

0355673

P#24 21924767

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

| | | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------------------------|--|---|--|--|--|---|--|----------------------------|--|---|--|--|--|---|--|
| AD M I N I S T R A T I O N | OBTS Number | | Agency ORI Number 0501700 | | Agency Name Jupiter Police Department | | Agency Report Number (N.T.A.'s only) 5 4 21-001994 | | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | | 1 | | JUVENILE | | | | | |
| D E F E N D A N T | Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 UNARMED | | Multiple Clearance Indicator | | | | | | | | | | | |
| | Location of Arrest (Including Name of Business) 1800 W INDIANTOWN RD | | | | | | Location of Offense (Business Name, Address) 1800 W INDIANTOWN RD, JUPITER, FL 33458 | | | | | | | | | | | |
| | Date of Arrest 06/07/2021 | | Time of Arrest 02:47 | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Location of Vehicle | | | | | |
| | Name (Last, First, Middle) VORPAGEL, CHARLES LEWIS | | | | | | | | | | | | | | | | | |
| C O D E F | Alias: | | | | | | | | | | | | | | | | | |
| | Race W - White B - Black O - Oriental/Asian | | Sex M | | Date of Birth 11/22/1989 | | Height 5'10 | | Weight 180 | | Eye Color BROWN | | Hair Color BROWN | | Complexion LIGHT | | Build Medium | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTL FOOT / 4 LEAF CLOVER; TATTL KNEE / BOARD AND NAIL | | | | | | | | | | Marital Status S | | Religion OTHER | | Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> | | Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> | |
| | Local Address (Street, Apt. Number) 113 SHERWOOD CIRCLE 25C, JUPITER, FL 33458 | | | | | | (City) | | (State) | | (Zip) | | Phone (561) 972-3702 | | Resident Type: 1. City 2. County 3. Florida 4. Out of State 1 | | | |
| | Permanent Address (Street, Apt. Number) 113 SHERWOOD CIRCLE 25C, JUPITER, FL 33458 | | | | | | (City) | | (State) | | (Zip) | | Phone (561) 972-3702 | | Address Source VERBAL | | | |
| | Business Address (Name, Street) ? | | | | | | (City) | | (State) | | (Zip) | | Phone | | Occupation | | | |
| | D/L Number, State V612152894220 / FL | | | | Soc. Sec. Number [REDACTED] | | | | INS Number | | | | Place of Birth (City, State) JUPITER, FL, United | | | | 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 | | | | | |
| | J U V E N I L E | <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Business Phone Notified by: (Name) Date Time JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated 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 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: _____ Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other N. N/A D. Buy E. Use Produce/ Cultivate P. Possess T. Traffic Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown A. Amphetamine C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetic Z. Other Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION - cocaine Statute Violation Number 893.13(6)(A) Violation of ORD # 1,000 Per AD Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond N / 21-001994 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION - ecstasy Statute Violation Number 893.13(6)(A) Violation of ORD # 1,000 Per AD Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond N / 21-001994 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION - psilocybin mushrooms Statute Violation Number 893.13(6)(A) Violation of ORD # 1,000 Per AD Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond N / 21-001994 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Health / Apparent Physical Condition of Defendant Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail PROPERTY - Received By Released By Released To <input type="checkbox"/> Postal Bond <input type="checkbox"/> South County Mental Health Transported By Date Transported Time Transported Other INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. 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 HOLD for Other Agency Signature of Arresting Officer 384/1186 Name Verification (Printed by Arrestee) <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest MATONTI, JOHN (PRINT) <input type="checkbox"/> Suicidal <input type="checkbox"/> Other 384/1186 I.D. # Intake Deputy I.D. # Pouch # Transporting Officer Stan 309 SPD Agency Witness here if subject signed "No" | | | | | | | | | | | | | | | | |
| No Photo Available FILED JUN 08 2021 CIRCUIT & COUNTY CLERK JUVENILE COURTS | | | | | | | | | | | | | | | | | | |

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JUN 08 2021
☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ DEFENDANT
PAGE
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**ARREST / NOTICE TO APPEAR
Additional Charge List**

| | | | | | | | | | | | |
|--|---|---|------------------------------------|----------------------------|--|--|---|---|---|--|------------------------|
| Agency ORI Number 0501700 | | Agency Name Jupiter Police Department | | | | Agency Report Number (N.T.A.'s only) 5 4 21-001994 | | | | | |
| C O D E | Drug Activity N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Disperse/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other | Drug Type N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opioid/deriv. | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other |
| | Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION - MDMA | | | | | | Statute Violation Number 893.13(6)(A) | | Violation of ORD # | | |
| | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | | Bond | | |
| | | | / | 21-001994 | 1 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | 1,000 AD | | |
| C H A R G E | Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION - Percocet | | | | | | Statute Violation Number 893.13(6)(A) | | Violation of ORD # | | |
| | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | | Bond | | |
| | | | / | 21-001994 | 1 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | 1,000 AD | | |
| | | | | | | | | | | | |
| C H A R G E | Charge Description DRUGS - CONTROLLED SUBST W/O PRESCRIPTION - 260 | | | | | | Statute Violation Number 893.13(6)(A) | | Violation of ORD # | | |
| | Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | | Bond | | |
| | | | / | 21-001994 | 1 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | 1,000 AD | | |
| | | | | | | | | | | | |

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JUN 0

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|---|--|---|--|--------------------------|--|--|--|------------------------|--|--|--|---|--|----------------|--|
| A D M I N | | OBTs Number | | PROBABLE CAUSE AFFIDAVIT | | | | 1. Arrest 2. N.T.A. | | 3. Request for Warrant 4. Request for Capias | | 1 | | JUVENILE | |
| Agency ORI Number | | Agency Name | | | | Agency Report Number | | | | | | | | | |
| FL 0501700 | | JUPITER POLICE DEPARTMENT | | | | 5 4 21-001994 | | | | | | | | | |
| Charge Type: Check as many as apply. | | <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | | | | <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor | | | | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | | | | Special Notes: | |
| Name (Last, First, Middle) | | Alias | | | | Race | | Sex | | Date of Birth | | | | | |
| VORPAGEL, CHARLES LEWIS | | | | | | W | | M | | 11/22/1989 | | | | | |
| Charge Description | | 893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIPTION | | | | Charge Description | | | | 948.06 VIOLATION OF PROBATION | | | | | |
| Charge Description | | | | | | Charge Description | | | | | | | | | |
| Victim's Name (Last, First, Middle) | | State Of Florida | | | | Race | | Sex | | Date of Birth | | | | | |
| Local Address (Street, Apt. Number) | | (City) | | (State) | | (Zip) | | Phone | | Address Source | | | | | |
| Business Address (Name, Street) | | (City) | | (State) | | (Zip) | | Phone | | Occupation | | | | | |
| <p>The undersigned certifies and 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.</p> <p>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 my (described) investigation.</p> <p>On the <u>7</u> day of <u>June</u>, <u>2021</u> at <u>05:03</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 6-7-21 at approximately 0209 hours, while on routine patrol, I observed a black Dodge pickup truck bearing Texas tag NHT2366, traveling westbound on W. Indiantown Rd. approaching Maplewood Dr., without illuminated taillights. I initiated a traffic stop and the vehicle pulled into the Walgreens located at 1800 W. Indiantown Rd.</p> <p>I approached the vehicle on the driver's side, identified myself and advised the driver for the reason for the traffic stop. I asked the driver for his driver's license and vehicle information. I returned to my vehicle and through an FCIC/NCIC records check, the driver was identified as Charles Vorpagel (W/M 11-22-89). Northcom dispatch also advised me that Vorpagel was currently on federal probation.</p> <p>I returned to the driver and asked him if he had anything illegal in his vehicle. We spoke about his probation and I asked him if I could check and see if there were any weapons or narcotics in the vehicle. He stated that he had a box cutter knife in the truck. He asked me if he had to let me search his vehicle and I advised him that he did not. I stated to Vorpagel that I was asking for his consent to check the vehicle for weapons or drugs. He consented to a search of the vehicle and was then asked to step out of the vehicle and stand with Officer Bigtree.</p> <p>Officer Tappin assisted me while searching the vehicle. A search of the vehicle yielded a backpack on the front passenger seat. Inside the backpack, I located a multicolored cardboard box which contained multiple items to include:</p> <p>A plastic baggie containing a white powdery substance. The substance field-tested positive for cocaine and was later weighed to be .69 grams.</p> <p>A plastic baggie containing ten pink pills with a tiger face on one side and "KENZO" markings on the other. The pills were later identified as Ecstasy.</p> | | | | | | | | | | | | | | | |
| SWORN AND SUBSCRIBED BEFORE ME | | NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) | | | | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER | | | | | | | | | |
| 06/07/2021 | | DATE | | | | MATONTI, JOHN (1186) | | | | NAME OF OFFICER (PLEASE PRINT) | | | | | |
| 06/07/2021 | | DATE | | | | 06/07/2021 | | | | DATE | | | | | |

| | | | | | | | |
|--|--|---|--|--|---|-----------------|------------------------------------|
| OBT Number | | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE |
| Agency ORI Number FL 0501700 | | Agency Name JUPITER POLICE DEPARTMENT | | Agency Report Number 5 4 21-001994 | | | |
| Charge Type: Check as many as apply. | | <input checked="" type="checkbox"/> 1. Felony <input 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: | | | |
| Name (Last, First, Middle) VORPAGEL, CHARLES LEWIS | | | | Alias | Race W | Sex M | Date of Birth 11/22/1989 |

One round white pill with "512" marking on it. It was identified as Percocet through drugs.com.

A plastic bag containing several brown mushrooms, which I was able to identify as psilocybin mushrooms, based on my training and experience. The psilocybin mushrooms were later weighed to be 4.24 grams.

A plastic bag containing a brown/grey crystal like powder which field tested positive for MDMA and was later weighed to be 1.24 grams.

I read Vorpagel Miranda Warnings and he advised that he would speak to me. I advised him that I located what I believed to be illegal narcotics inside of a backpack in the vehicle. He confirmed that the backpack I located the narcotics inside of was his. He also confirmed that the narcotics inside were MDMA, Cocaine, Ecstasy pills, Percocet, and Psilocybin mushrooms. He advised that he only uses these drugs on the weekends. He advised that he does not sell the narcotics, only uses.

Based upon my above described investigation, I found probable cause to arrest and charge Charles Vorpagel for POSSESSION OF COCAINE, POSSESSION OF MDMA, POSSESSION OF PSILOCYBIN MUSHROOMS, POSSESSION OF ECSTASY, POSSESSION OF PERCOCET, all controlled substances, contrary to Florida Statute 893.13(6)(a) (3 DEG FEL) and VIOLATION OF PROBATION.

I advised Vorpagel that he was under arrest for the above charges. I placed Vorpagel into handcuffs behind his back which I checked for proper spacing and double locked. I transported him to the Jupiter Police Department for processing and then subsequently transported him to the Palm Beach County Jail without incident. I later weighed the narcotics on a certified digital scale and I submitted the Cocaine, Mdma, Psilocybin Mushrooms, Ecstasy, and Percocet to Jupiter Police Evidence. I utilized my Axon body worn camera for this call for service and all statement's made.

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| SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 06/07/2021 DATE | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MATONTI, JOHN (1186) NAME OF OFFICER (PLEASE PRINT) 06/07/2021 DATE |
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

| | |
|-----------------------------------|---|
| Booking Number: 2021013844 | Date: 06/08/2021 |
| | Specialist Name/ID: C. Denzel/8691 |