

0498792

18CF5382

1645

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18082467						
	Charge Type: Check as many as apply		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 <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No None		Multiple Clearance Indicator 02						
	Location of Arrest (Including Name of Business) 7753 Lake Worth Road, Lake Worth, FL 33463				Location of Offense (Business Name, Address) 7753 Lake Worth Road, Lake Worth, FL 33463								
	Date of Arrest 06/05/2018	Time of Arrest 1535	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
Name (Last, First, Middle) Sablon, Katherine, Alexis								Alias (Name, DOB, Soc. Sec. #, Etc.)					
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 07/23/1999	Height 4'11	Weight 90	Eye Color Brown	Hair Color Black	Complexion Light	Build Small				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo of gas mask on right arm				Marital Status Single		Religion None		Indication of Alcohol/Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) 1254 Sw 116th Ave, Davie, FL 33325				Phone (954) 937-8822		Residence Type 1. City 2. County 3. Florida 4. Out of State 3		Address Source DAVID				
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Occupation Unemployed						
	Business Address (Name, Street) (City) (State) (Zip)				Phone								
	DA Number, State S145501997630, FL				INS Number N/A		Place of Birth (City, State) Miami-Dade County, FL		Citizenship U.S. Citizen				
CO-DEF	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
JUVENILE	Parent Legal Custodian Name (Last) (First) (Middle) (FNU)		Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone								
	Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone								
	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	Drug Activity N. N/A P. Possess		S. Sell T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Product/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Opium	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description ACQUIRE/OBTAIN CONTROLLED SUB BY MISREPRESENTATION		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 893.13(7A) (7E) 1500		Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N	Amount / Unit Pbenergan / Codeine	Offense # 18082467	Warrant / Capias Number		Bond						
	Charge Description FRAUDULENTLY CREATES, USES OR POSSES COUNTERFEIT PERSONAL		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 817.568 (9) 4500		Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense # 18082467	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
CHARGE	Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond						
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #						
NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600												
	Court Date and Time Month _____ Day _____ Year _____ Time _____ AM _____ PM _____												
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 06/05/2018													
Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed			
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer x Dk Mh				Name Verification (Printed by Arrestee)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) D/S M. Avila #25488		I.D. # 25488		(PRINT)						
	Initials Date		Pouch #		Transporting Officer D/S M. Avila		ID # 25488		Agency PBSO		Witness here if subject signed with an "X"		

PS80 (1-14) REV. 1/97

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

SCANNED
JUN 06 2018

AM 6:44

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-18082467	
ADMIN	Charge Type: Check as many as apply.		Special Notes			
	<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			
DEF	Name (Last, First, Middle) Sablon, Katherine, Alexis		Alias	Race W	Sex F	Date of Birth 07/23/1999
CHARGES	Charge Description ACQUIRE/OBTAIN CONTROLLED SUB BY MISREPRESENTATION 893.13(7A9)		Charge Description FRAUDULENTLY CREATES, USES OR POSS. COUNTERFEIT PERSONAL 817.568 (9)			
VICTIM	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 Retail			
<p>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</p> <p><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.</p> <p><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.</p> <p>On the 5th day of June 2018 at 1418 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Tuesday, June 5th, 2018 at approximately 1418 hours, I responded to P and M Pharmacy (located at 7753 Lake Worth Road, Lake Worth, FL 33463) in reference to a fraudulent prescription. The complainant, Sophia Jimenez an employee advised the subject that dropped off the fraudulent prescription was still inside the lobby.</p> <p>Upon arrival, I made contact with the suspect, identified as white female, Katherine Sablon (DOB:07/23/1999) and the pharmacist, Shallesh Shah in the lobby of the pharmacy. Shah provided the prescription that displayed Moises Issa, M.D. and had been filled on 06/01/2018. The prescription displayed Phenergan/Codeine and DEA# BI7127178. Shah advised that he faxed over the prescription to the doctors office at which time they confirmed that the prescription was fraudulent. The doctors office also advised that they have no records of Sablon ever being a patient at their office as they searched her by name, date of birth and even checked on 06/01/2018 when the prescription was allegedly created.</p> <p>I read Sablon her Miranda warnings at which time she explained the following (not verbatim):</p> <p>She had a cough and on 06/01/2018 at unknown time she went to see Dr. Issa. She advised that doctor Issa was a female and gave her the prescription. Yesterday she went to Lion Country Safari and on the way back home, she decided to drop the prescription off at P & M Pharmacy. Today her and her friend obtained an Uber to bring them back to P & M Pharmacy to pick up her medication. She did not know the prescription was fraudulent.</p> <p>I called Dr. Issa's office and spoke to receptionist Ruth. I again confirmed that they did not have any records of Sablon being a patient at their office.</p> <p>Based on the above facts, I found probable cause to charge Sablon with the Obtaining a Controlled Substance by Misrepresentation pursuant to F.S.S. 893.13(7A9) and Identity Theft pursuant to F.S.S. 817.568 (9). Sablon was advised she was under arrest at which time she was placed into handcuffs (checked for tightness and double locked). As I began escorting Sablon to my patrol vehicle, she utterly stated, "Well I tried." I placed Sablon into the backseat of my patrol vehicle while the dash camera was recording. I again read Sablon her Miranda Warnings at which time she explained her side of the story. Sablon was later transported to the Palm Beach County Jail.</p>						
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S M. Avila #25488			
	<i>(Signature)</i>					
	(Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>5th</u> day of <u>June</u> 20 <u>18</u> by <u>D/S M. Avila</u>					
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced		PBSO ID			
	<u>D/S A. Palacio #14993</u>					
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)					
						PAGE 1 OF 1



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 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"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018018780	Date: 6/6/2018
	Specialist Name/ID: M. Tooks #8557

SCANNED
 JUN 06 2018