

0499869

INR

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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile

OBTS Number		Agency Offr Number		Agency Name		Agency Report Number (N.T.A.'s only)		Multiple Clearance Indicator	
FLO 5 0 1 8 0 0		JUPITER INLET COLONY P.D.		5, 6   1   8   1   00   0   8   0   8   1   1					
Charge Type: Check as many as apply		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 <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> N/A	
Location of Arrest (Including Name of Business) 121 Lighthouse Dr, Jupiter Inlet Colony				Location of Offense (Business Name, Address) 121 Lighthouse Dr, Jupiter Inlet Colony					
Date of arrest 07 15 18		Time of Arrest 1:03:30		Booking Date 07 15 18		Booking Time		Jail Date 07 15 18	
Jail Time		Location of Vehicle N/A		Name (Last, First, Middle) LOWE, DAVID, SCOTT					
Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White <input checked="" type="checkbox"/> B - Black <input type="checkbox"/>		Sex M		Date of Birth 12 31 71		Height 5'11"		Weight 180	
Eye Color Bm		Hair Color BR		Complexion Light		Build med			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATS: Both arms				Marital Status M		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
Local Address (Street, Apt. Number) 121 Lighthouse DR Jupiter Inlet Colony FL 33409				Phone (704) 601-4324		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State <input type="checkbox"/>			
Permanent Address (Street, Apt. Number) N/A				Phone ( ) - ( )		Address Source Spouse			
Business Address (Name, Street) N/A				Phone ( ) - ( )		Occupation Unempl			
D/L Number, State L022-17-71-471-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) Hollywood, FL		Citizenship USA	
Co-Defendant Name (Last, First, Middle) N/A				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"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone ( ) ( )					
Address (Street, Apt. Number)		(City) (State) (Zip)		Business Phone ( ) ( )					
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handed/Processed within Dept. and Released. 2. TOT HRS/DYS 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: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
Code A. Possess S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type 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 (DOMESTIC)		Counts 1		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 7.8.4.1		Violation of ORD # 03111A1	
Drug Activity N		Drug Type N/A		Amount / Unit N/A		Offense # N/A		Warrant / Capias Number NONE	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)							
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month Day Year Time A.M. P.M. JUL 15 PM 10:01							
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 Name		Signature of Arresting Officer J.F. MATTHEWS				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) J.F. MATTHEWS				(PRINT) SCANNED			
DIS. C. GILYARD, #7392		Transporting Officer A. LUTZ				I.D.# 121 JICPB			
Witness here if subject signed with an "X"		Date JUL 16 2018				PAGE 1 OF 2			

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FL0, 5, 0, 1, 8, 0, 0		Agency Name JUPITER INLET COLONY P.D.	Agency Report Number 5, 6, 1, 7, 8, 1, 0, 0, 0, 8, 0, 8, 1, 1, 1
Charge Type Check as many as apply.	1. Felcny <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 <input type="checkbox"/>	Special Notes:	

Name (Last, First, Middle) LOWE, DAVID, SCOTT	Alias	Race W	Sex M	Date of Birth 1, 2, 3, 1, 7, 1
Charge Description BATTERY (DOMESTIC)	Charge Description	Charge Description	Charge Description	Charge Description

Victim's Name (Last, First, Middle) LOWE, LAURA, ANNE	Race W	Sex F	Date of Birth 0, 2, 0, 2, 7, 1
Local Address (Street, Apt. Number) 121 Lighthouse Dr Jupiter Inlet Colony FL 33409	(City) Jupiter Inlet Colony	(State) FL	(Zip) 33409
Phone (470) 601-4102	Address Source VICTIM	Business Address (Name, Street) N/A	Occupation N/A

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 KADE LOWE who told Lt. J.F. MATTHEWS (ME) that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  
 On the 15<sup>th</sup> day of July, 2018 at 6:30 AM (Approx)  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

- According to witness/complainant, and as seen by me on a clear video taken by the witness/complainant on his cellular telephone, the defendant did threaten to "kill" the victim, his legal spouse, if she did not allow him to obtain some of his personal property while outside locked bathroom door.  
 - The bathroom door was opened by the victim.  
 - Def. then used his right foot (no footwear) to strike the victim's left side of her head as she was standing in a bathroom. The strike to the victim's head clearly moved her head violently and caused her to lose her balance.  
 - Post-miranda, Def. denied kicking the victim.  
 - Defendant and victim are married, per victim, and have resided as a domestic partnership for 19 years.

SWORN AND SUBSCRIBED BEFORE ME <u>[Signature]</u> #121 JIC/A NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S 117.10) 7/15/18 DATE	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>Lt. J.F. MATTHEWS</u> NAME OF OFFICER (PLEASE PRINT) 07/15/18 DATE	SCANNED PAGE 2 OF 2
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VICTIM / WITNESS INFORMATION

VICTIM LOWE LAURA ANNE W F 2/2/71  
 Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS 121 Lighthouse Dr Jupiter Inlet Colony FL 33469 (407) 601-4117  
 Home Address (Street, Apt. Number) (City) (State) (Zip) (Phone) ADDRESS SOURCE

OWNER \_\_\_\_\_  
 Business (Name & Address) (City) (State) (Zip) (Phone)

Verbal  
 Driver's License  
 Voter's ID  
 Other \_\_\_\_\_

Synopsis of Testimony stated that def (spouse) kicked her in the head after threatening to kill the victim.

VICTIM LOWE KADE DAVID W M 12/2/05 (13)  
 Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS 121 Lighthouse Dr Jupiter Inlet Colony FL 33469 (407) 601-4117  
 Home Address (Street, Apt. Number) (City) (State) (Zip) (Phone) ADDRESS SOURCE

OWNER \_\_\_\_\_  
 Business (Name & Address) (City) (State) (Zip) (Phone)

Verbal  
 Driver's License  
 Voter's ID  
 Other \_\_\_\_\_

Synopsis of Testimony stated that he called 911 after his father kicked his mother in the head.

VICTIM \_\_\_\_\_  
 Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS \_\_\_\_\_  
 Home Address (Street, Apt. Number) (City) (State) (Zip) (Phone) ADDRESS SOURCE

OWNER \_\_\_\_\_  
 Business (Name & Address) (City) (State) (Zip) (Phone)

Verbal  
 Driver's License  
 Voter's ID  
 Other \_\_\_\_\_

Synopsis of Testimony \_\_\_\_\_

VICTIM \_\_\_\_\_  
 Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS \_\_\_\_\_  
 Home Address (Street, Apt. Number) (City) (State) (Zip) (Phone) ADDRESS SOURCE

OWNER \_\_\_\_\_  
 Business (Name & Address) (City) (State) (Zip) (Phone)

Verbal  
 Driver's License  
 Voter's ID  
 Other \_\_\_\_\_

Synopsis of Testimony \_\_\_\_\_

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Spouse

PHOTOGRAPHS

SCENE: YES  NO   
VICTIM: YES  NO

911 CALL: YES  NO  CALLER: Kadelowe /urn /12-22-05

WEAPON USED: YES  NO  TYPE: Foot

WITNESS: YES  NO  (IF YES, ATTACH WITNESS LIST)

INJURIES: YES  NO  Per victim

MEDICAL TREATMENT: YES  NO   
SCENE: YES  NO  PARAMEDICS: TFR # 85 (Refused by Victim)  
HOSPITAL: YES  NO  PHYSICIAN(S): \_\_\_\_\_  
HOSPITAL: \_\_\_\_\_

COMMITTED IN PRESENCE OF MINOR(S): YES  NO   
NAMES / AGES: KADE LOWE

DCF NOTIFIED: YES  NO  By phone on 7/15/18 @ 2034 hours

VICTIM PREGNANT: YES  NO

VIOLATION OF RESTRAINING ORDER: YES  NO  CASE #: 2018-000808

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES  NO

ALCOHOL OR DRUGS INVOLVED: YES  NO  "Some beers" per victim

VICTIM CONTACT INFORMATION

PHONE: HM: \_\_\_\_\_ WK: \_\_\_\_\_ CELL: (407)601-4102 EMPLOYER: \_\_\_\_\_

RELATIVE: NAME: Refused PHONE #: \_\_\_\_\_  
ADDRESS: N/A

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, James F. MATTHEWS, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

J. F. Matthews  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of July, 2018  
MPO CF How 3560665 JFD  
NOTARY / CLERK OF COURT / OFFICER (F.S. 117.10)

SCANNED  
JUL 16 2018

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

THE 15 DAY OF July 2018, AT 6:37  AM  PM

SUBJECT: David Lowe S DOB: 12/31/71 CASE #: 18-000808

CHARGE DESCRIPTION: Battery (Domestic) STATUTE #: 784.03

VICTIM: Laura Lowe A DOB: 2/2/71 RACE: W SEX: F

LOCAL ADDRESS: 121 Lighthouse DR, Jupiter Inlet Colony, FL 33469

PERSONAL CONTACT

NARRATIVE:

On Sunday (07/15/18) @ approx. 1830 hours the defendant reportedly, according to the victim & witness, struck the victim in the head with his right foot.

I observed video of the incident taken by witness on his cellular telephone, of the defendant intentionally kicking the victim's head.

During the altercation the defendant sustained a scratch to his right eye. The victim stated the scratch occurred during the altercation as she tried to push defendant back from her while he assaulted.

one video recorded the suspect saying through a closed door, "I will kill you," prior to kicking victim.

Defendant and victim have been married for approx. 19 years, according to victim.

DEFENDANT'S STATEMENTS: (Written  / Taped  / Oral  )

Post-miranda: Def stated, "she poked me in the eye." when asked if he kicked the victim he stated, "No"

Def denied stalking victim with whom she has been married for 19 years.

VICTIM'S STATEMENTS: (Written  / Taped  / Oral  )

Vic. stated her husband kicked her after threatening her.

OBSERVATIONS OF VICTIM: (PHYSICAL AND EMOTIONAL)

Victim very emotional, especially after learning that the defendant was arrested.

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 #: 2018-000808 Agency: Jupiter Inlet Colony Police Dept  
 Offense: Battery (Domestic)  
 Suspect / Offender: DAVID SCOTT LOWE  
 D.O.B. 12/31/71 Race W Sex M

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

3. Complete one (1) of the following:

a. Victim's name: Laura Anne Lowe  
 Address: 121 Lighthouse Dr  
 City: Jupiter Inlet Colony State: FL Zip: 33469  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: (407) 601-4102

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

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

4. Relevant identification or case number assigned to the case (please specify):  
See above  
JICDS Case Report #: 2018-000808

**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: N/A - wants to be notified

Printed name of person waiving notification: N/A

Officer's Name: G. J. F. MATTHEWS ID#: 411 Date: 07/15/18

SUSPECT / OFFENDER: LOWE, DAVID, Scott  
 COURT CASE / WARRANT #: \_\_\_\_\_  
 (FOR WARRANTS USE ONLY)

SCANNED  
 JUL 16 2018