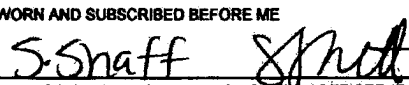



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ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE			
Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 21-002303							
Charge Type: <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. Offense <input type="checkbox"/> 6. Other		If Weapon Seized UNARMED		Multiple Classroom Indicators							
Location of Arrest (Including Name of Business) 2151-1500 S ALT A1A, JUPITER, FL 33477		Location of Offense (Business Name, Address) 1500 S ALT A1A 2151, JUPITER, FL 33477									
Date of Arrest 07/01/2021	Time of Arrest 17:56	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) BRANDES-FALK, KATE L		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Oriental/Asian W		Sex F	Date of Birth 12/07/1985	Height 5'05	Weight 190	Eye Color BLUE	Hair Color BLACK	Complexion LIGHT	Build mea		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Mental Status M		Religion Catholic		Indication of: Alcohol Intoxication Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 138 BUTTONWOD DR, EAST BRUNSWICK, NJ 08816		(City) East Brunswick		(State) NJ		(Zip) 08816		Phone			
Permanent Address (Street, Apt. Number) 138 BUTTONWOD DR, EAST BRUNSWICK, NJ 08816		(City) East Brunswick		(State) NJ		(Zip) 08816		Phone			
Business Address (Name, Street) 138 BUTTONWOD DR, EAST BRUNSWICK, NJ 08816		(City) East Brunswick		(State) NJ		(Zip) 08816		Phone			
D/L Number, State B71784267362852 / NJ		Sex, Soc. Sec. Number		DNS Number		Place of Birth (City, State) Lowell, MA, USA		Citizenship US			
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 <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone		Business Phone			
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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 <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Seizure 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. Other/Drugs	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description FRAUD - UTTERING OR POSSESSION OF COUNTERFEIT-RESISTANT PRES		State Violation Number 831.3110		Violation of ORD #							
Drug Activity N		Amount / Unit /		Offense # 21-002303		Counts I		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Charge Description		State Violation Number		Violation of ORD #							
Drug Activity N		Amount / Unit /		Offense #		Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Charge Description		State Violation Number		Violation of ORD #							
Drug Activity N		Amount / Unit /		Offense #		Counts <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To			
Transported By		Date Transported		Time Transported		Other					
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" 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							
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		Signature of Arresting Officer 302		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer (Print) GILLIGAN, JAMES		I.D. # 1223		(PRINT)					
Intake # 100805		Pouch #		Transporting Officer Shatt		I.D. # 302		Agency		PAGE 1 OF 1	
Witness here if subject signed with an "X".											

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N	Agency ORI Number	Agency Name		Agency Report Number					
	FL 0501700	JUPITER POLICE DEPARTMENT		5 4 21-002303					
C H A R G E S	Charge Type: Check as many as apply.		Special Notes:						
	<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								
D E F	Name (Last, First, Middle)				Race		Sex		Date of Birth
	BRANDES-FALK, KATE L				W		F		12/07/1985
V I C T I M	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth
	State Of Florida								
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... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>1</u> day of <u>July</u> , <u>2021</u> at <u>20:43</u> (Specifically include facts constituting cause for arrest.)									
<p>On 07/01/2021, at approximately 1635hrs I responded to Palm Beach Compounding Pharmacy (2151-1500 S Alt. A1A, Jupiter, FL 33477) in reference to a female attempting to use a fraudulent prescription to obtain Oxycodone. The caller provided a description to North County Communication Dispatch of a female in a bathing suit. The caller advised she is currently in-front of the business with her husband and two children. The caller further stated they are parked out front of the business in an SUV. Officers that arrived on scene temporarily detained the two subjects prior to my arrival based on their descriptions matching those given by the caller.</p> <p>Upon arrival, I made contact with Dr. David R. Upson and his staff inside of the business. They stated they called Jupiter Police Department earlier in the day and made filed a report with Officer Cedeno in reference to a fraudulent prescription for eighty-four tablets of 10mg of Oxycodone. Officer Cedeno responded at approximately 1152hrs. They showed Officer Cedeno a State of New Jersey prescription blank from Linden Family Medical (850 N. Wood Avenue Linden, NJ 07036), D.O. Kevin E. Lukenda. Dr. Upson stated that a white female, Kate L. Brandes-Falk emailed the officer this prescription and requested it be filled. Officer Cedeno called Dr. Lukenda's office in New Jersey and spoke with him. Dr. Lukenda stated that he does not know a Kate L. Brandes-Falk and never provided her a prescription for Oxycodone. He also stated that the signature is similar to his but is not his handwriting. At this time, Mrs. Brandes-Falk had not attempted to pick up the prescription so Officer Cedeno advised Dr. Upson's officer to call if she arrived at the business.</p> <p>Dr. Upson showed me the prescription. His staff also provided the NJ driver's license that the female, later identified as Kate L. Brandes-Falk, presented them when she arrived to pick up the prescription. In addition to the NJ driver's license, they also provided the Visa Debit card and Blue Cross/Shield insurance card that she presented them when attempting to pick up the prescription. I observed a State of New</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>7/1/21</u> DATE </div> <div style="width: 45%;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GILLIGAN, JAMES (1223) NAME OF OFFICER (PLEASE PRINT) 07/01/2021 DATE </div> </div>								
	<div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;"> PAGE 1 OF 3 </div> </div>								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

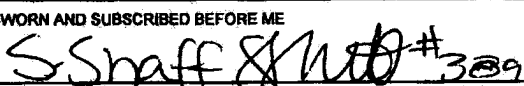

P.I.O.

OBS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		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 21-002303			
Charge Type: <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:					
Name (Last, First, Middle) BRANDES-FALK, KATE L				Race W	Sex F	Date of Birth 12/07/1985	

Jersey Prescription Blank from Linden Family Medical with Kevin E. Lukenda D.O. printed on it, as well as the office's address. Patient name "Kate Brandes-Falk" is written on the document with D.O.B. 12/07/1985. The address written for the patient is 138 Buttonwood Drive, East Brunswick, NJ 08816. This information on the prescription blank, matched the information on Mrs. Brandes-Falk's NJ driver's license. In the prescription description box it reads "Oxycodone IR 10mg II "two" tablets q 4 hours PRN pain x 1 week, (#84) ok to fill on 6/25/21". Dr. Upson stated they became suspicious of the prescription because they received it via email from Mrs. Brandes-Falk, and not directly from Linden Family Medical. Dr. Upson stated that he also noticed the tablet amount of "(#84)" was not written out as "eighty four" which is common practice so the number cannot be altered as easily. Dr. Upson also stated he checked "E-Force" which is a prescription-monitoring program via pmpaware.net. He noticed it was listed that Mrs. Brandes-Falk was previously prescribed Buprenorphine/Naloxone. He advised this was suspicious to him because this is commonly prescribed to treat opioid addictions. Yet, Mrs. Brandes-Falk was attempting to fill a prescription for Oxycodone, a controlled opioid. Dr. Upson further stated that Dr. Kevin Lukenda advised that he did not write this prescription.

After speaking with Dr. Upson and his staff, I exited the business and spoke with Officer Cedeno via phone. He stated that responded to the Palm Beach Compounding Pharmacy earlier in the day in reference to the suspicious prescription blank that Mrs. Brandes-Falk emailed the office. He stated he contacted Dr. Lukenda and Dr. Lukenda stated he does not know Mrs. Brandes-Falk and he did not sign that prescription. After speaking with Officer Cedeno I made contact with Mrs. Brandes-Falk. I read her Miranda warning and asked if she understood her rights, she stated she did. I asked her how she obtained the prescription. She stated that she works for Dr. Lukenda and he prescribed her the oxycodone for an upcoming back surgery. She stated she contacted several different pharmacies in the area, however, the others declined to fill the oxycodone prescription. I advised her that according to Dr. Lukenda he does not know her, she is not one of his patients, and did he not sign the prescription. She then stated she works for Grace Medical a Hospice Company, not directly with Dr. Lukenda at Linden Family Medical. She was again advised that Dr. Lukenda stated he did not sign the prescription. To which Mrs. Brandes-Falk stated "then why did he sign it and fill it out". Based on the above facts, statements, and circumstances I developed probable cause that Mrs. Brandes-Falk attempted to utter and possess a fraudulent/forged prescription blank in order to obtain a controlled substance. Mrs. Brandes-Falk was placed in hand cuffs, with proper spacing and double locked. Officer Stan searched her prior to placing her in the back of my marked Jupiter Police Department vehicle. I returned to Dr. Upson's office and he provided a copy of the email sent to his office by Mrs. Brandes-Falk containing a picture of the prescription. Mrs. Brandes-Falk was subsequently transported to the Jupiter Police Department holding cells.

After Mrs. Brandes-Falk was placed in a holding cell I returned and asked her if

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 7/1/21 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GILLIGAN, JAMES (1223) NAME OF OFFICER (PLEASE PRINT) 07/01/2021 DATE
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PAGE
2 of 3

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STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-002303		
	Charge Type: <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:				
Name (Last, First, Middle) BRANDES-FALK, KATE L				Alias	Race W	Sex F	Date of Birth 12/07/1985
<p>she is willing to speak further about the incident with Officer Stan and I. She stated she was. We led Mrs. Brandes-Falk to a nearby interview room. I read her Miranda warning again and she stated she understood each of her rights read to her. During the interview, Mrs. Brandes-Falk stated she talked to Dr. Lukenda about an upcoming back surgery she was going to have in a few weeks. She stated he gave her a stack of blank prescriptions and the one prescription for the Oxycodone. I showed her the original copy of the Oxycodone prescription that she gave to Dr. Upson's office and she confirmed this is the prescription Dr. Lukenda filled out, signed, and provided to her. I then showed her the copy of the emails exchanged between her and Dr. Upson's office. The email address exchange was between "k8brandes2@gmail.com"; she confirmed this is her email address and she sent the emails to Dr Upson. She continued, stating that Dr. Upson's office requested she send a picture of the Oxycodone prescription so she did so via email. After the interview, Mrs. Brandes-Falk was placed back in a Jupiter Police Department holding cell. Officer Stan contacted Dr. Lukenda and he stated that he did not give her prescription blanks and did not sign fill out the prescription for Oxycodone. Dr. Lukenda also stated that he does not know Mrs. Brandes-Falk and she has never worked for his office.</p> <p>Based on the above investigation I find probable cause that Kate L. Brandes-Falk did sell, manufacture, alter, deliver, utter, or possess any counterfeit-resistant prescription blank for controlled substances with intent to defraud any person, or to facilitate any violation of section 893.13, contrary to Florida Statute 831.311(1) and (2). (3 DEG FEL) (LEVEL 1)</p> <p>BWC footage of the above investigation exists. It should be noted that the above narrative is a summary of the BWC footage and not purported to be verbatim.</p>							
NOT A CERTIFIED COPY							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <u>S. Shaff #389</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>7/1/21</u> DATE				<u>302</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GILLIGAN, JAMES (1223) NAME OF OFFICER (PLEASE PRINT) 07/01/2021 DATE		
PAGE 3 of 3							

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CRIME ANALYSIS

P.I.O.



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>	(xvii) 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: 2021016125

Date: 7/02/21

Specialist Name/ID: J. Beck/9007