

ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		3		JUVENILE							
OBTS Number 500800		Agency Name West Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 9 1 4 2016-0013456		2. N.T.A.		4. Request for Capias									
Agency ORI Number 0500800		Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other		If Weapon Seized Enter Type						Multiple Clearance Indicator							
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)													
Date of Arrest		Time of Arrest		Booking Date		Booking Time											
Name (Last, First, Middle) GARRETT, ZACHARY TAYLOR Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)																	
Race W - White B - Black		Sex I - American Indian O - Oriental/Asian		Date of Birth 01/12/1994		Height 6'00		Weight 180		Eye Color HAZEL		Hair Color BROWN					
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)								Marital Status S		Religion UNKNOWN		Complexion FAIR					
Local Address (Street, Apt. Number) 3414 PRIMROSE CT, PALM BEACH GARDENS, FL 33410								Phone (703) 581-5437		Residence Type 1. City 2. County		Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Permanent Address (Street, Apt. Number) 3414 PRIMROSE CT, PALM BEACH GARDENS, FL 33410								Phone (703) 581-5437		Address/Source DEF		1. Florida 4. Out of State					
Business Address (Name, Street) SEASONS 52,								Phone		Occupation		3					
D/L Number, State A61371327 / VA				INS Number				Place of Birth (City, State) United States		Citizenship							
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth					
Co-Defendant Name (Last, First, Middle)								Race		Sex		Date of Birth					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian								Name (Last, First, Middle)									
Address (Street, Apt. Number)								(City)		(State)		(Zip)		Residence Phone			
Notified by: (Name)								Date		Time		JUVENILE DISPOSITION		Business Phone			
Released To: (Name)								Relationship		Date		Time		1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
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				Grade					
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:								Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
C O D E Drug Activity S. Sell B. Buy P. Possess N. N/A T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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	
C H A R G E SEXUAL BATTERY VICTIM OVER 12YOA NO PHYSICAL FORCE										Statute Violation Number 794.011(5) (B)		Violation of ORD #					
C H A R G E Drug Activity N Drug Type N Amount / Unit /								Offense # 2016-0013456		Counts I		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E Charge Description										Statute Violation Number				Violation of ORD #			
C H A R G E Drug Activity Drug Type Amount / Unit /								Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
C H A R G E Charge Description										Statute Violation Number				Violation of ORD #			
C H A R G E Drug Activity Drug Type Amount / Unit /								Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond	
I N T A K E 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			
I N T A K E 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					
I N T A K E Transported By								Date Transported		Time Transported		Other					
N O T I C E <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)									
T O A P P E A R 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.								Court Date and Time									
Signature of Defendant (or Juvenile and Parent/Custodian)								Date Signed									
A D M I N I HOLD for Other Agency				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) MACCARTHY, DARRIN P.		I.D. # 01361		(PRINT)					
Intake Deputy				I.D. #		Pouch #		Transporting Officer		I.D. #		Agency					
PAGE 1 OF 1																	
Witness here if subject signed with an "X".																	

PROBABLE CAUSE AFFIDAVIT

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

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JUVENILE

A	OBTS Number		PROBABLE CAUSE AFFIDAVIT						
D	Agency ORI Number	Agency Name							
M	FL 0500800		WEST PALM BEACH POLICE DEPARTMENT			9	4	2016-0013456	
I	Charge Type: Check as many as apply.			<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:		
N	Name (Last, First, Middle)			Alias			Race	Sex	Date of Birth
E	GARRETT, ZACHARY TAYLOR						W	M	01/12/1994
F	Charge Description			Charge Description					
C	794.011 (5)(B) SEXUAL BATTERY			Charge Description					
H	Charge Description			Charge Description					
R	Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth
G	[REDACTED]						W	F	01/21/1994
S	L (City) (State) (Zip)						Address Source		
V	C (City) (State) (Zip)								
I	T (City) (State) (Zip)								
T	B (City) (State) (Zip)						Phone	Occupation	
M	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 ... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person committ the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.								
	On the <u>18</u> day of <u>July</u> , <u>2016</u> at <u>00:00</u> (Specifically include facts constituting cause for arrest.)								
<p>During the early morning hours of Monday, July 18th, 2016 the criminal act of sexual battery occurred at [REDACTED]</p> <p>On the afternoon of Thursday, August 18th, 2016 the victim, [REDACTED], provided a recorded sworn statement to your affiant detailing her recollection of the morning in question. During her statement [REDACTED] said that on the evening of Sunday, July 17th, 2016 she'd met the defendant, Zachary Garrett at a mutual friend's house and had allowed him to stay at her home because he'd had nowhere else to stay. After [REDACTED] fell asleep she woke up to find Zachary beside her in bed digitally penetrating her vagina. He then had unprotected, non-consensual vaginal intercourse with her and ejaculated on her bedsheets. These bedsheets have been retained as evidence.</p> <p>During a one party consent call Zachary implicated himself in the above described sexual activity and apologized for his actions explaining he'd been "High" on heroin.</p> <p>At this time due to the above stated case facts, I feel there is sufficient probable cause to charge Zachary Garrett, white male, date of birth: 1/12/94 with one count of Sexual Battery pursuant to FSS 794.011(5) (b).</p>									
<p>NOTARIZED</p> <p>SWORN AND SUBSCRIBED BEFORE ME COGNETTI-CHASE, CATHY NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>08/29/2016</u> DATE</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER MACCARTHY, DARRIN P. (01361) NAME OF OFFICER (PLEASE PRINT)</p> <p><u>08/29/2016</u> DATE</p>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.