

0492312

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

NR NOV 9 10 8 - 3091

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		Arrest Request For Warrant 2. N.T.A.		Request For Capias 4.		Juvenile <b>1</b>		<b>N</b>							
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"/>		If Weapon Seized Enter Type		Multiple Clearance Indicator <b>0 2</b>					
Location of Arrest (Including Name of Business) <b>12750 S Military Trail Lake Worth, FL (CVS) 33467</b>						Location of Offense (Including Name of Business) <b>12750 S Military Trail Lake Worth, FL (CVS) 33467</b>															
Date of Arrest <b>10/03/2017</b>		Time of Arrest <b>2:50 PM</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>Salvin Rebecca Leah</b>				Alias (Name, DOB, Soc. Sec. #. Etc.) <b>/</b>																	
Race W - White 1. American Indian B - Black 0. Oriental/Asian		Sex <b>F</b>		Date of Birth <b>07/27/1989</b>		Height <b>5'7</b>		Weight <b>120</b>		Eye Color <b>Blue</b>		Hair Color <b>Blonde</b>		Complexion <b>Med</b>		Build <b>Slim</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>											
Local Address (Street, Apt. Number) <b>13051 Anthrone</b>				City <b>Boyton Beach</b>		State <b>FL</b>		Zip <b>33467</b>		Phone <b>305-619-1416</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State		<b>2</b>							
Permanent Address (Street, Apt. Number)				City		State		Zip		Phone		Address Source <b>Verbal</b>									
Business Address (Street, Apt. Number)				City		State		Zip		Phone		Occupation <b>Business Owner</b>									
D.L. Number, State <b>S415-732-89-767-0</b>		Social Security Number				INS Number		Place of Birth <b>Newton Wellesley, Mass</b>		Citizenship <b>US</b>											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)						Phone													
Address (Street, Apt. No.)				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 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 561-355-2526) informed of any address change								School Attended				Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property													
Drug Activity N. N/A P. Possess		S. Sell 8. Buy T. Traffic		R. Smuggle 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		P. Paraphernalia/ Equipment		U. Unknown Z. Other	
Charge Description <b>Uttering a Forgery</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>831.02</b>				Violation or ORD. #									
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>17-134888</b>		Warrant/Capias Number				Bond									
Charge Description <b>Attempt to obtain controlled substance by fraud</b>				Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>893.13(7)(a)(9) B</b>				Violation or ORD. #									
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>17-134888</b>		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation or ORD. #									
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
Location (Court, Address, Room Number)																					
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>																					
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 Name <b>SCANNED</b>				Signature of Arresting Officer <b>D/S Z. Hall</b>				Name Verification (Printed by Arrestee) <b>DCT 3 PM 5:15</b>													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer <b>D/S Z. Hall</b>				ID # <b>29819</b>													
Intake Deputy <b>D/S B. SHATARA #7623</b>				ID # Pouch #				Transporting Officer <b>D/S Fecteau #26743</b>				Agency <b>PBSO</b>									
Witness here if subject signed with an 'X'														Page <b>1 of 1</b>							

1-3,000  
2-3,000

NOT A

2017 OCT 14 PM 5:29  
PALS BEACH COUNTY SHERIFF'S OFFICE  
CLERK

FILED

OCT 04 2017

CIRCUIT & COUNTY COURTS

CLERK

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest	3. Request For Warrant	1	Juvenile	N
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>17-134888</b>		
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									
Defendant Name (Last, First, Middle) <b>Salvin Rebecca Leah</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>07/27/1989</b>		
Charge <b>Uttering a Forgery</b>					Charge <b>Attempt to obtain controlled substance by fraud</b>				
Victim Name (Last, First, Middle) <b>State of Florida</b>					Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone		Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
The undersign 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 <u>0</u> who told _____ that he/she saw the arrested person commit the below acts.				
<input checked="" type="checkbox"/> confessed to admitting to the below facts.					<input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.				
On the <u>3</u> day of <u>October</u> 20 <u>17</u> at <u>1504</u>					<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM				

D/S Freeman and I responded to CVS 12750 Military Trail Boyton Beach, Fl 33436 in reference to prescription fraud.

Upon arrival I was meet at the front door by a Pharmacy staff member who walked me back to the Pharmacy counter. As we got to the counter I saw a white female later identified as Rebecca Salvin. The Pharmacy staff member pointed to Rebecca as the subject attempting to fill the prescription for Adderall.

As I walked up to the counter where Rebecca Salvin was standing I asked her if she knew why we were there and she admitted she filled the prescription out herself because she did not want to drive to Miami to get her doctor to do so.

Pharmacy staff advised me that they made contact with Doctor Jason M. Zannis, D.O. who was the doctor listed on the prescription, at which time he told them he did not have any patients with that name of Rebecca Leah Salvin.

Post Miranda Rebecca stated that her friends gave her a prescription slip which she admitted to filling out herself for 60 30 MG of Adderall pills. Rebecca also admitted to signing the doctors name to the same prescription. Rebecca said that she has seen Dr. Zannis's signature before and forged it to the prescription.

Based on the above investigation Rebecca Salvin is in violation of F.S.S. 831.02. Rebecca did utter and publish as true to CVS Pharmacy a false, forged Dr. Zannis prescription knowing the same to have been false with the intent to obtain the Adderall medication. Rebecca is also in violation of F.S.S. 893.13(7)(a)(9). Rebecca did attempt to obtain possession of Adderall a schedule two controlled substance by misrepresentation, fraud or forgery.

The foregoing instrument was sworn to and affirmed before me on the <u>3</u> day of <u>October</u> 20 <u>17</u> , by:	
<b>D/S J. Freeman 18327</b>	<b>D/S Z. Hall 29819</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <u>1</u> of <u>1</u>	