

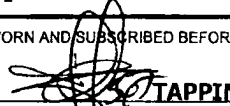
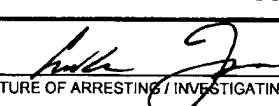
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ARREST / NOTICE TO APPEAR

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

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 21-004172	Arrest 1	Request for Warrant 1	Request for Capias 1	JUVENILE		
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" 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) 7699 W INDIANTOWN RD/FLORIDAS TURNPIKE		Location of Offense (Business Name, Address) 7699 W INDIANTOWN RD/FLORIDAS TPKE, JUPITER, FL				
	Date of Arrest 11/24/2021	Time of Arrest 21:21	Booking Date	Booking Time	Jail Date	Jail Time	
	Location of Vehicle East Coast Towing						
J U V E N I L E	Name (Last, First, Middle) LEVEILLE, MITCHEL JOHN						
	Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 01/16/1989	Height 5'09	Weight 180	Eye Color GRAY	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S	Religion	Complexion LIGHT	Build Thin	
C O U N T Y	Local Address (Street, Apt. Number) 3781 SW COQUINA COVE RD 205, PALM CITY, FL 34990		(City) PALM CITY, FL		(State) FL		
	Permanent Address (Street, Apt. Number) 3781 SW COQUINA COVE RD 205, PALM CITY, FL 34990		(City) PALM CITY, FL		(State) FL		
	Business Address (Name, Street) LI40550890160 / FL		(City) FORT BELVORE, VA		(State) US		
	D/L Number, State LI40550890160 / FL		Soc. Sec. Number [REDACTED]		INS Number		
C O U N T Y	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Parent <input type="checkbox"/> Other: <input type="checkbox"/>		Name (Last, First, Middle)				
	Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)				
C O U N T Y	Address (Street, Apt. Number) 3781 SW COQUINA COVE RD 205, PALM CITY, FL 34990		(City) PALM CITY, FL		(State) FL	(Zip) 34990	
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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 355-2526) informed of any change of address.		School Attended		Grade		
C O U N T Y	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
	Drug Activity N. N/A S. Sell B. Buy P. Possess 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. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other				
	Charge Description DUI - DAMAGE TO PERSON/PROPERTY		Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #		
	Drug Activity N		Drug Type N	Amount / Unit /	Offense #	Counts 1	
C O U N T Y	Charge Description		Statute Violation Number		Violation of ORD #		
	Drug Activity N		Drug Type N	Amount / Unit /	Offense #	Counts 1	
	Charge Description		Statute Violation Number		Violation of ORD #		
	Drug Activity N		Drug Type N	Amount / Unit /	Offense #	Counts 1	
I N T A K E	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				
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By		Released By		
	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.		Location (Court, Room) North County				
N O T I C E T O A P P E A R	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.		Court Date and Time 12/29/2021 8:30 AM		Photo Available		
	Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed				
	HOLD for Other Agency		Signature of Arresting Officer JURAC, LUKA		Name Verification (Printed by Arresting Officer) JURAC, LUKA		
	Intake Deputy CH HONOR (7204)		Transporting Officer C. Lucas		Witness here if subject signed with an "X".		

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-004172				
	Charge Type, Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:				
D E F	Name (Last, First, Middle) LEVEILLE, MITCHEL JOHN				Alias		Race W	Sex M	Date of Birth 01/16/1989
	Charge Description 316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY		Charge Description						
C H A R G E S	Charge Description		Charge Description						
	Charge Description		Charge Description						
V I C T I M	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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 24 day of November, 2021 at 22:57 (Specifically include facts constituting cause for arrest.)</p> <p>On Wednesday, November 24, 2021, at approximately 1907hrs, I responded to 7699 W Indiantown Rd, and Florida's Turnpike, in reference to a three car collision.</p> <p>Upon my arrival to the scene, I observed a three car collision in the middle lane. The crash occurred due to a 2016 White BMW 428I FL Tag: QXMU36, rear-ending a second vehicle and pushing the second vehicle into a third vehicle. See crash report for further.</p> <p>I made contact with the driver, and sole occupant of the white BMW, W/M Mitchel Leveille (01/16/1989), herein referred to as Suspect 1. Upon making contact with Suspect 1, I quickly noticed his movements were slow, and he was incoherent. I had instructed Suspect 1 to give me his driver's license, registration, and insurance, and as he was reaching into the car, he would fall asleep. This occurred multiple times. Finally, I told Suspect 1, again, to give me his driver's license. He complied, I then told him to sit in his car so he would not fall over. Upon sitting in the driver seat of the vehicle, Suspect 1 fell asleep again.</p> <p>I did not smell the odor of alcohol and I did not observe any other indications of alcohol impairment. Based on my training and experience, I knew that Suspect 1 was under the influence of an unknown narcotic. Based on his behavior I called for Fire Rescue as a safety precaution. Rescue 19 responded (EMS Run #21132463) to the scene.</p> <p>As I was standing by with Suspect 1, making sure he did not have a medical emergency, I observed an orange prescription drug bottle, in plain sight, in the driver side door pocket of Suspect 1's vehicle. I later documented the label via Body Worn Camera (BWC). The prescription drugs were labeled "Gabapentin" and prescribed to Suspect 1; the bottle was empty.</p> <p>Suspect 1 was transported by fire rescue to Jupiter Medical Center. After I cleared the</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p> TAPPIN, KEVIN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>11/24/2021 DATE</p> </div> <div style="width: 45%;"> <p> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>JURAC, LUKA (1195) NAME OF OFFICER (PLEASE PRINT)</p> <p>11/24/2021 DATE</p> </div> </div>									
								PAGE 1 OF 2	

COURT

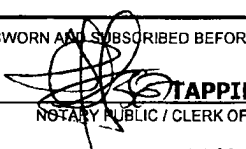

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		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 21-004172				
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:				
D E F	Name (Last, First, Middle)					Race		Sex	Date of Birth
	LEVEILLE, MITCHEL JOHN					W		M	01/16/1989
<p>crash scene, I then responded to Jupiter Medical Center. I made contact with Suspect 1 at Jupiter Medical Center and gave Suspect 1 his crash related citation, driver exchange of information, and informed him that my crash investigation was over. I then informed Suspect 1 that I was now conducting a DUI investigation. I read Suspect 1 his Miranda Warnings; he acknowledged them and refused to talk to me. I then read Suspect 1 the Blood Draw Consent Law from a standardized card. Suspect 1 consented to the blood draw.</p> <p>Nurse Bob with the Jupiter Medical Center performed a blood draw at 2130hrs. The blood specimen was later turned over to the Jupiter Police department Evidence Locker. Once Suspect 1 was medically cleared from the hospital I placed both his hands into handcuffs, checking for proper spacing and ensuring that the double lock function was working properly. I then transported Suspect 1 to the Palm Beach County Jail and turned him over to them.</p> <p>Based on my investigation I find Probable Cause to charge Suspect 1 with DUI damage to person/property per Florida State Statute 316.193(3)(c)(1)</p> <p>Additional charges pending the results of Blood Draw.</p> <p>The above incident was captured via BWC. It should be noted that the above narrative is a summary of the BWC footage and not purported to be verbatim.</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  STAPPIN, KEVIN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)					 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
	11/24/2021 DATE					JURAC, LUKA (1195) NAME OF OFFICER (PLEASE PRINT)			
						11/24/2021 DATE			
						PAGE 2 OF 2			

COURT

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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	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021029606

Date: 11/25/2021

Specialist Name/ID: J. Beck/9007