

0545967

23mm 11014MB  
ARREST / NOTICE TO APPEAR

2991

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0   23-016896</b>		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		1 JUVENILE										
	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 <b>UNARMED</b>		Multiple Clearance Indicator <b>1</b>																
Location of Arrest (Including Name of Business) <b>135 SE 6TH AVE DELRAY BEACH FL 33444</b>						Location of Offense (Business Name, Address) <b>135 SE 6TH AVE 205, DELRAY BEACH, FL 33483</b>															
Date of Arrest <b>12/28/2023</b>		Time of Arrest <b>23:48</b>		Booking Date <b>12/28/2023</b>		Booking Time <b>23:58</b>		Jail Date <b>// : : :</b>		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>DREWRY, ASHLEY</b>						Alias															
Race W - White B - Black		Sex <b>W</b> <b>F</b>		Date of Birth <b>09/01/1987</b>		Height <b>5'03</b>		Weight <b>120</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLOND OR</b>		Complexion <b>LIGHT</b>		Build <b>SMALL</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Martial Status <b>S</b>		Religion <b>MWU</b>		Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		Drug Intoxication Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>									
Local Address (Street, Apt. Number) <b>7839 REUNION ROW DR, CHARLOTTE, NC 28277</b>				(City)		(State)		(Zip)		Phone <b>(540) 330-9702</b>		Residence Type 1 City 2 County 3 Out of State <b>1</b>									
Permanent Address (Street, Apt. Number) <b>7839 REUNION ROW DR, CHARLOTTE, NC 28277</b>				(City)		(State)		(Zip)		Phone <b>(540) 330-9702</b>		Address Source <b>ID</b>									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation									
D/I, Number, State <b>000045311169 / NC</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>VERONA OAK, VI,</b>		Citizenship <b>US</b>													
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"/> 1 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"/> 1 Felony <input type="checkbox"/> 4 Misdemeanor		<input type="checkbox"/> 5 Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone																	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence Phone													
Notified by (Name)		Date		Time		JUVENILE DISPOSITION 1. Released 2. Probation 3. Incarcerated		2. TOT JAC 3. Incarcerated													
Released To (Name)		Relationship		Date		Type															
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													
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/Derm		P Paraphernalia/ Equipment S Synthetic		L Unknown Z Other	
Charge Description <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>		Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #																	
Drug Activity		Drug Type <b>N</b>		Amount / Unit		Offense #		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description		Statute Violation Number		Violation of ORD #																	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description		Statute Violation Number		Violation of ORD #																	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant						Any knowledge of the following Explain <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 OR <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> TOT County Jail		PROPERTY - Received By		Released By		FILED PDC GUN CLUB 29 DEC 29 04:57											
Transported By		Date Transported <b>// : : :</b>		Time Transported		Other															
<input type="checkbox"/> 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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time		No Photo Available													
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									
HOI/D for Other Agency		Signature of Arresting Officer <b>MS</b>		Name Verification (Printed by Arrestee)																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>SMITH, MILTON ALEXANDER</b>		ID # <b>1016</b>		(PRINT)		PAGE <b>1 OF 1</b>											
Initials Deputy <b>CP/NonPerk 760</b>		ID #		Pouch #		Transporting Officer <b>SMITH, M</b>		ID # <b>1016</b>		Agency <b>DBPD</b>		Witness here if subject signed with an "X"									

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

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>12/28/2023 23:03</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   23-016896</b>
	Agency ORI Number <b>FL 0500400</b>			

D E F	Name (Last, First, Middle) <b>DREWRY, ASHLEY</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/01/1987</b>
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C H A R G E	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>
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V I C T I M	Victim's Name (Last, First, Middle) <b>LAUTERSACK, MICHAEL</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/27/1979</b>
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Local Address (Street, Apt. Number) (City) (State) (Zip) <b>7839 REUNION ROW DR, CHARLOTTE, NC 28277</b>	Phone <b>(914) 629-7855</b>	Address Source
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Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
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DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>UPSET</b>
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>	

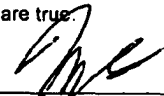
RELATIONSHIP BETWEEN VICTIM & SUSPECT  
**BF/GF**

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

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.  
On 12/28/23 at approximately 2303 hours I was dispatched to 135 SE 6th Avenue (Courtyard By Marriott) in reference to a Domestic Complaint.

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.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of December, 2023.

**SKEBERIS, LUIS**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time <b>12/28/2023 23:03</b>	
	Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>
	Agency Report Number <b>4   0   23-016896</b>	

Upon arrival, contact was made with the caller, Michael Lautersack, who advised the following. He and his girlfriend of 3 years, Ashley Drewry, went downtown and had several drinks. When they returned to their hotel room Drewry started arguing with him and started to hit him. Lautersack pulled out his phone and started recording Drewry's behavior. While reviewing the video Drewry appears upset and both are arguing back and forth. Several times during the video Drewry approaches Lautersack and can be seen swinging her hand at Lautersack. Drewry is seen throwing a punch at Lautersack's left shoulder and other instances Drewry is seen smacking Lautersack's left forearm. Lautersack would then motions back as if he was hit and tells Drewry to not hit him. This occurs several times on video. Lautersack was not injured. Lautersack advised that he and Drewry have lived together for 2 years.

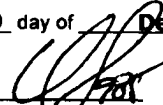
Based on the above, Probable Cause exists to charge the defendant, Ashely Drewry, with one count of Simple Battery (Domestic) in violation of F.S.S. 784.03(1A1).

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.

  
\_\_\_\_\_  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 29 day of December, 2023.

  
**SKEBERIS, LUIS**  
\_\_\_\_\_  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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

**Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 23 016896 Agency: Delray Beach PD  
 Offense: Domestic Violence  
 Suspect/Offender: Drewry, Ashley  
 D.O.B. 9/1/87 Race: V Sex: F

2. Warrant #(s): \_\_\_\_\_

3. Complete one (1) of the following:

a. Victim's name: Lauterback Michael  
 Address: 7639 Reunion Row Dr  
 City: Charlotte State: NC Zip: 28277  
 Home #: 914-629-7855 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please specify):  
 \_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: \_\_\_\_\_  
 Printed name of person waiving notification: \_\_\_\_\_

Officer's Name : [Signature] I.D.: 1016 Date: 12/29/23

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT #: \_\_\_\_\_  
 (FOR WARRANTS USE ONLY)



**Palm Beach County Sheriff's Office**  
 Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2023033902	<b>Date:</b> 12/29/2023
	<b>Specialist Name/ID#:</b> Rebeca Castro/40259