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2009 4440

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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N		
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20071091						
Charge Type: Check as many as apply.		<input checked="" 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		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 02				
Location of Arrest (Including Name of Business) 5068 Sunrise Blvd Delray Beach, FL 33484				Location of Offense (Business Name, Address) 5068 Sunrise Blvd Delray Beach, FL 33484						
Date of Arrest 05/27/09		Time of Arrest 02:27	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) Reichart Christopher		Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 05/31/1987	Height 6'03	Weight 230	Eye Color Brown	Hair Color Red	Complexion light	Build Medium		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Right arm, Left Leg, chest, Left Arm, Right Leg, Right side				Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) 129 Saxony C		(City) (State) (Zip) Delray Beach, FL 33446		Phone (443) 2541222		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source Verbal				
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation NA				
D/L Number, State R263112871910, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Baltimore, MD		Citizenship USA		
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 Legal Custodian <input type="checkbox"/> Other:	Name (Last) (First) (Middle)		Address (Street, Apt. Number)		(City) (State) (Zip)		Residence Phone Business Phone			
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated						
Released To: (Name)		Relationship		Date		Time				
The above address provided by <input checked="" type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) 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 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 - Dispense/ 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 Domestic Battery By Strangulation		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.041(2) 3		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 20071091	Warrant / Capias Number		Bond				
Charge Description Simple Battery		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(a)(1)		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 20071091	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address)										
Court Date and Time Month Day Year Time AM PM										
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			Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S V. Lagrotteria			ID # 34273			
Name of Arresting Officer (Print) D/S V. Lagrotteria		ID # 34273		Agency 34273 P.B.C.			Witness here if subject signed with an -X-			
I.D. #		Pouch #		Transporting Officer ID #			Agency			
123		3		34273			34273 P.B.C.			

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 20071091
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) Reichart Christopher	Alias	Race W	Sex M	Date of Birth 05/31/1987
Charge Description Domestic Battery By Strangulation 784.041(2)	Charge Description Simple Battery 784.03(1)(a)(1)			

Victim's Name (Last, First, Middle) Minde Jade	Race W	Sex F	Date of Birth 11/22/1984
Local Address (Street, Apt. Number) 5068 Sunrise Blvd	(City) Delray Beach, FL 33484	(State) (zip)	Phone
Business Address (Name, Street)	(City)	(State) (zip)	Phone

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 _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 23 day of May 2020 at 02:27 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I was dispatched to 5068 Sunrise Blvd in reference to a domestic dispute.

Upon my arrival, I made contact with W/M Christopher Reichart. Reichart advised, he and his girlfriend of two years got into a physical argument over dinner. Reichart advised, his girlfriend, W/F Jade Minde, made dinner for him and some friends. Reichart told me, once the friends left the house, Minde got upset with Reichart over not saying thank you for dinner. Reichart told me Minde came at him and she hit him and in self defense he took her and wrapped his hands around her throat and slammed her into the wall and then onto the floor. I noticed a minor bite mark on Reicharts finger and a minor laceration behind Reicharts left ear.

I then spoke to Minde. Minde advised, she yelled at Reichart because he threw her dog. According to Minde, once she yelled at Reichart Reichart came at her and strangled her for six seconds until she couldnt breath anymore. Minde then advised, Reichart threw her up against a wall and onto the ground where she smashed her head on both the wall and floor. I inspected Minde and saw an abrasion on the back of her head, a minor laceration on her wrist, and strangulation marks on her neck.

Due to the totality of the circumstance and the existing wounds, I have probable cause to arrest Reichart with Domestic Battery by Strangulation F.S.S 784.041(2) and Domestic Simple Battery F.S.S 784.03(1)(a)(1).

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 V. Lagrotteria
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of May 2020 by D/S V.Lagrotteria 34273
 (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced Known LEO

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
 PAGE 1 OF 1

**PALM BEACH COUNTY SHERIFF'S OFFICE
DOMESTIC VIOLENCE PROBABLE CAUSE SUPPLEMENTAL FORM
(SUBMIT WITH STATE ATTORNEY'S COPY OF PROBABLE CAUSE AFFIDAVIT)**

CASE NUMBER# 20071091

DEFENDANT'S NAME: Reichert Christopher

DEFENDANTS STATEMENT YES NO (IF YES: WRITTEN TAPED ORAL)

SYNOPSIS: _____

VICTIM'S NAME: Minde Jade

VICTIM'S STATEMENTS: YES NO (IF YES) WRITTEN TAPED ORAL

OBSERVATIONS OF VICTIM: (PHYSICAL & EMOTIONAL) Cut on left wrist
Strangulation marks on neck, abrasion on back of head.

RELATIONSHIP BETWEEN VICTIM AND SUSPECT: Boyfriend & Girlfriend

PHOTOGRAPHS: SCENE: YES NO VICTIM (S): YES NO

911 CALL: YES NO WHO CALLED: _____

WEAPON USED: YES NO TYPE: _____

MEDICAL TREATMENT: YES NO

AT SCENE: YES NO PARAMEDICS: _____

AT HOSPITAL: YES NO HOSPITAL: JFK Main PHYSICIAN: Michael Linett

ARE CHILDREN LIVING IN HOME: YES NO

NAME: _____ DOB: _____
NAME: _____ DOB: _____
NAME: _____ DOB: _____

WAS ACT(S) COMMITTED IN PRESENCE OF MINOR(S): YES NO (IF YES SAME AS ABOVE OR SPECIFY)

NAME: _____ DOB: _____
NAME: _____ DOB: _____
NAME: _____ DOB: _____

DCF NOTIFIED: (IF CHILD ABUSE) YES NO VICTIM PREGNANT- YES NO
PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO ALCOHOL OR DRUGS INVOLVED: YES NO
VIOLATION OF RESTRAINING ORDER: YES NO CASE #: _____

ALTERNATE VICTIM CONTACT INFORMATION: (IF VICTIM DECIDES TO LEAVE RESIDENCE)
RELATIVE/FRIEND NAME: N/A PHONE: _____
RELATIVE/FRIEND ADDRESS: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 #: 20071091 Agency: PBSO
Offense: Domestic Battery By Strangulation
Suspect/Offender: Reichert Christopher
D.O.B. 05/31/1987 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Minde Jade D.O.B. 11/22/1984 Race: W Sex: F
Address: 5068 Sunrise Blvd
City: Delray Beach State: FL Zip: 33484
Home # - 561 901-9697 Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

Waiver: I choose not to be notified when the arrestee is released from custody.

Confidential: I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S V.Lagrotteria I.D.# 34273 Date: 05/23/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

FOR WARRANTS USE ONLY

COURT CASE/WARRANT#



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: 2020013328	Date: 05/24/2020
	Specialist Name/ID: AM/31562