0406370 22MM1839MB 1036

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

ADMINISTRATIVE

OBTS Number	
Agency ORI Number	FL0 5 0 1 8 0 0
Agency Name	JUPITER INLET COLONY P.D.
Agency Report Number (N.T.A.'s only)	5 6 - 22 - 0 0 0 0 0 1
Charge Type: Check as many as apply.	☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
Weapon Seized / Type (1. Yes 2. No)	2
Multiple Clearance Indicator	0 1
Location of Arrest (Including Name of Business)	167 BEACON LN. JUPITER INLET COLONY FL. 33469
Location of Offense (Business Name, Address)	SAME
Date of arrest	0 3 0 5 22
Time of Arrest	1 8 0 3
Booking Date	
Booking Time	
Jail Date	
Jail Time	
Location of Vehicle	

DEFENDANT

Name (Last, First, Middle)	LEIDIG, JASON R.
Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	W
Sex	M
Date of Birth	0 5 1 5 71
Height	508
Weight	186
Eye Color	BLUE
Hair Color	BRN
Complexion	MED
Build	MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	LFT WRIST, LFT ARM, RT LEG
Marital Status	MARRIED
Religion	NONE
Indication of: Alcohol Influence / Drug Influence (Y / N / Unk)	Unk
Local Address (Street, Apt. Number) (City) (State) (Zip)	167 BEACON LN. JUPITER FL. 33469
Phone	(561) 248-6279
Residence Type: 1. City 2. County 3. Florida 4. Out of State	1
Permanent Address (Street, Apt. Number) (City) (State) (Zip)	SAME
Phone	( )
Address Source	KNOWN
Business Address (Name, Street) (City) (State) (Zip)	
Phone	( )
Occupation	BUSINESS OWNER
D/L Number, State	L320-436-71-1750
Soc. Sec. Number	[redacted]
INS Number	
Place of Birth (City, State)	CANTON OH
Citizenship	US

CO-DEF.

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle)	
Residence Phone	( )
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 ☐ defendant and / or ☐ 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.
☐ Yes, by: (Name) ☐ No: (Reason)

School Attended	
Grade	
Property Crime? ☐ Yes ☐ No	
Description of Property	
Value of Property	

1 - No Bond

CODE

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 Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	FSS / ORD	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY	1	☒ FSS ☐ ORD	784.03 1 A 1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22-000001		

CHARGE

Charge Description	Counts	FSS / ORD	Statute Violation Number	Violation of ORD #
		☐ FSS ☐ ORD		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	FSS / ORD	Statute Violation Number	Violation of ORD #
		☐ FSS ☐ ORD		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	FSS / ORD	Statute Violation Number	Violation of ORD #
		☐ FSS ☐ ORD		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 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

MAR 5 PM 10:41

ADMIN.

HOLD for other Agency Name:	
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:	
Signature of Arresting Officer	[signature] 129
Name of Arresting Officer (Print) I.D. #	WILLIAM AGUILLON 129
Name Verification (Printed by Arrestee)	(PRINT) Jason Leidig
Intake Deputy I.D. #	DS Tommie 8333
Pouch #	
Transporting Officer I.D. #	AGUILLON 129
Agency	JICPD
Witness here if subject signed with an "X".	

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT (N.T.A.'s ONLY)

Aguillon 129

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DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
03/05/2022 19:08	FL 0501800	JUPITER INLET COLONY	22-000001

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LEIDIG, JASON RICHARD		W	M	05/15/1971

CHRG

Charge Description: **784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)**

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
LEIDIG, JOY ALISON	W	F	04/28/1966

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
167 BEACON LN, JUPITER INLET COLONY, FL 33469	(561) 222-6364	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

ADDITIONAL INFORMATION

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☒
VICTIM'S STATEMENTS:	☐	☐	☒

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **RED MARK ON NECK**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **SPOUSE**

		YES	NO	
PHOTOGRAPHS:	Scene:	☐	☐	
	Victim:	☐	☐	
911 CALL:		☐	☐	CALLER: **VICTIM**
WEAPON USED:		☐	☐	TYPE:
WITNESSES:		☐	☐	(If YES, attach witness list)
INJURIES:		☐	☐	
MEDICAL TREATMENT:		☐	☐	
AT:	Scene:	☐	☐	PARAMEDICS:
	Hospital:	☐	☐	PHYSICIAN(S) / HOSPITAL:
ACT COMMITTED IN PRESENCE OF MINOR(S):		☐	☐	NAMES/AGES:
H. R. S. NOTIFIED:		☐	☐	
VICTIM PREGNANT:		☐	☐	
VIOLATION OF RESTRAINING ORDER:		☐	☐	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:		☐	☐	
ALCOHOL OR DRUGS INVOLVED:		☐	☐	

NARR

On Sunday 03/05/2022 at 1733hrs I was dispatched to 168 Beacon Ln reference a Domestic Violence call. Prior to arriving at the residence the Defendant Jason R Leidig had departed the scene. I was met by the Victim Joy Leidig. The Victim appeared to be distress and crying. The Victim spontaneously uttered "Hes going to kill me!" The victim and defendant are married and live together at the residence. No children were present at the

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

OR [illegible] 129
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 5 day of March, 2022.

[illegible] 132
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
03/05/2022 19:08		
Agency ORI Number	Agency Name	Agency Report Number
FL 0501800	JUPITER INLET COLONY	22-000001

NARRATIVE

time of the incident and do not live at the residence.

The Victim appeared to have a bright red mark on her chest just below her neck. When I asked the Victim where the defendant was she told me he had departed in a white Range Rover a few minutes ago.

I surveyed the interior of the home. All the blinds were closed and the house was messy but I did not see any signs indicating a violent incident.

The Victim told me there has been ongoing arguments and fights between her the defendant since Friday night 03/04/2022. She told me the fights turned violent and resulted in the defendant striking her in the face. I noticed the Victim had a mark above the right side of her lip. The victim told me the defendant often drinks excessively and was drunk last night and today. They went to bed without further incident. The Victim told me they woke up this morning and apologized to each other. They went out for the day and ended up at a local bar. The defendant drank excessively again. They got into an argument and went home. Upon arriving home the argument escalated. He stated he was leaving. The victim tried to stop him from leaving because she believed he was too drunk to drive, At this time, the defendant punched the victim on her chest with a closed fist. The victim called 911.

At this time, I believe there is probable cause to arrest the Defendant Jason Richard Leidig W/M dob 05/15/1971 for Simple Battery (Domestic Violence) upon the Victim Joy Alison Leidig W/F 04/28/1966. Florida Statute 784.03 (1) (a1).

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STATE OF FLORIDA
COUNTY OF PALM BEACH

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

OFC. [signature] 129
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 5 day of March, 2022.

[signature] 132
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

VICTIM NOTIFICATION FORM

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

- **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 #: 22-000001 Agency: JUPITER/TEQUESTA PD
   Offense: SIMPLE BATTERY (DOMESTIC)
   Suspect/Offender: LEIDIG, JASON R.
   D.O.B. 05/15/1971 Race: WHITE Sex: MALE

2. Warrant #(s): _____

3.a. Victim's name: LEIDIG, JOY A D.O.B. 04/26/66 Race: W Sex: F
   Address: 167 BEACON CIR.
   City: JUPITER State: FL. Zip: 33469
   Home #: 561-222-6364 Work #: / Other: _____

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:** **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: DET. W. KINNISON I.D. # 129 Date: 03/05/2022

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER _____ (FOR WARRANTS USE ONLY) COURT CASE/WARRANT #: _____

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2022005942	**Date:** 3/6/2022
	Specialist Name/ID: S.Evans/23872