

D488705

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For CapiasJuvenile N

OCTS Number

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-087836	
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	5. Ordinance <input type="checkbox"/> 6. Other _____	If Weapon Seized Enter Type _____	Multiple Clearance Indicator 0 2

6/9/17 1131								
Name (Last, First, Middle) FENSTER JASON LEIGH Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White B - Black	Sex W - Male M - Female	Date of Birth 06/14/1982	Height 5'06"	Weight 150	Eye Color BLUE			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status MARRIED	Religion NA	Indication of Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk			
Local Address (Street, Apt. Number) 16367 BRAEBURN RIDGE TRAIL		City DELRAY BEACH	State FL	Zip 33446	Phone 954-695-5685			
Permanent Address (Street, Apt. Number) SAME AS LOCAL		City	State	Zip	Phone			
Business Address (Street, Apt. Number)		City	State	Zip	Phone			
D/L Number, State F-523-432-82-214-0, FL		Social Security Number [REDACTED]	INS Number	Place of Birth <i>Boston, MA</i>	Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)				Phone			
Address (Street, Apt. No.)		City	State	Zip	Business Phone			
Notified By (Name)		Date <i>10/10</i>	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 told to keep the Juvenile Court Clerk's Office (Phone 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)			School Attended		Grade			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property				Value of Property			
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute L. Manufacture/ Produce M. Cultivate	Z. Other	Drug N/A B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description SIMPLE BATTERY (DOMESTIC RELATED)			Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 789.04(1)(A)(1)	Violation or ORD. # <i>JUN 9 2012 4:43</i>		
Drug Activity N	Drug Type N	Amount/Unit	Offense # 17-087836		Warrant/Capias Number	Bond		
Charge Description TAMPERING WITH WITNESS (DEPRIVING 911 COMM.)			Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 914.22(1)(E)	Violation or ORD. #		
Drug Activity N	Drug Type N	Amount/Unit	Offense # 17-087836		Warrant/Capias Number	Bond		
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number	Bond		
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation or ORD. #		
Drug Activity	Drug Type	Amount/Unit	Offense #		Warrant/Capias Number	Bond		
Location (Court, Address, Room Number)								
Court Date and Time								
Month	Day	Year	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>			
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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
HOLD for Other Agency Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other _____	Signature of Arresting Officer <i>T. Kalmus, Jr. 2018</i>
Name of Arresting Officer D. KALMUS, JR.	ID # 20186
Transposing Officer ID # D. KALMUS, JR. 20186	Agency PBSO
Name Verification (Printed by Arrestee) SCANNED	
Page 1 of 1	

D/S T. BURNSIDE #540004

V. Venier 7862

JUN 10 2017

Witness here if subject signed with an "X"

OBTS Number

• PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

N

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-087836		
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____	Special Notes			
Defendant Name (Last, First, Middle) FENSTER	JASON	LEIGH	Race W	Sex M	Date of Birth 06/14/1982
Charge SIMPLE BATTERY (DOMESTIC RELATED)	Charge TAMPERING WITH WITNESS (DEPRIVING 911 COMM.)				
Charge	Charge				
Victim Name (Last, First, Middle)		Race W	Sex F	Date of Birth 11/02/1984	
Local Address (Street, Apt. Number)	City _____	State _____	Zip _____	Phone _____	Address Source VERBAL
Business Address (Street, Apt. Number)	City _____	State _____	Zip _____	Phone _____	Occupation
<p>The undersigned swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>					
On the 8TH day of JUNE 20 17 at 9:00	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM			

On Thursday, June 8th, 2017 at approximately 2310 hours, I was dispatched to [REDACTED] in reference to a delayed domestic battery. The complainant, identified as [REDACTED] (DOB: 11/02/1984), stated that [REDACTED] Jason Fenster (DOB: 06/14/1982), took her cellphone and hit her head against the steering wheel.

Upon arrival, I met with [REDACTED] who was sitting inside the attached garage of the aforementioned residence. [REDACTED] stated that she and Jason went to dinner in Boca Raton and while eating, had a verbal argument due to [REDACTED] stating that she was going to call her parents. [REDACTED] explained that Jason does not allow her to talk to her parents. After leaving the restaurant, Jason was driving the vehicle while [REDACTED] was seated in the front passenger seat. While in the passenger seat, [REDACTED] had placed her purse on her lap, which contained her cellphone. While at a red light, Jason reached over and forcibly removed [REDACTED] cellphone from her purse. This incident happened at approximately 2100 hours this date.

After Jason removed the cellphone, [REDACTED] attempted to retrieve it from Jason. In doing so, Jason grabbed [REDACTED] head and slammed it into the steering wheel of the vehicle. After [REDACTED] head hit the steering wheel, she felt dizzy and asked Jason to pull over or bring her to the hospital. Jason refused to complete either of her requests. Instead, Jason called his mother, Debra Fenster (DOB: 08/22/1955) and told Debra that [REDACTED] was "acting crazy". Jason then drove [REDACTED] and began to harass [REDACTED] in the drive way of [REDACTED]

[REDACTED] then went inside of the residence and retrieved a second cellphone, which she referred to as a burner phone. [REDACTED] has this phone due to Jason previously taking her cellphone in the past with controlling tendencies and that she wanted to be able to call for help if she needed it. [REDACTED] told Jason that if he didn't back up and leave her alone, due to her not feeling safe, that she was going to call the police. [REDACTED] showed him the phone and told him that she was going to call the police. Jason then tackled [REDACTED] to the ground in the driveway of [REDACTED] to obtain the second cellphone.

After obtaining the second cellphone from [REDACTED] Jason left the area in the vehicle. In leaving, Jason deprived [REDACTED]'s means to summon for help, including medical assistance for her injuries or for law enforcement assistance. [REDACTED] then walked to the guard gate of the development, which is [REDACTED]

The foregoing instrument was sworn to and affirmed before me this 8th day of JUNE 20 17 , by: D. KALMUS, JR. JUN 10 2017 20186
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) N. Venes 7562
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) [Signature]
Name of Arresting/Investigating Officer [Signature]
Signature of Arresting/Investigating Officer [Signature]
Page 1 of 2

OBTS Number

• PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For CapiasJuvenile

N

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Charge Type: 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"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other _____	Special Notes				
Defendant Name (Last, First, Middle) FENSTER JASON LEIGH	Race W	Sex M	Date of Birth 06/14/1982		
Charge SIMPLE BATTERY (DOMESTIC RELATED)	Charge TAMPERING WITH WITNESS (DEPRIVING 911 COMM.)				
Charge	Charge				
Victim Name (Last, First, Middle) [REDACTED]	Race W	Sex F	Date of Birth 11/02/1984		
Local Address [REDACTED]	Address Source				
Business Address (Street, Apt. Number) [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Phone [REDACTED]	Occupation [REDACTED]
<p>The undersigned swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p>					
On the 8TH day of JUNE 20 17 at 9:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

approximately one mile from their house to call for police. After telling me what happened, I inspected [REDACTED] head in order to check for signs of injury. Above [REDACTED] right eyebrow, I observed a small red contusion, about the size of a nickel, which was raised and swollen. [REDACTED] advised that it hurt and was tender.

Based on the above investigation, Jason Fenster was in violation of FSS. 783.04(1)(A)(1) Simple Battery (Domestic Related) against [REDACTED] as well as FSS. 914.22(1)(E) Witness Tampering (Depriving [REDACTED] of 911 Communication).

NOT A CERTIFIED COPY

The foregoing instrument was sworn to and affirmed before me this 8th day of June 20 17, by: D. KALMUS, JR. SCANNED
20186 JUN 10 2017

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) V. Venner 7862

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) [Signature]

Name of Arresting/Investigating Officer D. KALMUS, JR. Page 2 of 2

Signature of Arresting/Investigating Officer [Signature]

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- 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.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.

If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 17-087836 Agency: Palm Beach County Sheriff's Office

Offense: SIMPLE BATTERY (DOMESTIC RELATED)

Suspect/Offender: FENSTER JASON LEIGH

DOB: 06/14/1982 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: _____ DOB: 11/02/1984 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 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: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D. KALMUS, JR. ID #: 20186 Date: _____

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: FENSTER JASON LEIGH DOB: 06/14/1982 Case #: 17-087836
Victim: ██████████ DOB: 11/02/1984 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No
911 Call: Yes No Caller: ██████████
Weapon Used: Yes No Type: _____
Witness: Yes No Name: _____
Victim Pregnant: Yes No If yes, _____ Weeks _____ Months
Injuries: Yes No Description: CONTUSION ON ██████████
Medical Treatment: Yes No
 At Scene: Yes No Paramedics: _____
 At Hospital: Yes No Hospital: _____ Physician: _____
Are children living in the home? Yes No DCF Notified? Yes No
Name: _____ DOB _____
Name: _____ DOB _____
Name: _____ DOB _____
Injunction: Yes No Case #: _____
No Contact Order: Yes No Case #: _____
Alcohol or Drugs: Yes No Unknown
Prior history of Domestic/Dating Violence Yes No
Defendant's statements Yes No If yes, written recorded oral
First words Defendant said when you responded to scene: _____

Victim's statements Yes No If yes, written recorded oral
First words Victim said when you responded to scene: HE TOOK MY PHONE AND SLAMMED MY HEAD INTO THE
STERRING WHEEL. WHEN HE SAW MY SECOND PHONE, HE TACKLED ME TO THE GROUND TO TAKE IT.

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous
 Complained of pain Other: _____

Victim contact information:

Local Address: ██████████

Phone: Home ██████████

Employer: ██████████

Name of Relative: ██████████

JUN 10 2017