

ARREST / NOTICE TO APPEAR

1907-15153

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

1

JUVENILE

OBTS Number	Agency ORJ Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (M.T.A.'s only) 5, 4 19-003763
Charge Type Check as many as apply <input type="checkbox"/> 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	Location of Arrest (Including Name of Business) 1203 TOWN CENTER DR		Location of Offense (Business Name, Address) 1203 TOWN CENTER DR, JUPITER, FL 33458		
Date of Arrest 08/15/2019	Time of Arrest 23:45	Booking Date 08/15/2019	Booking Time 23:55	Jail Date	Jail Time
Name (Last, First, Middle) LOWERY, ERIK SCOTT					
Race W - White B - Black O - Oriental/Asian W			Sex M	Date of Birth 04/11/1975	Height 6'01
Weight 205		Eye Color BROW	Hair Color BROW	Complexion LIGHT	Build Large
Local Address (Street, Apt. Number) 118 OSECOLA LN, JUPITER, FL 33478			City	State	Zip
Permanent Address (Street, Apt. Number) 118 OSECOLA LN, JUPITER, FL 33478			City	State	Zip
Business Address (Name, Street)			City	State	Zip
D/L Number, State 06996271 / TX		INS Number	Place of Birth (City, State) Jersey City / NJ	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) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) Reside Phone _____ Business Phone _____					
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 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 D. Deliver T. Traffic	R. Smuggle 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		Description of Property <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ Description of Property _____ Value of Property _____			
Charge Description DUI - ENHANCED BAC OVER .15 Drug Activity: N Drug Type: N Amount / Unit: / Offense #: / Counts: 1 Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Capias Number: 316.193(4)(1) Statute Violation Number: 316.193(4)(1) Violation of ORD #: / Bond: OR					
Charge Description Drug Activity: / Drug Type: / Amount / Unit: / Offense #: / Counts: / Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number: / Statute Violation Number: / Violation of ORD #: / Bond: /					
Charge Description Drug Activity: / Drug Type: / Amount / Unit: / Offense #: / Counts: / Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N Warrant / Capias Number: / Statute Violation Number: / Violation of ORD #: / 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 type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health PROPERTY - Received By _____ Released By _____ Released To _____ Transported By _____ Date Transported _____ Time Transported _____ Other _____					
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 09/18/2019 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 COMTEMPT 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 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer R. FERGUSON, RYAN Name of Arresting Officer (Print) I.D. # 1202 Transporting Officer I.D. # 385 Agency JUPITE		Name Verification (Printed by Arrestee) (PRINT) Witness here if subject signed with an "X".	

No Photo Available
2019 AUG 16 11:08:50

051023 AUG 17

427

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 19-003763
Charge Type: <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, ERIK SCOTT	Alias	Race W	Sex M	Date of Birth 04/11/1975
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Charge Description 316.193(4)(1) DUI - ENHANCED BAC OVER .15	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 _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to **A.O** admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

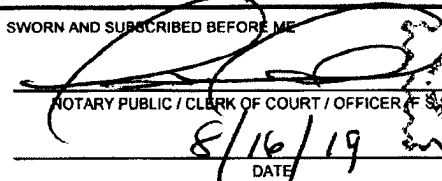

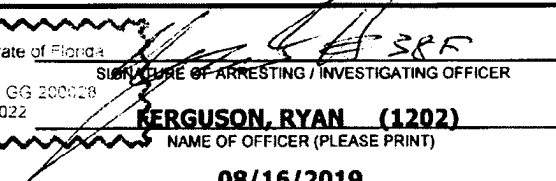
On the **16** day of **August**, **2019** at **01:11** (Specifically include facts constituting cause for arrest.)

My Body Worn Camera was utilized for the following incident:

On August 15th, 2019 at approximately 2305 hours, I was dispatched to 1203 Town Center Dr. (Stadium Grill) in reference to a suspicious incident.

Upon my arrival, I observed a 4dr 2019 Marron Jeep Patriot bearing FL tag KFGF05 that was a push button start was parked in a parking space on the Westside of Stadium Grill. I saw a white male who was later identified as Erick Scott Lowery (W/M - 04/11/1975) sitting in the front driver side seat. Lowery was unconscious and had his head tilted back with his mouth wide open. I knocked on the front driver side window in an attempt to make sure Lowery was ok however Lowery was unresponsive. Ofc Kitchens activated his patrol vehicles' siren however Lowery did was still unresponsive. Due to Lowery not being responsive, I checked the driver side door to which it was unlocked. Once I opened the driver side door, Lowery began to wake up and become responsive.

I observed Lowery who had blood shot glossy eyes, face was flushed red and a strong smell of an unknown alcoholic beverage was coming from his person that grew when he spoke. I asked Lowery to stand outside his vehicle to which he complied and showed that the key fob to his vehicle was in his pocket. Lowery advised he was waiting for his friends at Stadium Grill in his vehicle and once I asked if he drank any alcoholic beverages, he advised he had 3 Miller Lite's. Lowery advised he had been waiting for his friends for approximately half an hour. He stated he first went into the bar to have a few drinks then went to his vehicle to wait for his friends to arrive. I asked Lowery again how many drinks he had to which he advised he had four Miller Lite's. Due to my observation of Lowery, I asked him numerous times if he would like to perform the Standardized Field Sobriety Task's to which he repeatedly refused. I read Lowery Taylor Warning's and asked if he would like to perform the Standardized Field Sobriety Task's to which he refused. Lowery would repeatedly ignore the questions that I asked him and

SWORN AND SUBSCRIBED BEFORE ME	Notary Public State of Florida Paris Pound My Commission GG 200028 Expires 03/25/2022	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FERGUSON, RYAN (1202) NAME OF OFFICER (PLEASE PRINT)
		
DATE 8/16/19	DATE 08/16/2019	PAGE 1 OF 2

SUBJECT: LOWERY, ERIK S CASE NUMBER: _____

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 of chemical or controlled substances.

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

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. 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.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

SCANNED
AUG

SUBJECT: LOWERY, ERIC S CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____

 GLASS EYE? _____

 FALSE TEETH? _____

 EAR INFECTION? _____

 INNER EAR TROUBLE? _____

 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: LOWERY, ERIK S CASE NUMBER: 19-104612

DATE: 08/16/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 00:46 ENDING TIME: 01:00

BREATH TESTS RESULTS: 1) .265 TIME 00:53 A.M./P.M. 2) .250 TIME 00:57 A.M./P.M.

3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: P. POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECK #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE UPSET

CLOTHING: TAN PANTS GREEN SHIRT BROWN SHOES

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: NONE

OTHER: EYES

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20
MINUTE OBSERVATION PERIOD AT ~~00:22~~ 00:22 HRS.

A. AGREED TO TAKE TEST.

A/O. READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS

TECH. READ TEST RESULTS

A. STATED HE UNDERSTOOD TEST RESULTS

A/O. ATTEMPTED QIA

A. INVOKED HIS RIGHTS TO COUNSEL.

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



PALM BEACH COUNTY SHERIFF'S OFFICE
 DUI TESTING FACILITY
 INFORMATION SHEET

PBSO CASE # 19-104612 PBSO ZONE 3-15

AGENCY CASE # 19-003763 CRASH CASE # _____

TIME OF STOP/CRASH 2305 DATE 08-15-19 DAY Thursday

SUBJECT'S NAME ERIC S. LAWRENCE RACE W SEX M

HGT 6'01 WGT 205 DOB 4-11-75

LOCATION 1203 Town Center Dr.

ARRESTING OFFICER'S NAME & ID R. Ferguson 385 AGENCY Jupiter

DIVISION: _____

NOTIFIED BY COMMO Y

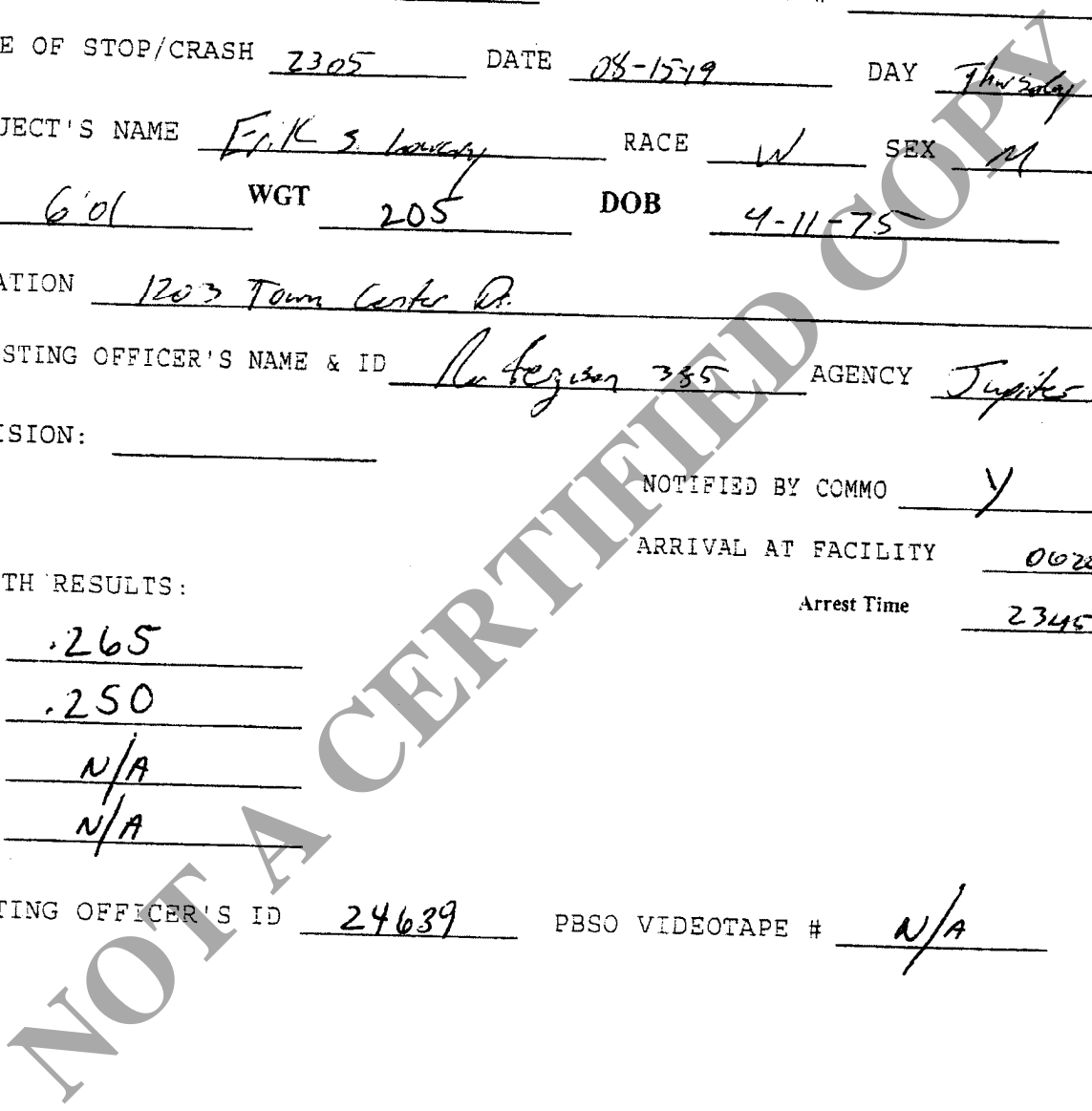
ARRIVAL AT FACILITY 0022

Arrest Time 2345

BREATH RESULTS:

- 1. .265
- 2. .250
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A





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"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019026786	Date: 08/16/2019
	Specialist Name/ID: howardt/7185