

#0488705

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

Juvenile

N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>17-087836</b>													
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		If Weapon Seized Enter Type		Multiple Clearance Indicator <b>0 2</b>											
Name (Last, First, Middle) <b>FENSTER JASON LEIGH</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>06/14/1982</b>		Height <b>5'06"</b>		Weight <b>150</b>		Eye Color <b>BLUE</b>		Hair Color <b>BLONDE</b>		Complexion <b>LIGHT</b>		Build <b>MEDIUM</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>MARRIED</b>		Religion <b>NA</b>		Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk							
Local Address (Street, Apt. Number) <b>16367 BRAEBURN RIDGE TRAIL</b>				City <b>DELRAY BEACH</b>				State <b>FL</b>		Zip <b>33446</b>		Phone <b>954-695-5685</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>							
Permanent Address (Street, Apt. Number) <b>SAME AS LOCAL</b>				City				State		Zip		Phone		Address Source <b>VERBAL</b>							
Business Address (Street, Apt. Number)				City				State		Zip		Phone		Occupation							
D/L Number, State <b>F-523-432-82-214-0, FL</b>				Social Security Number				INS Number		Place of Birth <b>Boston, MA</b>		Citizenship <b>US</b>									
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		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							
Property Crime? <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		M. Manufacture/ Produce Cultivate		Z. Other		Drug N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		P. Paraphernalia/ Equipment		U. Unknown Z. Other	
Charge Description <b>SIMPLE BATTERY (DOMESTIC RELATED)</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>789.03(1)(A)(1)</b>				Violation or ORD. # <b>JUN 9 PM 12:43</b>							
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>17-087836</b>		Warrant/Capias Number				Bond									
Charge Description <b>TAMPERING WITH WITNESS (DEPRIVING 911 COMM.)</b>						Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>914.22(1)(E)</b>				Violation or ORD. #							
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>17-087836</b>		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 PM									
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				Resisted Arrest <input type="checkbox"/> Other				Signature of Arresting Officer <b>D. KALMUS, JR.</b> ID # <b>20186</b>				Name Verification (Printed by Arrestee) (PRINT)									
Intake Deputy <b>T. BURNSIDE #548004</b>				ID # <b>548004</b>				Transporting Officer <b>D. KALMUS, JR. 20186</b>				Agency <b>PBSO</b>									
SCANNED Witness here if subject signed with an "X"												Page <b>1 of 1</b>									

D/S T. BURNSIDE #548004  
V. Fenster 7862

JUN 10 2017

OBTS Number		<b>• PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>17-087836</b>		
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) <b>FENSTER JASON LEIGH</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>06/14/1982</b>		
Charge <b>SIMPLE BATTERY (DOMESTIC RELATED)</b>				Charge <b>TAMPERING WITH WITNESS (DEPRIVING 911 COMM.)</b>				
Victim Name (Last, First, Middle)				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/02/1984</b>		
Local Address (Street, Apt. Number)				City	State	Zip	Phone	Address Source <b>VERBAL</b>
Business Address (Street, Apt. Number)				City	State	Zip	Phone	Occupation
The undersign 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...  <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. <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.								
On the <b>8TH</b> day of <b>JUNE</b> 20 <b>17</b> at <b>9:00</b> <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 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

The foregoing instrument was sworn to and affirmed before me this <u>8<sup>th</sup></u> day of <u>June</u> 20 <u>17</u> , by: <u>JUN 10 2017</u>	
<u>N. Venes 7662</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D. KALMUS, JR.</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer



## 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: \_\_\_\_\_

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

**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: [REDACTED] 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: [REDACTED]

Weapon Used: ☐ Yes ☒ No Type: \_\_\_\_\_

Witness: ☐ Yes ☒ No Name: \_\_\_\_\_

Victim Pregnant: ☐ Yes ☒ No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries: ☒ Yes ☐ No Description: CONTUSION ON [REDACTED]

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: [REDACTED]

Phone: Home [REDACTED]

Employer: [REDACTED]

Name of Relative [REDACTED]