

ARREST / NOTICE TO APPEAR

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

2

JUVENILE

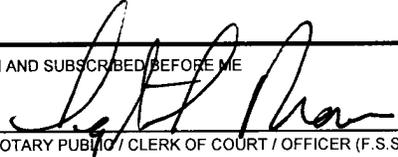
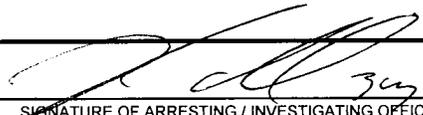
OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>514 17-005843</b>	
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Enter Type		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>N CENTRAL BLVD/W INDIANTOWN RD</b>			Location of Offense (Business Name, Address) <b>300 N CENTRAL BLVD/W INDIANTOWN RD, JUPITER, FL</b>			
Date of Arrest <b>12/07/2017</b>	Time of Arrest <b>22:13</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>SOWELL, PAMELA MARGARET</b>			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black	Sex <b>F</b>	Date of Birth <b>02/28/1983</b>	Height <b>5'05</b>	Weight	Eye Color	Hair Color
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status		Pregnant	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>705 CAYUGA ST, JUPITER, FL 33458</b>			Phone		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>705 CAYUGA ST, JUPITER, FL 33458</b>			Phone		Residence Type 1. City 2. Country 3. Florida 4. Out of State <b>1</b>	
Business Address (Name, Street) (City) (State) (Zip)			Phone		Address Source <b>VERBAL</b>	
DL Number, State <b>S400673835680 / FL</b>		Soc. Sec. Number	INS Number		Place of Birth (City, State)	
Citizenship <b>US</b>			Occupation			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Name (Last, First, Middle)			Relationship			Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone			
Notified by (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed with Department and Released	
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		White of Property	
<input type="checkbox"/> Yes by <input type="checkbox"/> No			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	
Drug Activity H N/A P Possess			S Sell B Buy T Traffic	R Single D Driver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate
Drug Type N			Amount / Unit /	Offense # <b>17-005843</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description <b>DRUGS - POSSESS MARIJUANA NOT MORE THAN 20 GRAMS</b>			Statute Violation Number <b>893.13(6)(B)</b>			Violation of ORD #
Charge Description <b>DRUGS - POSSESS AND/OR USE DRUG PARAPHERNALIA</b>			Statute Violation Number <b>893.147(1)</b>			Violation of ORD #
Charge Description			Statute Violation Number			Violation of ORD #
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"/> Posted Bond			<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> I.O.T. County Jail	
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) <b>North County JUPITER</b>			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.			Court Date and Time <b>01/10/2018 08:30:00</b>			
Signature of Defendant (or Juvenile and Parent/Custodian) <i>Pamela Sowell</i>			Date Signed			
HOLD for Other Agency			Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Sarcidal			Name of Arresting Officer (Print) <b>COUNTS, RUSSELL L.</b>		(PRINT)	
Intake Deputy ID #			Pouch #		ID # Agency	
			Transporting Officer ID #		Agency	
			Witness here if subject signed with an "X"			

LABS

PROBABLE CAUSE AFFIDAVIT

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

2 JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   17-005843</b>		
	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		Special Notes:		
D E F	Name (Last, First, Middle) <b>SOWELL, PAMELA MARGARET</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/28/1983</b>
	Charge Description <b>893.13(6)(B) DRUGS - POSSESS MARIJUANA NOT MORE THAN 20</b>			Charge Description <b>893.147(1) DRUGS - POSSESS AND/OR USE DRUG PARAPHE</b>					
V I C T I M	Victim's Name (Last, First, Middle) <b>State Of Florida</b>						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		
P R O B A B L E	<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>7</b> day of <b>December</b>, <b>2017</b> at <b>22:00</b> (Specifically include facts constituting cause for arrest.)</p>								
	<p>On 12/7/17, at 2150 hours, I was in full police uniform, driving my fully marked patrol vehicle. I was conducting traffic enforcement with Ofc. Schneider and Ofc. Banegas near Kennedy Estates, a neighborhood well known for narcotics and criminal activity. During our enforcement, Ofc. Schneider conducted a traffic stop on a white Ford truck (FL Tag 8635UB) .</p> <p>Upon arrival at the vehicle, the driver and sole occupant, WF Pamela Sowell DOB: 2/28/83, was asked to exit the vehicle. I asked Sowell if there were any illegal items or narcotics inside the vehicle, or in her purse she was in possession of. Sowell advised "No" and provided consent to search the vehicle and her purse.</p> <p>Inside her purse, I located an orange pill bottle containing a small amount of green leafy substance. From my training and experience, I suspect the green leafy substance to be marijuana. Inside her purse, I also located a small marijuana smoking pipe containing burnt marijuana reside. As I removed the smoking pipe from her purse, Sowell uttered "that`s just a marijuana pipe".</p> <p>I advised Sowell she was under arrest for the marijuana and marijuana smoking pipe. Sowell was issued a notice to appear, and was released from police custody.</p> <p>The green leafy substance was field tested with a quick check field test kit, which tested positive. The green leafy substance, marijuana smoking pipe, and orange pill bottle were taken and placed into evidence at the Jupiter Police Department.</p> <p>In conclusion of the incident, I find probable cause to charge Sowell with possession of marijuana less than 20 grams per F.S.S. 893.13(6) (B) and possession of drug paraphernalia per F.S.S. 893.147(1) .</p>								
S W O R N	SWORN AND SUBSCRIBED BEFORE ME			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER					
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>12/08/2017</b> DATE			 <b>COUNTS, RUSSELL L (1150)</b> NAME OF OFFICER (PLEASE PRINT) <b>12/08/2017</b> DATE					

# INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name <b>Jupiter Police Department</b>			Case# <b>17-005843</b>		
	ORI <b>FL 0501700</b>			Date / Time Reported <b>12/07/2017 21:50 Thu</b>		
	Location of Incident <b>17300 S Central Blvd/w Indiantown Rd, Jupiter FL</b>			Premise Type <b>Vehicle</b>		Zone/Tract <b>1036</b>
				Last Known Secure <b>12/07/2017 21:50 Thu</b>		At Found <b>12/07/2017 21:50 Thu</b>
D E T A I L	#1	Crime Incident(s) <b>Drugs - Possess Marijuana Not More Than 20 Grams - 893.13(6)(B)</b>	(Com) <b>M</b>	Weapon / Tools <b>NONE</b>		Activity
				Entry	Exit	Security
	#2	Crime Incident <b>Drugs - Possess And/or Use Drug Paraphernalia - 893.147(1)</b>	(Com) <b>M</b>	Weapon / Tools		Activity
				Entry	Exit	Security
	#3	Crime Incident	( )	Weapon / Tools		Activity
				Entry	Exit	Security

M O  V I C T I M	# of Victims <b>1</b>		Type: <b>SOCIETY / PUBLIC</b>		Injury: <b>Domestic: N</b>				
	Victim/Business Name (Last, First, Middle) <b>V1 State Of Florida</b>		Victim of Crime # <b>1,2</b>	DOB Age	Race	Sex	Relationship To Offender	Resident Status <b>N/A</b>	Military Branch/Status
	Home Address						Home Phone		
	Employer Name/Address						Business Phone	Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN		

O T H E R  I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)										
	Type:				Injury:						
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address								Home Phone		
	Employer Name/Address						Business Phone	Mobile Phone			
	Type:				Injury:						
Code	Name (Last, First, Middle)			Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
Home Address								Home Phone			
Employer Name/Address						Business Phone	Mobile Phone				

L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)									
VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
1	15	E	\$0.00		1	PILL BITTLE			
1	15	E	\$0.00		1	MARIJUANA SMOKING PIPE			
	01	P	\$0.00		1	2001 WHI, 8635SUB FL	FORD F150	2FTRX17W31CA30302	

Officer/ID#	<b>Counts, Russell L (RPTL, PATL) (1150)</b>		Supervisor	<b>Drown, S (RPTL, PATL) (J0584)</b>	
Invest ID#	<b>(0)</b>		Case Status	<b>12/07/2017</b>	
Status	Complainant Signature	Case Status	12/07/2017	Case Disposition:	Page 1
		<b>Closed/cleared</b>		<b>Cleared By Arrest</b>	

