

0517239

20CF5487AMPB

1853

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0501700			Agency Name Jupiter Police Department			Agency Report Number (N.T.A.'s only) 5, 4 20-002262			1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE											
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input 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 NONE			Multiple Clearance Indicator			2													
Location of Arrest (Including Name of Business) 4100 MILITARY TRL JUPITER, FL 33458						Location of Offense (Business Name, Address) 4100 MILITARY TRL, JUPITER, FL 33458																	
Date of Arrest 06/30/2020	Time of Arrest 21:19	Booking Date 06/30/2020	Booking Time 21:29	Jail Date // : :	Jail Time	Location of Vehicle																	
Name (Last, First, Middle) JOHR, BAILEY ALEXIS												Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black I - American Indian O - Oriental/Asian	Sex W F	Date of Birth 07/23/1996	Height 5'02	Weight 190	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build Medium	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion OTHER	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>									
Local Address (Street, Apt. Number) (City) (State) (Zip) 1681 NW 143RD WAY, PEMBROKE PINES, FL 33028						Phone (954) 801-8591						Residence Type: 1. City 3. Florida 2. County 4. Out of State 1											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1681 NW 143RD WAY, PEMBROKE PINES, FL 33028						Phone (954) 801-8591						Address Source SPOKEN											
Business Address (Name, Street) (City) (State) (Zip)						Phone						Occupation											
D/L Number, State J600061967630 / FL			Soc. Sec. Number			INS Number			Place of Birth (City, State) AVENTURA, FL			Citizenship US											
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor								
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor								
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone											
<input type="checkbox"/> Legal Custodian												Business Phone											
Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone																	
Notified by: (Name)						Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated															
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			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											
Drug Activity: S. Sell, R. Smuggle, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. N/A, B. Buy, D. Deliver, E. Use, P. Possess, T. Traffic												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 FRAUD - USE/POSSESS/ATTEMPT TO USE ID OF ANOTHER PERSON W/O												Statute Violation Number 817.568(2)(A)			Violation of ORD #								
Drug Activity: N, Amount/Unit: /, Offense #: , Counts: 1, Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												Warrant / Capias Number			Bond								
Charge Description DRUGS - OBTAIN CONTROLLED SUBSTANCE BY FRAUD/FORGERY (ATTEMPTED)												Statute Violation Number 893.13(7)(A)(b)			Violation of ORD #								
Drug Activity: N, Amount/Unit: /, Offense #: , Counts: 1, Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												Warrant / Capias Number			Bond								
Charge Description												Statute Violation Number			Violation of ORD #								
Drug Activity: , Drug Type: , Amount/Unit: /, Offense #: , Counts: , Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N												Warrant / Capias Number			Bond								
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"/> 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					
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)			Court Date and Time			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 COMTEMPT 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												Signature of Arresting Officer [Signature]			Name Verification (Printed by Arresting Officer) MON 30 PM 11:11								
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												Name of Arresting Officer (Print) YOCHUM, CRAIG			I.D. # 1185			(PRINT)					
Intake Deputy White 840												Transporting Officer OFC. C. YOCHUM			I.D. # 383			Agency JPD					
Witness here if subject signed with an "X"												PAGE 1 OF 1											

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O. DEFENDANT

SCANNED
JUL 01 2020

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL 0501700 Agency Name: JUPITER POLICE DEPARTMENT Agency Report Number: 5 | 4 | 20-002262

Charge Type: [X] 1. Felony [] 2. Traffic Felony [] 3. Misdemeanor [] 4. Traffic Misdemeanor [] 5. Ordinance [] 6. Other

Name (Last, First, Middle): JOHR, BAILEY ALEXIS Race: W Sex: F Date of Birth: 07/23/1996

Charge Description: 893.13(7)(A)(b) DRUGS - OBTAIN CONTROLLED SUBSTANCE BY 817.568(2)(A) FRAUD - USE/POSSESS/ATTEMPT TO USE I

Victim's Name (Last, First, Middle): State Of Florida 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

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. [X] was found to have committed the below acts, resulting from my (described) investigation. On the 30 day of June, 2020 at 19:18 (Specifically include facts constituting cause for arrest.)

On 06/30/2020 at approximately 1841 hours, I responded to CVS Pharmacy located at 4100 Military Trl. in the Town of Jupiter, Palm Beach County, FL in reference to a fraudulent prescription for 5 mL Promethazine with Codeine. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 1916), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.

The caller advised a white female wearing a white tank top, black sweater, and brown hair was at the pharmacy counter attempting to pick up a fraudulent prescription. The caller further advised the prescription was for a "Stephen Deal". Upon arrival, I observed a female exactly matching that description standing in front of the pharmacy "pick-up" area. The female was the only person in line at the time.

I approached the female, requested she provide her identification, and identified her as Bailey Johr (w/f; 07/23/1996). Johr advised she is from Pembroke Pines and was visiting her mother in Palm Beach Gardens. It appeared as though Johr was unfamiliar with the area, as she could not provide me with her mother's address and was seemingly unfamiliar with the city of Palm Beach Gardens. Johr stated she had her doctor call in a prescription for [REDACTED]. She also claimed to have no recollection of who Stephen Deal was.

I made contact with the pharmacist (Francesca Serdyuk) who advised the prescription was called in for patient Stephen Deal (DOB 01/27/1958) by a Dr. Robert Collins. Serdyuk further advised the pharmacy contacted the doctor, who advised there was no prescription called into the pharmacy for that patient. A sworn BWC statement was provided by Serdyuk.

I made contact via telephone with Agent Roger S. Kernicky (ID # 7024), who is assigned

SWORN AND SUBSCRIBED BEFORE ME. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE: 06/30/2020. SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: YOCHUM, CRAIG (1185) NAME OF OFFICER (PLEASE PRINT) DATE: 06/30/2020. PAGE 1 OF 2

SCANNED JUL 01 2020

Agency ORI Number **FL 0501700** Agency Name **JUPITER POLICE DEPARTMENT** Agency Report Number **5 | 4 | 20-002262**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other _____ Special Notes: _____

Name (Last, First, Middle) **JOHR, BAILEY ALEXIS** Alias _____ Race **W** Sex **F** Date of Birth **07/23/1996**

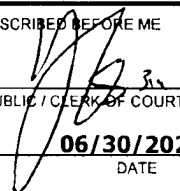
to the Palm Beach Sheriff's Office's Narcotics Division and is detached to DEA's West Palm Beach District Office (WPBDO), Tactical Diversion Squad. Agent [REDACTED] advised me via telephone that approximately 45 minutes prior, Johr had attempted to pick up a fraudulent prescription at a nearby pharmacy in Tequesta. Agent [REDACTED] went on to advise brief details about the case and confirmed Johr's name and date of birth with me via telephone. He also went on to advise that there is a criminal prescription fraud ring he is actively investigating and suspected Johr was a part of the organization.

I advised Johr of her Miranda Warnings and confirmed she understood each one. Initially, Johr maintained that she was attempting to pick up an [REDACTED] prescription for herself. Due to the facts of the case I had gathered thus far, I ultimately placed Johr under arrest and transported her to the Jupiter Police Department for further questioning.


After arriving at the Police Department, I removed Johr from my vehicle and took the handcuffs off. I confirmed she still understood her Miranda Warnings and conducted a post-arrest interrogation with her. Johr advised a male by the name of "Nick Sosa" (unknown DOB) contacted her recently, asking if she needed money. Sosa offered to pay Johr \$150 to travel to pharmacies and successfully pick up fraudulent prescriptions. After each attempt, Johr was to contact Sosa where she would be provided further instruction on where to go. Johr confirmed she attempted to pick up a prescription in Tequesta, but was not successful. Johr also admitted she was attempting to pick up a prescription for a "Stephen D." when I contacted her. She was unable to advise where she was going to meet Sosa after she picked up any medication. Johr provided verbal consent for me to search her phone to gather information about Sosa (Phone # 786-269-3973). All information was ultimately turned over to Agent [REDACTED]

I find Probable Cause exists to charge Bailey Johr with Attempt to Obtain Controlled Substance by Fraud because she did attempt to acquire or obtain possession of Promethazine with Codeine, a controlled substance, by misrepresentation, fraud, forgery, deception or subterfuge, contrary to Florida Statute 893.13(7)(a)9.

I find Probable Cause exists to charge Bailey Johr with Fraudulent Use of Personal Identification Information because she did willfully and without authorization fraudulently use, or possess with the intent to fraudulently use, personal identification information concerning Dr. Robert Collins without first obtaining Dr. Collins' consent, contrary to Florida Statute 817.568 (2)(a).

SWORN AND SUBSCRIBED BEFORE ME


 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
06/30/2020
 DATE



 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
YOCHUM, CRAIG (1185)
 NAME OF OFFICER (PLEASE PRINT)
06/30/2020
 DATE



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 checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	3, 4
	<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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	3, 4
	<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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071(2)(M)1	Other: Witness to a Murder	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020015953	Date: 7/1/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
 JUL 01 2020