

CHICAGO POLICE
ARREST REPORT
CPD-11.420 (REV. 3/02)

1. NAME (LAST - FIRST - MIDDLE) **LOWRY, John L.**
 2. SEX: **M** 3. RACE: **2** 4. AGE: **53** 5. DATE OF BIRTH: **20 JAN 51**

6. C.B. NO. **10001762** 7. ALIAS OR NICKNAME: **none given**
 8. DIST./RES. **014** 9. HEIGHT: **6'0** 10. WEIGHT: **170** 11. HAIR: **gray** 12. HAIR STYLE: **sht** 13. EYES: **hzi** 14. COMPLEXION: **lt**

15. I.R. NO. **1079090** 16. RESIDENCE ADDRESS: **2426 W. McLean** APT. NO./FLOOR: **N/V** 17. DISTING. MARKS, SCARS, DISABILITIES, ETC.: **N/V** 18. SOCIAL SECURITY NO.: **323-46-1512**

19. Y.D. NO. 16A. CITY - STATE: **Chicago, IL** ZIP CODE: **60647** HOME TELEPHONE: **(773) 278 6344** 20. STATE/PLACE OF BIRTH: **ND** 21. DRIVERS LICENSE NO.: **L60047251020** STATE: **IL**

22. I.D. NO. **HK 741064** 23. OCCUPATION: **Teacher** 24. BUSINESS NAME - ADDRESS: **Chicago Public Schools, 125 S. Clark** CITY - STATE - ZIP CODE: **Chicago, IL 60607** BUSINESS TELEPHONE: **(773) 553 1000**

25. ADDRESS OF ARREST: **2426 W. McLean** 26. NO. ARRESTED: **1** 27. LOCATION OF ARREST: **290** 28. BEAT OF ARREST: **431** 29. DATE OF ARREST: **09 NOV 09** TIME: **041745** 30. ARRESTEE TRANSPORTED TO UNIT: **023** BY BEA: **2361A** TIME: **1800**

31. RESTICED ARREST: YES NO 32. WEAPON: OTHER (SPECIFY) **DNA**
 PISTOL-REVOLVER RIFLE SHOT-GUN KNIFE

33. VEHICLE OF ARRESTEE: YEAR: **DNA** MAKE: **DNA** MODEL: **DNA** BODY STYLE: **DNA** COLOR: **DNA** STATE LICENSE NO. OR V.I.N.: **88** DISPOSITION OF VEHICLE: **DNA**
 34. FOR NARCOTIC ARREST: SUSPECT CANNABIS SUSPECT CONTROLLED SUBSTANCE: **cocaine: 2.5g \$250.00**

35. PERSON IN INVESTIGATIVE UNIT NOTIFIED: UNIT NOTIFIED: **FISHER 003** TIME: **1900** 36. DOES ARRESTEE HAVE UNATTENDED DEPENDENT CHILDREN AT HOME: YES NO IF YES - NAME OF Y.D. MEMBER NOTIFIED - TIME: **DNA** 38. NAME OF A.S.A./FEL. REV.: **DNA** CHARGES APPROVED: YES NO

39. VICTIM COMPLAINT: NAME: **P.O. N. MARKOVICH #19638** SEX: **M** RACE: **2** AGE: **40** VICTIM HOSPITALIZED: YES NO TREATED & RELEASED: YES NO

40. REFERENCES (CH. - PAR.)	41. OFFENSES	42. DISPOSITIONS	40. REFERENCES (CH. - PAR.)	41. OFFENSES	42. DISPOSITIONS
720ILCS570/402	PCS	5			
720ILCS570/402	PCS	6			
720ILCS570/401	PCS w/intent	7			
4		8			

43. NARRATIVE (The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following):
 In summary, this is an arrest from the execution of search warrant 04SW7189 at 11700 above address. Force was used to enter residence after no response to knocking. A systematic search of the residence was conducted and the following contraband was recovered: seven clear plastic bags containing a white rock like substance suspect crack cocaine, four blue capsules, suspect liquid GHB, two electronic scales, seven glass containers for use for smoking narcotics and one proof of residence addressed to above subject from IL Board of Ed. Above subject arrived home after the said contraband had been recovered, identified himself as John Lowry and was arrested. Custodial search of arrestee revealed three plastic bags containing a white crystal like substance suspect crystal methamphetamine from a black bag that the arrestee was carrying on his person at the time of arrest. Subject read Miranda warnings and transported to 023 for processing.

*TRANSPORTED BY 2942
 WORKED 11/15/09
 ROCK 5733*

Name check clear via computer check Has ID Gang: denies

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge and/or belief.
 FIRST ARRESTING/APPEARING OFFICER'S SIGNATURE: **N Markovich** STAR NO. **19638** UNIT **023** DEPUTY CLERK'S SIGNATURE: **N Isakson** STAR/EMPL. NO. **19525**

44. FIRST ARRESTING/APPEARING OFFICER - PRINT NAME: **N MARKOVICH** BEAT NO.: **2361A** FURLO.: **--** D.O. GRP.: **1** MISD./ORD. CRT. KEY: **R** 45. SECOND ARRESTING OFFICER - PRINT NAME - STAR NO. - UNIT: **N ISAKSON #13920 023** 46. VEHICLE ASSIGNED: **ONE** 2 TWO 3 P.O. P.O. OTHER

47. INITIAL APPROVAL OF PROBABLE CAUSE - SIG. - STAR: **[Signature]** 48. RESULTS OF FINGERPR. CHECK WAIVED BY SIG. - STAR: **[Signature]** DATE: **09 NOV 09** TIME: **7:05** 49. APPROVAL OF CHARGES - SIG. - STAR: **[Signature]** DATE: **09 NOV 09** TIME: **7:10**

WATCH COMMANDER'S NOTATIONS: **CLERK OF CIR. WAS THE OFFENDER RELEASED WITHOUT CHARGING? YES NO IF "YES," COMPLETE REVERSE.**

50. ARRESTEE SEARCHED BY: **DI FRANCIS** STAR/EMPL. NO.: **019** UNIT: **019** 51. DATE RECEIVED - LOCKUP: **09 NOV 09** TIME: **7:05** 52. PERS. PROPERTY RECEIPT NO.: **W/E** 53. TELEPHONE NO. CALLED: **565-0609** TIME: **2:10**

54. BOOKING OFFICER: **[Signature]** STAR/EMPL. NO.: **19116** UNIT: **019** 55. TIME FINGERPRINTED: **2:05** 56. TIME PHOTOGRAPHED: **2:00** 57. TIME FED: **[Signature]** 58. PLACED IN CELL NO.: **HOLD 1**

COURT INFORMATION

59. ARR. OFF. DESIRED COURT DATE: 21 DEC 04	BRANCH-CALL: XXXX 42-2	60. COURT SGT. TO HANDLE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	61. INITIAL COURT DATE: 10 NOV 09	BRANCH-CALL: [Signature]	62. FINAL CRT. DATE: [Signature]	BRANCH - CALL: [Signature]
63. BONDED - DATE: 70 NOV	TIME: [Signature]	64. BOND RECEIPT NO.: [Signature]	65. COURT DOCKET NO.: 04-149104	66. FINAL JUDGE'S NAME: [Signature]		

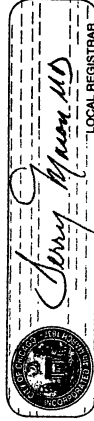
67. C.B. NO. **10001762**

**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 25 2006

I, TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME JOHN LEON LOWRY III		MIDDLE LOWRY III	LAST LOWRY	SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 APRIL 22, 2006
1. COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 55	UNDER 1 DAY HOURS 55	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 20, 1951	IF HOSP. OR INST., INDICATE D.O.A. OR MEMBER, RM, INPATIENT (SPECIFY) 6c. INPATIENT
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		6b. ST JOSEPH HOSPITAL		9. NO	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) GRAND FORKS, ND		8a. NEVER MARRIED		10. 323-46-1512	
7. GRAND FORKS, ND		8b. DOES NOT APPLY		11. ADMINSTRATOR	
8. NEVER MARRIED		8c. CHICAGO		12. CHICAGO	
9. NO		13a. 2426 MCLEAN		13b. CHICAGO	
10. 323-46-1512		13c. YES		13d. COOK	
11. ADMINSTRATOR		14a. WHITE		14b. XXXNO	
12. CHICAGO		14c. YES		14d. XXXNO	
13a. 2426 MCLEAN		14e. WHITE		14f. XXXNO	
13b. CHICAGO		14g. WHITE		14h. XXXNO	
13c. YES		14i. WHITE		14j. XXXNO	
13d. COOK		14k. WHITE		14l. XXXNO	
14a. WHITE		14m. WHITE		14n. XXXNO	
14b. XXXNO		14o. WHITE		14p. XXXNO	
14c. YES		14q. WHITE		14r. XXXNO	
14d. XXXNO		14s. WHITE		14t. XXXNO	
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