

0488249

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for Capias982  
1

Juvenile

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR						Juvenile Referral Report			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	982 1
	Agency ORI Number <b>FLO 500000</b>			Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>						Agency Report Number (N.T.A.'s only) <b>06- 17-081229</b>					
DEFENDANT	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			Weapon Seized / Type <b>2</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			Multiple Clearance Indicator								
	Location of Arrest (Including Name of Business) <b>532 NORTHLAKE BLVD., LAKE PARK FL</b>						Location of Offense (Business Name, Address) <b>532 NORTHLAKE BLVD, LAKE PARK FL</b>								
	Date of Arrest <b>05/23/2017</b>		Time of Arrest <b>2031</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ALL TIME TOWING</b>						
	Name (Last, First, Middle) <b>GARRECHT, HAROLD, J</b>												Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>W M</b>	Date of Birth <b>5/5/89</b>	Height <b>5'8"</b>	Weight <b>140</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>	Build <b>SM</b>					
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>LEFT RIB</b>						Marital Status <b>Single</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence			<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unk.	
	Local Address (Street, Apt. Number) <b>521 31 ST, W PALM BEACH FL 33407</b>						(City) <b>(City)</b>	(State) <b>(State)</b>	(Zip) <b>(Zip)</b>	Phone <b>(631) 896 1972</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State				
	Permanent Address (Street, Apt. Number)						(City)	(State)	(Zip)	Phone <b>( )</b>	Address Source <b>DEF</b>				
	Business Address (Name, Street)						(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation <b>FISHERMAN</b>				
	D/L Number, State <b>775502095, NY</b>			Soc. Sec. Number <b>[REDACTED]</b>			INS Number			Place of Birth (City, State) <b>SYOSET, NY</b>		Citizenship <b>US</b>			
CO-DEF	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				
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:										Residence Phone <b>( )</b>				
	Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone <b>( )</b>					
	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 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 355-2526) 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 type="checkbox"/> No		Description of Property								Value of Property					
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ Distribute D. Deliver E. Use	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A C. Cocaine A. Amphetamine	B. Barbiturate C. Marijuana E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other					
	Charge Description <b>DUI</b>										Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>	Violation of ORD #	
CHARGE	Drug Activity <b>N N</b>	Drug Type <b>N N</b>	Amount / Unit <b>Offense # 17-081229</b>	Counts <b>1</b>			Warrant / Capias Number			Bond					
	Charge Description				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond					
	Charge Description				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond					
	Charge Description				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #				
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number			Bond					
	Charge Description				Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number				Violation of ORD #				
NOTICE TO APPEAR	Location (Court Room Number Address) <b>3228 GUN CLUB RD, W PALM BEACH FL 33406</b>												AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
	Court Date and Time Month <b>JUNE</b> Day <b>22</b> Year <b>2017</b> Time <b>8:30</b>												Date Signed <b>05/23/2017</b>		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT 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)															
ADMIN	HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)						
	Name: <b>X</b>				Name of Arresting Officer (Print) <b>A SOLOWAY</b>				Name Verification (Printed by Arrestee) <b>MAY 23 PM 11:38</b>						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # <b>8586</b>		(PRINT)								
	Intake Deputy <b>B. Soloway</b>		I.D. # <b>51</b>		Agency <b>PBSO</b>		Witness here if subject signed in with you								

SCANNED  
MAY 28 2017PAGE  
1 OF 1

## PROBABLE CAUSE AFFIDAVIT

1 Arrest      3 Request for Warrant  
2 NTA      4 Request for Capias

1

Juvenile

ADMIN	OBTS Number <b>FLO 5 0 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>17081229</b>			
DEF	Charge Type Check as many as apply <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				
CHARGES	Name (Last, First, Middle) <b>Garrecht, Harold</b>	Alias <b>None</b>	Race <b>W</b>	Sex <b>M</b>		
	Charge Description <b>DUI</b>	Date of Birth <b>05-05-89</b>				
VICTIM	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>The undersigned certifies and swearing 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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>23rd</u> day of <u>May</u> <u>20</u> <u>17</u> at <u>8:00</u> <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p><b>On 05-23-17 at approximately 2001 hours, I was dispatched to a single vehicle crash reported in the eastbound lanes of the 500blk of Northlake Blvd in the town of Lake Park, FL 33403 within Palm Beach County. Upon arriving to the scene along with Palm Beach County Fire Rescue, observed a single vehicle crash involving a blue pickup truck, two uninvolved motorists who witnessed the crash and the driver of the crash vehicle. The driver was standing on his own, walking around but was soon provided medical treatment on scene. Contact was made with the driver who was observed to have glossy, red blood shot eyes and smelled a distinct odor of an alcoholic beverage on his breath. The driver was constantly monitored throughout to prevent him from ingesting anything or smoking anything while on scene. Contact was made with the two motorists who both provided independent sworn written statements observing the single vehicle crash, the driver behind the wheel and assisted outside, and collecting up fallen beer cans to put into the bed of the truck. D/S Soloway (ID 8586) responded to the scene to conduct further investigation.</b></p> <p><b>STATE OF FLORIDA COUNTY OF PALM BEACH</b> (Signature of Arresting /Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23rd</u> day of <u>May</u> <u>20</u> <u>17</u> by <b>D/S Maduri ID 9151</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>8881</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S), 117.100</p>						

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23

DAY OF MAY

20 17

, AT 2000

AM  PM

SUBJECT: GARRECHT, HAROLD, J

CASE NUMBER: 17-081229

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A SOLOWAY  
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I responded to assist with a vehicle crash involving a possible impaired driver. Upon arrival, I assessed the scene. I observed a blue pick up truck in the eastbound lanes of Northlake Blvd and it was facing northeast across 2 lanes of travel. The pickup had significant front end damage which was caused when it struck a palm tree located in the grassy median. There were no other vehicles involved in the crash. I met with D/S Maduri who stated the following and later completed a sworn PC:

On 05-23-17 at approximately 2001 hours, I was dispatched to a single vehicle crash reported in the eastbound lanes of the 500blk of Northlake Blvd in the town of Lake Park, FL 33403 within Palm Beach County. Upon arriving to the scene along with Palm Beach County Fire Rescue, observed a single vehicle crash involving a blue pickup truck, two uninvolved motorists who witnessed the crash and the driver of the crash vehicle. The driver was standing on his own, walking around but was soon provided medical treatment on scene. Contact was made with the driver who was observed to have glossy, red blood shot eyes and smelled a distinct odor of an alcoholic beverage on his breath. The driver was constantly monitored throughout to prevent him from ingesting anything or smoking anything while on scene. Contact was made with the two motorists who both provided independent sworn written statements observing the single vehicle crash, the driver behind the wheel and assisted outside, and collecting up fallen beer cans to put into the bed of the truck. Maduri also provided me with two sworn witness statements that place the defendant behind the wheel during the crash.

## OBSERVATION OF DRIVER:

Upon my arrival the driver was leaning on D/S Maduri's patrol car. I spoke with the driver and observed his eyes to be red and glassy. There was an obvious odor of an unknown alcoholic beverage on the driver's breath. While walking, the driver appeared to be unsteady on his feet. I asked the driver to place his phone in his pocket or on the car and he proceeded to empty all of the contents from his pockets and placed them onto the car.

## DRIVER'S STATEMENTS:

Post-Miranda, the driver initially stated he had not consumed any alcohol today. I asked again and he stated he drank 2 Bud Light beers today after work. When I requested the driver submit to roadside tasks, he told me his grandfather was a former NY police officer and he told him to not answer any questions or submit.

## ODORS:

Obvious odor of an unknown alcoholic beverage on the driver's breath.

## **GENERAL OBSERVATIONS**

SPEECH: slurred at times

ATTITUDE: compliant

CLOTHING: long sleeve t-shirt, shorts, flip flops.

MEDICAL/OTHER: stated none

STATE OF FLORIDA  
OUNTY OF PALM BEACH

A SOLOWAY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of May 2017 by A SOLOWAY

(Print name of Arresting/Investigative Officer, who is personally known to me and my identification. Type of identification produced) KNOWN LEO

Jeanette Cain (#2109)

Notary Public State of Florida  
Jeanette Cain  
My Commission #F 993131  
Expires 07/08/2020

**SCANNED**

**MAY 28 2017**

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

DATE: MAY 28, 2017 VIDEO TAPE NUMBER: 4067

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

BREATH TESTS RESULTS: 1) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: J. DAVIS - 0646

MAINTENANCE TECHNICIAN: J. DAVIS - 0646

## TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: Face mask worn, breath test taken, test taken, test taken.  
20 min. breath test done by advertising firm.

SCANNED  
MAY 28 2017

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: LT EYE-LACK OF SMOOTH PURSUIT RT EYE-LACK OF SMOOTH PURSUIT LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREESOther Observations:

WALK &amp; TURN:

**REFUSED**

ONE LEG STAND:

**REFUSED**

FINGER TO NOSE:

**REFUSED**

ROMBERG ALPHABET:

**REFUSED**BREATH TEST RESULTS: 1) **REFUSAL** 2)  3)  4) STATE OF FLORIDA  
COUNTY OF PALM BEACHA SOLOWAY

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of May 2017 by A SOLOWAYPrint name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type or print name if handwritten. KNOWN LEOJeanette Cain (#2109)

Notary Public, Clerk of Court, Officer (F S S 117.10)

Notary Public State of Florida  
Jeanette Cain  
My Commission FF 993131  
Expires 07/08/2020SCANNED  
MAY 28 2017