                                                                                                                          |                                                    | 33487-0666                             | (561) 368-0666                           | Deli Clerk                                      |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| D/L Number, State                                                                                                                                                                                                                                                                                               | F42516931220                                                                                                                                                                |                                                    | INS Number                             |                                          | Place of Birth (City, State)                    | Citizenship                                                                                                                                                                                        |                                           |                                                    |                                                |                        |  |  |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                    | Race                                   | Sex                                      | Date of Birth                                   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                           |                                                    |                                                |                        |  |  |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                    | Race                                   | Sex                                      | Date of Birth                                   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                           |                                                    |                                                |                        |  |  |  |
| Parent Name (Last)                                                                                                                                                                                                                                                                                              | (First)                                                                                                                                                                     |                                                    | (Middle)                               |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    | Residence Phone                                |                        |  |  |  |
| Legal Custodian                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    | ( )                                            |                        |  |  |  |
| Other:                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                   | (City)                                                                                                                                                                      |                                                    | (State)                                | (Zip)                                    |                                                 |                                                                                                                                                                                                    |                                           |                                                    | Business Phone                                 |                        |  |  |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                    | Date                                   | Time                                     | Juvenile Disposition                            |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                    |                                        |                                          | 1. Handled/Processed within Dept. and Released. | 2. TOT HRS/DYS                                                                                                                                                                                     |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                    |                                        |                                          | 3. Incarcerated                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Released To: (Name)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                    | Relationship                           |                                          |                                                 |                                                                                                                                                                                                    |                                           | Date                                               | Time                                           |                        |  |  |  |
| The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)                                  |                                                                                                                                                                             |                                                    |                                        |                                          | School Attended                                 |                                                                                                                                                                                                    |                                           |                                                    | Grade                                          |                        |  |  |  |
| Property Crime?                                                                                                                                                                                                                                                                                                 | Description of Property                                                                                                                                                     |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    | Value of Property                         |                                                    |                                                |                        |  |  |  |
| <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> No                                                                                                                                      |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| CODE                                                                                                                                                                                                                                                                                                            | S. Sell<br>N. N/A<br>P. Possess                                                                                                                                             | R. Smuggle<br>B. Buy<br>T. Traffic                 | K. Dispense/<br>D. Deliver<br>E. Use   | M. Manufacture/<br>Product/<br>Cultivate | Z. Other                                        | Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                              | B. Barbiturate<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other |  |  |  |
| CHARGE                                                                                                                                                                                                                                                                                                          | Charge Description                                                                                                                                                          |                                                    |                                        | Counts                                   | Domestic Violence<br>Y/N                        | Statute Violation Number                                                                                                                                                                           |                                           | Violation of ORD #                                 |                                                |                        |  |  |  |
| Felony battery by strangulation                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                    | 1                                      | Y                                        | 7,84110411, 112,1, 1)                           |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| CHARGE                                                                                                                                                                                                                                                                                                          | Drug Activity                                                                                                                                                               | Drug Type                                          | Amount / Unit                          | Offense #                                | Warrant / Capias Number                         |                                                                                                                                                                                                    | Bond                                      |                                                    |                                                |                        |  |  |  |
| Domestic battery                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |                                                    | 1                                      | Y                                        | 7,84110311, 111,1, 1)                           |                                                                                                                                                                                                    | Bond                                      |                                                    |                                                |                        |  |  |  |
| CHARGE                                                                                                                                                                                                                                                                                                          | Drug Activity                                                                                                                                                               | Drug Type                                          | Amount / Unit                          | Offense #                                | Warrant / Capias Number                         |                                                                                                                                                                                                    | Bond                                      |                                                    |                                                |                        |  |  |  |
| Criminal mischief                                                                                                                                                                                                                                                                                               |                                                                                                                                                                             |                                                    | 1                                      | Y                                        | 8,06111311, 111,2, 1)                           |                                                                                                                                                                                                    | Bond                                      |                                                    |                                                |                        |  |  |  |
| CHARGE                                                                                                                                                                                                                                                                                                          | Drug Activity                                                                                                                                                               | Drug Type                                          | Amount / Unit                          | Offense #                                | Warrant / Capias Number                         |                                                                                                                                                                                                    | Bond                                      |                                                    |                                                |                        |  |  |  |
| 16-016935                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                                    |                                        |                                          | 16-016935                                       |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| INTAKE INFO.                                                                                                                                                                                                                                                                                                    | Health/Apparent Physical Condition of Defendant                                                                                                                             |                                                    |                                        |                                          | Property — Rec'd. By                            |                                                                                                                                                                                                    | Released By                               |                                                    | Released To                                    |                        |  |  |  |
| Any knowledge of the following, place an "X" and explain: <input type="checkbox"/> Mental: <input type="checkbox"/> Escape Risk: <input type="checkbox"/> Medication: <input type="checkbox"/> Deformities: <input type="checkbox"/> Injuries                                                                   |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Explain: <input type="checkbox"/>                                                                                                                                                                                                                                                                               |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Check which applies: <input type="checkbox"/> Released O.R.: <input type="checkbox"/> Posted Bond: <input type="checkbox"/> Released to Parent/Guardian: <input type="checkbox"/> S. County Mental Health: <input type="checkbox"/> T.O.T. County Jail                                                          |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| Transported By: _____ Date: _____ Time: _____ Other: _____                                                                                                                                                                                                                                                      |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Instruction No. 1<br><input type="checkbox"/> Instruction No. 2<br>You need not appear in Court but must comply with instructions on Reverse Side. |                                                    | Location (Court, Room Number, Address) |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | Court Date and Time                                                                                                                                                         |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | Month                                                                                                                                                                       | Day                                                | Year                                   | Time                                     | A.M.                                            | P.M.                                                                                                                                                                                               |                                           |                                                    |                                                |                        |  |  |  |
| 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 _____                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| ADMIN.                                                                                                                                                                                                                                                                                                          | HOLD for other Agency Name:                                                                                                                                                 |                                                    | Signature of Arresting Officer         |                                          | Name Verification (Printed by Arrestee)         |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                    | X S. Robert 781                        |                                          | SCANNED                                         |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                    | Name of Arresting Officer (Print)      |                                          | (PRINT)                                         |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |                                                    | S. Robert 781 B.R.P.D.                 |                                          | NOV 21 2015                                     |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | Intake Deputy _____                                                                                                                                                         |                                                    | I.D. # 9025                            |                                          | PAGE                                            |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                 | Transporting Officer _____                                                                                                                                                  |                                                    | I.D. #                                 |                                          | Witness here if subject signed with an "X".     |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |
| DISTRIBUTION: WHITE - COURT COPY    YELLOW CY    PINK - JAIL    GOLD - DEFENDANT (N.T.A.'s ONLY)                                                                                                                                                                                                                |                                                                                                                                                                             |                                                    |                                        |                                          |                                                 |                                                                                                                                                                                                    |                                           |                                                    |                                                |                        |  |  |  |

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                    |                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|-----------------|------------------------------------|
| A<br>D<br>M<br>I<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date / Time<br><b>11/19/2016 23:40</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AFFIDAVIT                                          |                                                    |                 |                                    |
| D<br>E<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agency ORI Number<br><b>FL 0500200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> | Agency Report Number<br><b>3   2   2016-016935</b> |                 |                                    |
| D<br>E<br>F<br>R<br>G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name (Last, First, Middle)<br><b>FLEISHMAN, DAVID IRA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Alias                                              | Race<br><b>W</b>                                   | Sex<br><b>M</b> | Date of Birth<br><b>04/02/1963</b> |
| C<br>H<br>R<br>G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charge Description<br><b>784.041(2A) FELONY BATTERY-DOMESTIC STRANGULATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                    |                 |                                    |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Victim's Name (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Zip)<br>[REDACTED]                                | Race<br><b>W</b>                                   | Sex<br><b>F</b> | Date of Birth<br><b>09/08/1959</b> |
| Business Address (Name, Street) (City) (State) (Zip) Phone Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                    |                 |                                    |
| <p>DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral</p> <p>VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>SCARED, FLUSTERED</b></p> <p>RELATIONSHIP BETWEEN VICTIM &amp; SUSPECT<br/>[REDACTED]</p>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                    |                 |                                    |
| A<br>D<br>D<br>I<br>T<br>I<br>O<br>N<br>A<br>L<br>I<br>N<br>F<br>O<br>R<br>M<br>A<br>T<br>I<br>O<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>PHOTOGRAPHS: Scene: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Victim: <input checked="" type="checkbox"/></p> <p>911 CALL: <input checked="" type="checkbox"/> <input type="checkbox"/> CALLER: <b>ANONYMOUS</b></p> <p>WEAPON USED: <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE: <b>HANDS</b></p> <p>WITNESSES: <input checked="" type="checkbox"/> <input type="checkbox"/> (If YES, attach witness list)</p> <p>INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>MEDICAL TREATMENT: <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>AT: Scene: <input checked="" type="checkbox"/> <input type="checkbox"/> PARAMEDICS: <b>BRFD</b></p> <p>Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL:</p> <p>ACT COMMITTED IN PRESENCE<br/>OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES:</p> <p>H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>VIOLATION OF RESTRAINING<br/>ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #:</p> <p>PRIOR HISTORY OF DOMESTIC<br/>VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> <input checked="" type="checkbox"/></p> |                                                    |                                                    |                 |                                    |
| N<br>A<br>R<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                    |                 |                                    |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p>Appeared before me,  personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> 785</p> <p>SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>19</u> day of <u>11</u>, <u>16</u></p> <p> 11/14</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                    |                 |                                    |

SCANNED

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

|   |                   |
|---|-------------------|
| A | Date / Time       |
| D | 11/19/2016 23:40  |
| M | Agency ORI Number |
| N | FL 0500200        |

|                              |
|------------------------------|
| Agency Name                  |
| BOCA RATON POLICE DEPARTMENT |

Agency Report Number

3 | 2 | 2016-016935

stated [REDACTED] and Fleishman [REDACTED] and Fleishman tried to take her motorcycle, a Harley Davidson FL tag MBBW10. [REDACTED] 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. [REDACTED] told him to put it back and Fleishman told her she was messing with the wrong person. Fleishman then grabbed [REDACTED] by the neck and slammed her against the garage door choking her so [REDACTED] could not breathe. [REDACTED] 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 [REDACTED] key ring. Fleishman then grabbed [REDACTED] 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 onto the ground to get the keys. Fleishman then again began dragging [REDACTED] across the parking lot causing [REDACTED] pants to slide down, scraping her back and buttocks. Fleishman then attempted to tear [REDACTED] 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. [REDACTED] screamed for help and for someone to call 911. [REDACTED] had visible scrapes and abrasions to her arms, shoulder, lower back and buttocks as well as a torn shirt and tousled clothing.

A bystander, [REDACTED], called 911 after hearing [REDACTED] screams for help. [REDACTED] witnessed Fleishman choking [REDACTED] on the ground. [REDACTED] stated [REDACTED] 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. [REDACTED] heard a bystander scream and Fleishman then fled the scene on foot.

[REDACTED] complained of body aches and was having trouble breathing, FD was called out to evaluate her. I took a written witness statement from [REDACTED] and [REDACTED] and also gave [REDACTED] the Domestic and Dating Violence brochure. [REDACTED] had a torn shirt and visible red marks on her right arm, left shoulder, right hip, and right buttocks and lower back. Pictures of [REDACTED] injuries and also the damage to the motorcycle were taken and placed into evidence.

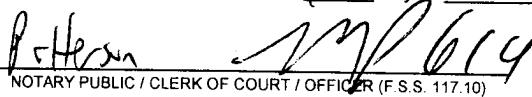
Officer Frenz, Officer Leinonen, and I met with Boynton Beach police and tried to locate Fleishman by visiting his last two current addresses on file. Fleishman was not located at either residence. I attempted to contact him by phone also, but was unsuccessful. At this time, I have established probable cause for the arrest of David Fleishman for Domestic Battery by Strangulation FSS 784.041(2)(a), Domestic Battery FSS 784.03(1a) and criminal mischief 806.13(b)(2).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

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

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 19 day of Nov. 16.



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

SCANNED

NOV 21 2016

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: \_\_\_\_\_

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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 Flishman  
D.O.B. 4/2/63 Race: W Sex: M

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

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

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

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. CHRISSWISSER I.D.# 788 Date: 11/19/16

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