

6312429

23CT 13878 NB
ARREST / NOTICE TO APPEAR

2634

A D 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 23-003123		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 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														
D E F E N D A N T	Location of Arrest (Including Name of Business) ROOSEVELT RD/ MALLARDS COVE RD JUPITER F						Location of Offense (Business Name, Address) 809 S CENTRAL BLVD/JUPITER PARK DR, JUPITER, FL 33458														
	Date of Arrest 08/06/2023	Time of Arrest 00:02	Booking Date 08/06/2023	Booking Time 00:12	Jail Date // : :	Jail Time	Location of Vehicle														
C O D E F E N D E R	Name (Last, First, Middle) LOWERY, CLAY DEAN												Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black	Sex M	Date of Birth 03/29/1965	Height 5'10	Weight 195	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build Medium	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status M	Religion UNKNOWN	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>				
	Local Address (Street, Apt. Number) 6701 MALLARDS COVE RD 43G, PBC, FL 33458				(City) JUPITER	(State)	(Zip)	Phone (618) 315-2506		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source		1 1							
	Permanent Address (Street, Apt. Number) 6701 MALLARDS COVE RD 43G, PBC, FL 33458				(City) JUPITER	(State)	(Zip)	Phone (618) 315-2506		Business Address (Name, Street)		Phone		Occupation							
	D/L Number, State L600104651090 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) FAIRFIELD, IL, United		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									
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone								
	<input type="checkbox"/> Legal Custodian												Business Phone								
	Address (Street, Apt. Number)				(City)	(State)	(Zip)	Notified by: (Name) OK		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.						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. 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 - NORMAL FACULTIES IMPAIRED										Statute Violation Number 316.193(1)(A)		Violation of ORD #									
Drug Activity		Drug Type N		Amount / Unit /		Offense #		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" 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: <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 checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Refused By		Released To							
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) North County PALM BEACH GARD		Court Date and Time 09/06/2023 08:30:00									
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		No Photo Available							
HOLD for Other Agency										Signature of Arresting Officer 1240		Name Verification (Printed by Arrestee) 23 AUG 6 AM '23									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) PICARD, RONNIE		I.D. # 1240		(PRINT)		PAGE 1 OF 1											
Inmate Deputy PI NOHEAL 720		I.D. #		Pouch #		Transporting Officer PICARD		I.D. # 1240		Agency JUPITER		Witness here if subject signed with an "X".									

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

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 23-003123
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) LOWERY, CLAY DEAN	Alias	Race W	Sex M	Date of Birth 03/29/1965
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Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	Charge Description
Charge Description	Charge Description

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	

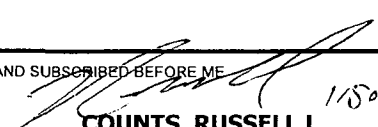

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody ...
 committed the below acts in my presence. was observed by **SERGEANT COOK** who told
 confessed to **MYSLEF** **MYSELF** that he/she saw the arrested person commit the below acts.
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **6** day of **August**, **2023** at **01:06** (Specifically include facts constituting cause for arrest.)

At approximately 23:31 hours on 08/05/2023, I responded to a traffic stop that was initiated at S Central Blvd and Jupiter Park Dr.

Upon arrival, I observed a grey Chevy truck bearing FL tag BU82KW parked on the white line of a parking spot partially taking over another parking spot. I spoke to Sergeant Cook who advised he observed the grey Chevy truck bearing FL tag BU82KW weaving within its lane (outside lane) while traveling eastbound on S.R. 706 passing 67th Rd N. Sergeant Cook advised the grey truck partially crossed over into the middle lane which was occupied by another vehicle. The grey truck turned south onto S Central Blvd and continued its driving pattern of weaving within its lane of travel, partially crossing over into other lanes of travel, and left the roadway at one point. Sergeant Cook advised he initiated a traffic stop and the vehicle was slow to stop (final stop, the Marino apartment complex). When Sergeant Cook approached the occupants of the vehicle the passenger, Jennifer A. Lowry; W/F; 12/15/1971, spontaneously uttered "If he was swerving at all I was having like a massive sneezing attack". Sergeant Cook advised the driver told him he was coming from Lantana and had 4 beers. (See supplement report from Sergeant Cook)

I then approached the driver's window and came in contact with the driver and later found to be offender Clay Dean Lowery; W/M; 03/29/1965. I noticed immediately that Lowery had bloodshot glossy eyes and I smelled an odor of an unknown alcoholic beverage coming from inside the vehicle. I asked Lowery to exit his vehicle so I could talk to him. Lowery advised he was coming from Lantana and he had 4 beers "hours ago". I asked Lowery on a scale from 1-10, 10 being drunk and 1 being sober, how he felt. Lowery advised 2, I asked him if he could feel the effects of the alcohol and he said "No, I think I'm good." While I was talking to Lowery I smelled a very strong odor of an unknown alcoholic beverage coming directly from his breath which intensified as he spoke.

SWORN AND SUBSCRIBED BEFORE ME COUNTS, RUSSELL L 1150 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 08/06/2023 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PICARD, RONNIE (1240) NAME OF OFFICER (PLEASE PRINT) 08/06/2023 DATE
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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 FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 23-003123						
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:				
Name (Last, First, Middle) LOWERY, CLAY DEAN			Race W	Sex M	Date of Birth 03/29/1965			
<p>Based on my observations I asked Lowery if he would perform Standardized Field Sobriety Tasks. Lowery consented to perform the tasks.</p> <p>As a result of the Standardized Field Sobriety Tasks, Lowery gave me many clues that indicated impairment (see DUI probable cause affidavit for further information regarding specific indicators of impairment).</p> <p>I placed Lowery under arrest, placed handcuffs on him, checked for proper spacing, and double-locked them. I then placed Lowery in the back right seat of my patrol vehicle.</p> <p>The odor of an unknown alcoholic beverage I smelled coming directly from Lowery's breath was so strong I began to get nauseous during our interaction.</p> <p>After placing Lowery under arrest, I requested at roadside that he provide a lawful sample of his breath for the purpose of determining the alcohol content. Lowery refused to answer the personal questions and refused to provide a sample of his breath. I advised Lowery of Implied Consent, and he advised he did not understand. After I tried many times to explain Implied Consent to Lowery, he refused to provide a sample of his breath at 00:06 hours.</p> <p>As a result of the above investigation, Lowery was charged with driving under the influence, normal faculties impaired pursuant to Florida State Statute 316.193(1) (A).</p> <p>Lowery was transported to The Jupiter Police Department for booking and processing. He was then transported to Palm Beach County Jail without incident.</p> <p>My department-issued Axon BWC was activated during the above investigation.</p>								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  COUNTS, RUSSELL L. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F. S. S. 117.10) 08/06/2023 DATE			 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PICARD, RONNIE (1240) NAME OF OFFICER (PLEASE PRINT) 08/06/2023 DATE			PAGE 2 OF 2	

NOT A CERTIFIED COPY

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Officer Picard, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of Jupiter Police Department, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 6th day of August, 20 23, at 00:02 P.M. A.M.

DRIVER Clay Dean Lowery
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # L600-104-65-109-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Officer Picard and
(Name of Arresting Officer)
issued citation # AHDGOTE.

That on or about the 6th day of August, 20 23, at 00:06 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

[Signature] 1240
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

[Signature] 11.50
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20____, by Officer R. Picard 1240, who is personally known to me or who has produced Personally Known as identification.
Notary Public _____

Title Officer
Date 8/6/23

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT: **Lowery, Clay Dean**

CASE NUMBER: 23-003123

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am Officer Picard of the Jupiter Police Department

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: Read on Camea Lowery, Clay Dean

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on Camera Lowery, Clay Dean

WITNESS LIST

CASE NUMBER: 23-003123

ARRESTING OFFICER: R. Picard

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: C. Cook

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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

REVIEW COMPLETED BY

Booking Number: 2023020366	Date: 8/6/2023
	Specialist Name/ID: Chantel Daniels/30347