

ARREST / NOTICE TO APPEAR

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

3

JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 20-001461		Multiple Clearance Indicator	
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	
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address) 131 PALM AVE 36, JUPITER, FL 33477			
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) LUBRANO, WENDY ANN					Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 06/09/1959	Height 5'00	Weight	Eye Color BLUE	Hair Color BLONDE /	Complexion MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status M	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 8008 VIA HACIENDA, RIVIERA BEACH, FL 33418			(City)	(State)	(Zip)	Phone (561) 741-7137		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2
Permanent Address (Street, Apt. Number) 8008 VIA HACIENDA, RIVIERA BEACH, FL 33418			(City)	(State)	(Zip)	Phone (561) 741-7137		Address Source
Business Address (Name, Street) UNK,			(City)	(State)	(Zip)	Phone (561) 972-1495		Occupation Unk
D/L Number, State L165881597090 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) NY, United States Of		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)			
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 N. N/A P. Possess	S. Sell B. Buy 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 Other		
Charge Description FRAUD - USE ID OF ANOTHER PERSON W/O CONSENT \$5,000 OR MORE						Statute Violation Number 817.568(2)(B)		Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts	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
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		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Date Transported		Time Transported
Transported By						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)		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 CONTEMPT 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		
HOLD for Other Agency			Signature of Arresting Officer			Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest			Name of Arresting Officer (PRINT) HIRSCH, DANIELLE			(PRINT)		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other			I.D. # 0897					
Intake Deputy	I.D. #	Pouch #	Transporting Officer		I.D. #	Agency		PAGE 1 OF 1
Witness here if subject signed with an "X".								

20CF 6489

PROBABLE CAUSE AFFIDAVIT

1. Arrest
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JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 20-001461	
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						

Name (Last, First, Middle) LUBRANO, WENDY ANN	Alias	Race W	Sex F	Date of Birth 06/09/1959
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Charge Description 817.568(2)(B) FRAUD - USE ID OF ANOTHER PERSON W/O	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) BREKKE, MARK ALLEN	Race W	Sex M	Date of Birth 01/24/1951
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Local Address (Street, Apt. Number) 8008 VIA HACIENDA, RIVIERA BEACH, FL 33418	(City)	(State)	(Zip)	Phone (561) 512-5993	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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.

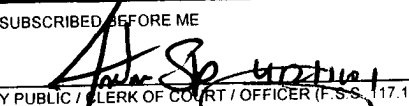

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **29** day of **June**, **2020** at **14:48** (Specifically include facts constituting cause for arrest.)

On 04/20/2020, I was assigned this case for further investigation. I spoke with the victim in this case, Mark Brekke who advised that in late March of 2020 he discovered a joint Synchrony Bank Care Credit account was opened in his name as well as his roommate, Wendy Lubrano's (06/09/1959) name.

Initially Brekke provided JPD Officer Gilligan a sworn statement on a recorded North County Communications line, this was not done in person due to the current Covid-19 outbreak. He stated that he discovered the Synchrony Bank credit account (reference account number [REDACTED]) when he noticed charges on his Bank of America checking account (account ending in [REDACTED]) that were sent to Synchrony Bank to make payments on the Synchrony account credit. Brekke stated that four payments totaling \$3,549.00 were taken from his Bank of America account and paid to the Synchrony account without his permission or knowledge. He contacted Bank of America and informed them he did not authorize this payment and was unaware of any account in his name with Synchrony Bank. Bank of America reimbursed Brekke the amount that was sent to Synchrony Bank. Brekke also called Synchrony bank and was informed that an account was created in his name on 07/25/2019. His roommate, Wendy Lubrano, who, at the time of the incident, shared a residence with him at 131 Palm Avenue, Unit 36 in Jupiter, was also named on the account. The account had \$19,999.84 in charges and maxed out at \$20,000. Brekke stated he did not authorize a Synchrony Bank credit account and was completely unaware that it existed. According to Brekke, he and Lubrano recently moved out of the Jupiter residence and now currently reside together at 8008 Via Hacienda, Riviera Beach, Fl., but stated that he would be moving out of that residence as well.

When I spoke with Brekke over the phone, Brekke stated Lubrano opened the account without his knowledge or permission, and also used his Bank of America checking account without his knowledge to make payments on the Synchrony account. He advised that he believed she obtained his BOA account and personal information from legal documents

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 07/02/2020 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER HIRSCH, DANIELLE (0897) NAME OF OFFICER (PLEASE PRINT) 07/02/2020 DATE	PAGE 1 OF 3
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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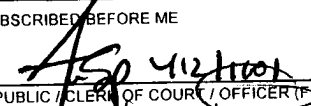


Name (Last, First, Middle) LUBRANO, WENDY ANN	Alias	Race W	Sex F	Date of Birth 06/09/1959
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stored in his room or that he received in the mail. He informed me that when he first discovered the fraudulent Bank of America charge he informed Lubrano of the Synchrony Bank credit account, and she stated that she opened a Synchrony credit account in 2019. When he later received the fraud paperwork to fill out for Synchrony Bank, he found that Wendy Lubrano's name was on the account as well. He advised that he confronted her about it, she cried and told him that she was going to pay him back for the money that came out of his BOA account to make payments on the Synchrony Bank account. He told her he was reporting it to the police. He also stated that several of the transactions from the Synchrony credit account occurred in Jupiter, Fl. Brekke provided statements from both Synchrony and Bank of America regarding the fraudulent charges and account. The following is a list of the charges and payments made on the Synchrony credit account:

- 08/22/2019-\$10,803 at Plastic Surgery Institute
- 09/11/2019-\$786.00 at Higham Sauchelli DMD
- 09/14/2019- (-) \$451.00- Payment made to Synchrony
- 09/18/2019-\$756.00 at Higham Sauchelli DMD
- 10/02/2019- \$142.93 at Plastic Surgery Institute
- 10/11/2019-(-) \$502.00- Payment made to Synchrony
- 11/13/2019-\$6000.00 at Higham Sauchelli DMD
- 01/14/2020-(-) \$1302.00- Payment made to Synchrony from Brekke's BOA account
- 02/13/2020-(-) \$752.00- Payment made to Synchrony from Brekke's BOA account
- 02/21/2020-(-) \$751.00- Payment made to Synchrony from Brekke's BOA account
- 02/24/2020-\$2000.00 at Higham Sauchelli DMD
- 03/16/2020-(-) \$744.00- Payment made to Synchrony from Brekke's BOA account
- 03/18/2020-\$1540.00 at Jupiter Dermatology

I spoke with Dr. Sauchelli who confirmed that Wendy Lubrano made the four charges that were listed on the Synchrony credit statement. I also spoke with The Slim Health Center who confirmed that Wendy Lubrano also made the \$1500 charge on 09/28/19. I spoke with the office manager at Jupiter Dermatology, while she did confirm a \$1540 charge on 03/18/20, she did not want to reveal the patient who made the charge for fear of HIPA violation. I contacted Plastic Surgery Institute regarding the two charges on the Synchrony account in 2019. They advised they would check and get back with me, but did not.

I sent a subpoena to Synchrony Bank for information regarding the opening of the credit account, including the IP address used. The subpoena results show that the account was opened on 07/29/2019 with a credit limit of \$20,000. The principal name on the account was Mark Brekke and the secondary name was Wendy Lubrano. The date of birth and social security numbers of both names were provided. The contact number on the account was listed as (561) 972-1495 and the email address for the account was listed as wendy.lubrano@yahoo.com, both of which belong to Wendy Lubrano. The address on the account was P.O Box 4384 Tequesta, FL. 33469, which is Brekke's P.O Box. The IP address captured when from the account was 76.110.217.1, which is serviced by

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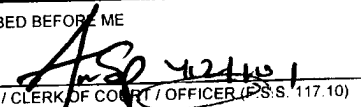
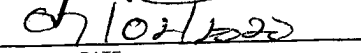
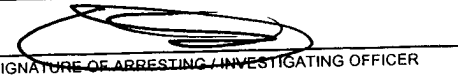
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Comcast. Brekke advised that he had Comcast as his service provider while residing with Lubrano in Jupiter, and that the account was under his name.

I called Lubrano's phone number in an attempt to speak to her about this case. There was no answer so I left a message. I later received a call from Attorney Josh Danz. Lubrano did not wish to make a statement regarding this case.

Based on my above described investigation, I believe probable cause exists to charge Wendy Lubrano (w/f, 06/09/59) with FRAUDULENT USE OF PERSONAL I.D. INFORMATION (\$5,000 or more) as she did willfully and without authorization fraudulently use, or possess with the intent to fraudulently use, personal identification information concerning Mark Brekke without first obtaining Mark Brekke's consent, and the pecuniary benefit, the value of the services received, the payment sought to be avoided, or the amount of the injury or fraud perpetrated was \$5,000 or more contrary to Florida Statute 817.568 (2) (b) .

NOT A CERTIFIED COPY

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