

IN THE CIRCUIT/COUNTY COURT IN THE FIRST JUDICIAL CIRCUIT IN AND FOR WALTON COUNTY, FLORIDA

ARREST REPORT

WALTON COUNTY SHERIFFS OFFICE

REPORT NO: WCSO14ARR003785

Jail Booking No	Offense No WCSO14OFF003843	Other No WCSO14CAD086360	OBTS
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[SUSPECT]

Last First Middle Title Race Sex DOB Age Hgt Wgt
ZAGORSKY AMY LYN W F 12/15/1974 39 5'08" 150

Eyes Hair MNI Number SSN ID.No. St Type OCA/Agency ID
BLU BLN WCSO14MNI008846 [REDACTED]

Birth Location: City: MONTGOMERY County: State: AL Nation: UNITED ARAB EMIRATES Citizenship: UNITED STATES

Address

7210 ANTOINETTE CIR NAVARRE FL 32566

Occupations (Current/Last Known is Listed First)

Business: , Job Title: , Entered: 6/27/2014

Aliases (Last, First Middle Title DOB)

* none found in MNI *

Street Names

* none found in MNI *

[INCIDENT INFORMATION]

Occurred Date Range: 6/27/2014 12:00 to 6/27/2014 14:00 Lat / Long 30.37501 / -86.15984
No. Di Street Apt/Lot City ST Zip (GEO)
536 RICKER AVE SANTA ROSA BEACH FL 32459 3 - 3B - POWA -

[CHARGES]

812.014.2c1

LARC

THEFT IS 300 OR MORE BUT LESS THAN 5000 DOLS

<u>Counts</u>	<u>Level</u>	<u>Degree</u>	<u>GOC</u>	<u>UCR</u>	<u>NCIC</u>	<u>AON</u>	<u>Bond Amount</u>
1	Felony	Third	Principal			2399	

[STATEMENT OF PROBABLE CAUSE / NARRATIVE]

On 07/11/2014, the Defendant Amy Lyn Zagorsky while working in Victim Lynn Conklin's personal residence did enter the bathroom medicine cabinet and steal 6 prescription Hydrocodone tablets prescribed to and owned by the Victim. The theft was confirmed by a pill count made by this deputy prior to the Defendant arriving at the residence and again immediately after the Defendant exited the bathroom.

The Defendant was confronted by this deputy and post Miranda Warning did admit that she had committed the theft and did produce the 6 missing pills from her pants pocket. The Defendant did complete a sworn written voluntary admission stating she was currently experiencing medical issues and stole the pills for self medicating purposes.

Based on the location of the missing prescription medication and the Defendant's verbal and written admission to the theft, I placed her under arrest for one count of "Theft of Prescription Medication" Florida State Statute 812.014 (4 c 13). This offense did occur in Walton County Florida.

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge and belief.

Signature (Arresting Officer) COKONOUGH, BRIAN 320
Name ID/SSN

Subscribed and sworn to (or affirmed) before me this 16 day of July A.D., 2014 by _____

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who is personally known to me or has produced _____ as identification.

Signature _____ Notary Public _____ LEO _____ CO

Commission No: _____ My Commission Expires _____

[PHYSICAL EVIDENCE] [NO PHYSICAL EVIDENCE LISTED]

[ARREST INFORMATION]

Arrested	Residency	Injured	Extent of Injury	Resist
6/27/2014 13:35	Within state	None	N/A	No
		Arrested Prior	Arrest Jurisdiction	Alcohol
		No	Within jurisdiction	No
No.	Di	Street	A/L	City
536		RICKER AVE		SANTA ROSA BEACH FL
				ST
				Zip
				32459
				Lat / Long
				30.37501 / -86.15984
Arresting Officer		Unit	(GEO)	3 - 3B - POWA -
320 COKONOUGH, BRIAN		PATROL SHIFT C		Officer Type
Reporting Officer		Unit		Original Offense Jurisdiction
320 COKONOUGH, BRIAN		PATROL SHIFT C		WCSO
Forward to for approval				
DAVE ROBSON				

Bond Set by LEO at Time of Arrest & Booking: \$0.00

() None () Pro

() ROR

() Cash

() Any

() Pre Trial If Qualify

Bond Set by Judge () None () ROR/Sign

() Cash () PTR

() Any

() Pro

() PtrIQ

() Purge _____

() SC _____

Return Court: _____ Date: _____ Time: _____

Instructions: _____

[DISPOSITION]

<u>Disposition Type</u>	<u>Release Type</u>	<u>Other Desc</u>
<u>Release Date</u>	<u>Release Time</u>	<u>Release Officer</u>
		<u>Printed</u>
		<u>Printed By</u>
		No

Released To

<u>Court DispositionType</u>	<u>Court Disposition Description</u>
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[ADDITIONAL PERSONS]

[VICTIM]

Last First Middle Title Race Sex DOB Age Hgt Wgt
CONKLIN LYNN C W F 4/14/1951 63 5'04' 110

Eyes Hair MNI Number SSN ID. No. St Type OCA/Agency ID
BLU BRO WCSO13MNI006601

Birth Location: City: MILWAUKEE County: State: WISCONSIN Nation: UNITED STATES Citizenship: UNITED STATES

Address

536 RICKER AVE SANTA ROSA BEACH FL 32459

Occupations (Current/Last Known is Listed First)

* none found in MNI *

WITNESS STATEMENT

Last First Middle Title R S DOB
ZAGORSKY AMY LYN W F 12/15/1974

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge and belief.

ID / SSN ZAGORSKY , AMY LYNN

WITNESS STATEMENT

Last First Middle Title R S DOB
CONKLIN LYNN C W F 04/14/1951

I hereby swear (or affirm) that the facts established on this affidavit are true and correct to the best of my knowledge and belief.

ID / SSN CONKLIN , LYNN C

COURT DISPOSITION:

(right index)

No Bill / Petition Issue Warrant Prosecution Approved

Signature of Assistant State Attorney Date