

ARREST / NOTICE TO APPEAR

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

JUVENILE

1

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 17-003828		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		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 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 Hands, Feet, Fist, Teeth		Multiple Clearance Indicator								
	Location of Arrest (Including Name of Business) 6198 ALLEN ST					Location of Offense (Business Name, Address) 6198 ALLEN ST, JUPITER, FL 33458							
	Date of Arrest 08/07/2017		Time of Arrest 22:30		Booking Date		Booking Time		Jail Date		Jail Time		
	Date of Arrest 08/07/2017		Time of Arrest 22:30		Booking Date		Booking Time		Jail Date		Jail Time		
J U V E N I L E	Name (Last, First, Middle) LEONARD, JASON CODY												
	Alias:												
	Race W - White B - Black O - Oriental/Asian W		Sex M		Date of Birth 06/01/1984		Height 6'00		Weight 190		Eye Color BLUE		
	Hair Color BROWN		Complexion FAIR		Build Thin		Marital Status S		Religion OTHER		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R UPPER ARM / FLOWER; TATT R UPPER ARM / FISH; TATT												
	Local Address (Street, Apt. Number) 6198 ALLEN ST, JUPITER, FL 33458					(City)		(State)		(Zip)		Phone (561) 401-5045	
	Permanent Address (Street, Apt. Number) 6198 ALLEN ST, JUPITER, FL 33458					(City)		(State)		(Zip)		Phone (561) 401-5045	
	Business Address (Name, Street) PROFESSIONAL FINISHES,					(City)		(State)		(Zip)		Phone (561) 373-6519	
	D/L Number, State L563423842010 / FL					Soc. Sec. Number		INS Number		Place of Birth (City, State) PARA HILLS, MO,		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		
C O U N T Y	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian												
	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 Department and Released 2. TOT JAC 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.												
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____												
	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. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other												
	Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE) Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number N / 17-003828 1 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N												
Charge Description Statute Violation Number Violation of ORD # 784.03(1)(A)(1)													
Charge Description Statute Violation Number Violation of ORD # Bond													
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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												
	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 <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												
N O T I C E	Transported By Date Transported Time Transported Other												
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												
	Location (Court, Room)												
	Court Date and Time												
A D M I N	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 584 Name of Arresting Officer (Print) MATONTI, JOHN I.D. # 1186 Intake Deputy Spann 810/ I.D. # 384 Pouch # JPD Agency JPD Name Verification (Printed by Arrestee) #30 (PRINT) 1 OF 1 Witness here if subject signed with an "X"												

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME INVESTIGATOR ☐ P.I.O. ☐ DEFENDANT

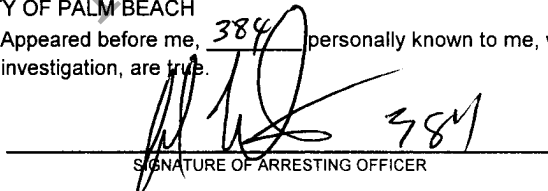
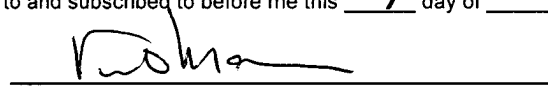
SCANNED

AUG 08 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 08/07/2017 23:13		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-003828	
	Name (Last, First, Middle) LEONARD, JASON CODY						Race W	Sex M
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) KOSINSKI, JAIME LYNN						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 6198 ALLEN ST, JUPITER, FL 33458				Phone (352) 817-8333		Address Source	
	Business Address (Name, Street) (City) (State) (Zip) UNK				Phone		Occupation	
A D D I T I O N A L I N F O R M A T I O N	Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/> DEFENDANT'S STATEMENTS: VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BRUISED, ANGRY, SCARED				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND							
N A R R	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> <input type="checkbox"/> 911 CALL: <input type="checkbox"/> <input checked="" type="checkbox"/> CALLER: WEAPON USED: <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE: WITNESSES: <input type="checkbox"/> <input checked="" type="checkbox"/> (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> <input type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> <input checked="" type="checkbox"/> PARAMEDICS: Hospital: <input type="checkbox"/> <input checked="" type="checkbox"/> PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> <input checked="" type="checkbox"/> NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> <input checked="" type="checkbox"/> VICTIM PREGNANT: <input type="checkbox"/> <input checked="" type="checkbox"/> VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> <input checked="" type="checkbox"/> CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> <input checked="" type="checkbox"/> ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> <input type="checkbox"/>							
	STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>384</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>7</u> day of <u>August</u> , <u>2017</u> .  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)							

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

 SCANNED
 CRIME ANALYSIS
 AUG 08 2017

P. I. O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N	Date / Time 08/07/2017 23:13	Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-003828
	Agency ORI Number FL 0501700			
N A R R A T I V E	<p>On 8-7-17 at approximately 2103 hours, I was dispatched to the Jupiter Police Department lobby, in reference to an alleged domestic battery. Upon arrival, I made contact with Jamie Kosinski (W/F 7-15-83) who stated that she had been battered by her boyfriend, Jason Leonard (6-1-84).</p> <p>Kosinski stated the following: She was arguing with her boyfriend, in her vehicle as they drove to work on 8-7-17 at approximately 0800 hours. At one point he became very angry and using the back of his hand, struck her in the left eye leaving a bruise. She dropped him off at work and went home and slept the rest of the day until he arrived at home from work at approximately 2000 hours. Kosinski advised that when Leonard arrived at home, he was still angry and he threw her on the ground, choked her and kicked her, leaving bruises on both arms and an abrasion on her left calf. She stated that she was in fear for her life and that's why she left the residence and came immediately to the Jupiter Police Department. Kosinski completed a witness statement. I photographed the bruises and abrasions on Kosinski.</p> <p>I relocated to their residence located at 6198 Allen St. Jupiter, FL 33458 and made contact with Leonard who stated the following: He was unsure how Kosinski received a bruised eye, he stated it could have been when they were driving to work and she began trying to hit him and he was using his hands and arms to block her strikes. He also stated that when he arrived home from work, he was using the bathroom and Kosinski "barged" into the bathroom and shoved him off the toilet, poking him in the left eye in the process. He stated that he did not touch Kosinski while in the bathroom, only yelled at her. He also advised that he received an abrasion on his chest from Kosinski. He later stated that the bruising on her arms could be from him trying to restrain her from hitting him and he is unsure how she received the abrasion on her left calf. Leonard completed a witness statement. I photographed Leonard's left eye and the abrasion on his chest.</p> <p>Leonard's mother, Deborah Hearty (w/f 3-14-54), also lives at the residence and stated the following: She was home the entire time Leonard and Kosinski were arguing but did not see anything physical between the two.</p> <p>Based upon my above investigation, I determined that Jason Leonard was the primary aggressor in the domestic altercation and due to Kosinski not having any bruising or red marks that would be indicative of strangulation, I found probable cause to arrest Jason Leonard for BATTERY (DOMESTIC) as he did actually and intentionally touch or strike Kosinski against her will and Kosinski was a family or household member of Jason Leonard, contrary to Florida Statute 784.03(1) (1 DEG MISC).</p>			
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, <u>384</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p><u>[Signature]</u> 384 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>7</u> day of <u>August</u>, <u>2017</u>.</p> <p><u>[Signature]</u> 371/1004 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

SCANNED
CRIME ANALYSIS
AUG 08 2017

P. I. O.