

ARREST / NOTICE TO APPEAR

17MM 9811

1215

OBTS Number <i>04648411</i>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE								
Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-003828											
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input checked="" 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				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	Location of Vehicle								
Name (Last, First, Middle) LEONARD, JASON CODY															
Alias: None															
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M	Date of Birth 06/01/1984	Height 6'00	Weight 190	Eye Color BLUE	Hair Color BROWN								
D E F G H I J K L M N O P Q R S T U V W X Y Z		D E F G H I J K L M N O P Q R S T U V W X Y Z		D E F G H I J K L M N O P Q R S T U V W X Y Z		D E F G H I J K L M N O P Q R S T U V W X Y Z		D E F G H I J K L M N O P Q R S T U V W X Y Z							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R UPPER ARM / FLOWER; TATTR UPPER ARM / FISH; TATT		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 checked="" type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number) 6198 ALLEN ST, JUPITER, FL 33458		(City) None		(State) None		(Zip) None		Phone (561) 401-5045	Residence Type: 1. City 3. Florida 2. County 4. Out of State						
Permanent Address (Street, Apt. Number) 6198 ALLEN ST, JUPITER, FL 33458		(City) None		(State) None		(Zip) None		Phone (561) 401-5045	Address Source VERBAL						
Business Address (Name, Street) PROFESSIONAL FINISHES,		(City) None		(State) None		(Zip) None		Phone (561) 373-6519	Occupation Construction						
D/L Number, State L563423842010 / FL		Soc. Sec. Number None		INS Number		Place of Birth (City, State) PARA HILLS, MO,		Citizenship US							
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth									
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth									
<input type="checkbox"/> Parent <input type="checkbox"/> Other: <i>None</i>		Name (Last, First, Middle)								Residence Phone					
<input type="checkbox"/> Legal Custodian		(City) None								Business Phone					
Address (Street, Apt. Number)		(State) None								(Zip) None					
Notified by: (Name) <i>None</i>				Date	Time	JUVENILE DISPOSITION									
Released To: (Name) <i>None</i>		Relationship		Date	Time	1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated							
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							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
C O D E D E		Drug Activity S. Sell N. N/A B. Buy P. Possess		R. Smuggle D. Deliver T. Traffic		K. Disperses/ 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
C H A R G E		Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)								Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #			
C H A R G E		Drug Activity N	Drug Type /	Amount / Unit 17-003828	Offense # 1	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			Bond				
C H A R G E		Charge Description								Statute Violation Number		Violation of ORD #			
C H A R G E		Drug Activity /	Drug Type /	Amount / Unit /	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond				
C H A R G E		Charge Description								Statute Violation Number		Violation of ORD #			
C H A R G E		Drug Activity /	Drug Type /	Amount / Unit /	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			Bond				
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		Violation of ORD #					
I N T A K E		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Released By		Released To					
I N T A K E		Transported By													
N O T I C T O A P P E A R		<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						No Photo Available			
I N T A K E															
I N T A K E		Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed									
A D M I N		HOLD for Other Agency		Signature of Arresting Officer <i>John Matonti</i>		584		Name Verification (Printed by Arrestee) John Matonti							
A D M I N		<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) Matonti, JOHN		I.D. # 1186		(PRINT)		#30					
A D M I N		Intake Deputy <i>Spann 8/01</i>	I.D. #	Pouch #	Transporting Officer John Matonti	I.D. # 384	Agency JPD			PAGE 1 OF 1					
Witness here if subject signed with an "X".															

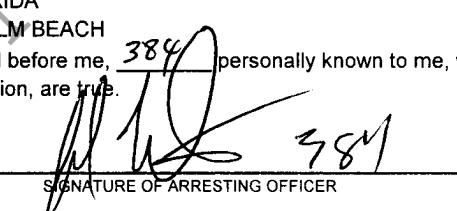
COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME LABORATORY P.I.O. DEFENDANT

SCANNED
AUG 08 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N I N G	Date / Time 08/07/2017 23:13	Agency Name JUPITER POLICE DEPARTMENT			Agency Report Number 5 4 17-003828				
D E F I C T I M	Name (Last, First, Middle) LEONARD, JASON CODY	Alias		Race W	Sex M	Date of Birth 06/01/1984			
C H R G	Charge Description 784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)								
V I C T I M	Victim's Name (Last, First, Middle) KOSINSKI, JAIME LYNN			Race W	Sex F	Date of Birth 07/15/1983			
Local Address (Street, Apt. Number) 6198 ALLEN ST, JUPITER, FL 33458				(City)	(State)	(Zip)	Phone (352) 817-8333	Address Source	
Business Address (Name, Street) UNK				(City)	(State)	(Zip)	Phone	Occupation	
DEFENDANT'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral				OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): BRUISED, ANGRY, SCARED					
VICTIM'S STATEMENTS: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral									
RELATIONSHIP BETWEEN VICTIM & SUSPECT BOY/GIRLFRIEND									
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> 911 CALL: <input type="checkbox"/> CALLER: <input checked="" type="checkbox"/> WEAPON USED: <input type="checkbox"/> TYPE: <input checked="" type="checkbox"/> WITNESSES: <input type="checkbox"/> (If YES, attach witness list) <input checked="" type="checkbox"/> INJURIES: <input checked="" type="checkbox"/> MEDICAL TREATMENT: <input type="checkbox"/> <input checked="" type="checkbox"/> AT: Scene: <input type="checkbox"/> PARAMEDICS: <input checked="" type="checkbox"/> Hospital: <input type="checkbox"/> PHYSICIAN(S) / HOSPITAL: <input checked="" type="checkbox"/>								
N A R R	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> NAMES/AGES: <input checked="" type="checkbox"/> 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"/> CASE #: <input checked="" type="checkbox"/> 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 BY CRIME ANALYSIS

P. I. O.

AUG 08 2017

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

A	Date / Time
D	08/07/2017 23:13
M	Agency ORI Number
I	FL 0501700
N	Agency Name
R	JUPITER POLICE DEPARTMENT
T	Agency Report Number
I	5 4 17-003828
V	
E	

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).

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.

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.

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.

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 MISD).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, 384 personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

384

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 7 day of August, 2017.

W. Ma 371/109

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

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SCANNED
CRIME ANALYSIS
AUG 08 2017

P.I.O.