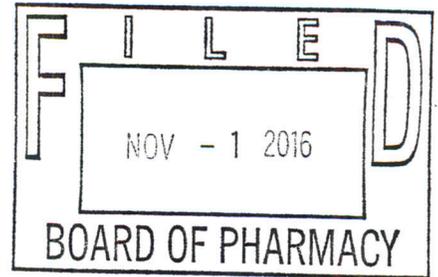


CHRISTOPHER PORRINO
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the New Jersey State Board of Pharmacy



BY: Megan Cordoma
Deputy Attorney General
(973) 648-4730

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PHARMACY

IN THE MATTER OF THE
REGISTRATION OF

Casey A. Wengerter

REGISTRATION No: 28RW02773200

TO PRACTICE AS A PHARMACY
TECHNICIAN IN THE STATE OF
NEW JERSEY

Administrative Action

- PROVISIONAL ORDER OF
DISCIPLINE
- FINAL ORDER OF
DISCIPLINE (Finalized by
default on _____)

This matter was opened to the New Jersey State Board of Pharmacy (hereinafter "the Board") upon receipt of information which the Board has reviewed and on which the following preliminary findings of fact and conclusions of law are made:

FINDINGS OF FACT

1. Casey A. Wengerter ("Respondent") is a registered pharmacy technician in the State of New Jersey and has been registered at all times relevant hereto. (Certification of Executive Director attached and made a part hereof Exhibit 1).

2. The Board of Pharmacy received a certified copy of a police report indicating that Respondent was arrested on September 14, 2016 by the River Vale Police Department and charged with: possession of controlled dangerous substances and unlawful taking, in violation of N.J.S.A. 2C:35-10A(1) and N.J.S.A. 2C:20-3A. (Exhibit 1).

3. In a written statement given to her employer, Rite Aid Pharmacy, Respondent admitted that she removed a 100 count bottle of quetiapine 50mg and a 100 count bottle of Xanax 1mg from the pharmacy without a prescription. She stated that she planned to give the medication to a family member who was unable to obtain a prescription. (Exhibit 1).

CONCLUSIONS OF LAW

The Board provisionally finds that Respondent's unauthorized taking and possession of drugs, including controlled dangerous substances, provides grounds to take disciplinary action against Respondent's registration to practice pharmacy in New Jersey pursuant to N.J.S.A. 45:1-

21(b), (e), and (f) in that Respondent has engaged in the use or employment of dishonesty, deception, and misrepresentation; in professional misconduct; and in acts constituting a crime or offense of moral turpitude and/or relating adversely to the activity regulated by the Board.

IT IS, therefore, on this 1st day of November, 2016,

ORDERED that:

UPON THE FILING OF A FINAL ORDER IN THIS MATTER

1. Respondent's registration to practice as a pharmacy technician is suspended for a minimum period of five (5) years from the date of the Final Order, and until further order of the Board.

2. Respondent shall immediately cease and desist from engaging in practice as a pharmacy technician, which includes, but is not limited to the following: Respondent shall not retrieve prescription files or patient files; shall not prepare medication labels; shall not engage in data entry for any pharmacy, shall not count, weigh, measure, pour or compound prescription medication or stock legend drugs and controlled substances; shall not fill an automated medication system; shall not accept authorization for a prescription refill or renewal; shall not handle anything requiring prescription, including devices and medications; Respondent shall not handle

prescriptions; and shall not be present within a prescription filling area of a pharmacy.

3. Respondent shall immediately surrender her original registration to the Executive Director of the Board by mailing same to Anthony Rubinaccio, Executive Director, Board of Pharmacy, P. O. Box 45013, Newark, New Jersey 07101.

4. Prior to any restoration of registration, Respondent shall:

a. Appear before the Board or a committee thereof to discuss her readiness to re-enter practice as a pharmacy technician. At that time Respondent shall be prepared to propose her plans for future practice in New Jersey and demonstrate evidence of rehabilitation to the Board's satisfaction.

b. Affirmatively establish her fitness, competence and capacity to re-enter the active practice of pharmacy technician.

c. Provide the Board with a full account of her conduct during the intervening period of time from the entry of this Order to her appearance pursuant to this Order.

d. Provide documentation of successful completion of all application requirements including a Criminal History Background Check and payment of all reinstatement fees.

5. If Respondent's registration to practice as a pharmacy technician is reinstated, the Board, in its discretion, may impose any conditions or restrictions it deems necessary to protect the public health, safety and welfare.

6. Any practice in this State prior to such reinstatement shall constitute grounds for a charge of unlicensed practice.

7. The within order shall be subject to finalization by the Board at 5:00 p.m. on the 30th day following entry hereof unless Respondent requests a modification or dismissal of the above stated Findings of Fact or Conclusions of Law by:

a) Submitting a written request for modification or dismissal to Anthony Rubinaccio, Executive Director, State Board of Pharmacy, 124 Halsey Street, P.O. Box 45013, Newark, New Jersey 07101.

b) Setting forth in writing any and all reasons why said findings and conclusions should be modified or dismissed.

c) Submitting any and all documents or other written evidence supporting Respondent's request for consideration and reasons therefor or offered in mitigation of penalty.

5. Any submissions will be reviewed by the Board and the Board will thereafter determine whether further proceedings are necessary. If no material discrepancies are raised through a supplemental submission during the thirty-day period, or if the Board is not persuaded that the submitted materials merit further consideration, a Final Order of Discipline will be entered.

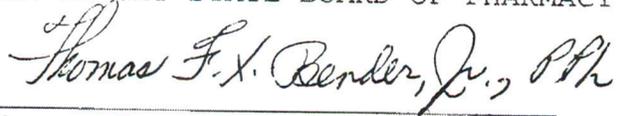
6. In the event that Respondent's submissions establish a need for further proceedings, including, but not limited to an evidentiary hearing, Respondent shall be notified with regard thereto. In the event that an evidentiary hearing is ordered, the preliminary findings of fact and conclusions of law contained herein may serve as notice of the factual and legal allegations in such proceeding. Further, in the event a hearing is held and upon review of the record, the Board shall not be limited to the findings, conclusions, and sanctions stated herein.

7. In the event that the Board receives no written submission from Respondent within 30 days following the filing of this Provisional Order of Discipline, without further Board review the Provisional Order of Discipline shall automatically become the Final Order of Discipline. All referenced preliminary Findings of Fact and Conclusions of Law and all provisional sanctions or penalties imposed by this Order shall automatically be in effect and become the Final Decision and Order of the Board. The box for Final Order of Discipline shall be checked, the Final Order of Discipline shall be filed, and copies shall be mailed to Respondent at the address of record with the Board. Thereafter, Respondent's failure to comply with any sanction or penalty imposed by this Order shall be considered a violation of

a Board Order in contravention of N.J.S.A. 45:1-21 (e) and (h) and N.J.A.C. 13:45C-1.4 and may subject Respondent to additional sanction and/or penalty.

NEW JERSEY STATE BOARD OF PHARMACY

By:



Thomas F.X. Bender, R.Ph.
Board President

EXHIBIT 1

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY

IN THE MATTER OF THE LICENSE OF

Casey A. Wengerter
LICENSE NO.: 28RW02773200

TO PRACTICE AS A PHARMACIST
IN THE STATE OF NEW JERSEY

CERTIFICATION OF
ANTHONY RUBINACCIO

I, Anthony Rubinaccio, being of full age, hereby certify:

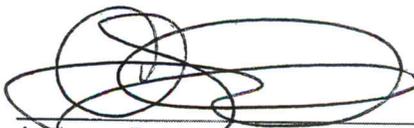
1. I am the Executive Director for the New Jersey Board of Pharmacy ("the Board"), Division of Consumer Affairs, Department of Law and Public Safety. As such, I am a custodian of the records for the Board.

2. I directed a search of the official records of the Board which revealed the above captioned individual holds an active registration to practice as a pharmacy technician in the State of New Jersey. See Exhibit A.

3. The Board received a flagging notice indicating that the above captioned individual was arrested on September 14, 2016 by the River Vale Police Department for violating N.J.S.A. 2C:20-3A [Theft by unlawful taking] and N.J.S.A. 2C:35-10A(1)[Possession Of Controlled Dangerous Substance Or Analog]. (See Exhibit B, Flagging Notice dated September 15, 2016 attached hereto).

4. On or about October 17, 2016, in response to a routine request from the Criminal History Review Unit, the Board of Pharmacy received a certified copy of a police report regarding the above referenced individual. (See Exhibit C).

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.



Anthony Rubinaccio
Executive Director
New Jersey Board of Pharmacy

DATE: 11/11/16

EXHIBIT A

Person Facility
Search | Clear

Search Results

Person	Address	License Number	Status
Wengert, Casey A Pharmacy Technician	[REDACTED]	28RW02773200	Active

Person

Last Name: Wengert
First Name: Casey
Middle Name: A
Date of Birth: [REDACTED]
Address Line 1: [REDACTED]
Address Line 2: [REDACTED]
City, State, Zip: [REDACTED]
SSN: [REDACTED]
Gender: F
Registration Code: 51812230

License

Profession: Pharmacy
License Type: Pharmacy Technician
License Number: 28RW02773200
Applicant Number: 1922514
Issue Date: 05/06/2016
Obtained By: Web Application
Status: Active
Date This Status: 05/06/2016
Reason Changed: License Issuance
Expiration Date: 08/31/2018
Date Last Renewal: 08/31/2016

Employment

Employer Name	Start Date	End Date	Position Name
No Data			

Exam

Exam Type	Exam Date	Expiration Date	Candidate Number
No Data			

Person Photo ID

There is no Photo Id document

Previous Licenses

Previous License State	Previous License Number	Issue Date
No Data		

Dependent Licenses

License Status	License No	Expiration Date	License Address
No Data			

EXHIBIT B



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit



CHRISTOPHER S. PORRINO
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 186
Trenton, NJ 08625
(609) 826-7184

FLAGGING

September 15, 2016

To: Pharmacy Technicians Committee

REF: Casey A. Wengerter

DOB: 07/15/1986

SS#: 156-88-7152

Applicant #: 1922514

As a result of the Flagging System, the following information has been revealed:

The above individual was arrested on 09/14/16, by River Vale Police Department, for 2C:35-10A(1), Possess Controlled Dangerous Substance or Analog, 2 Counts 2C:20-3A, Theft by Unlawful Taking/Disposition. Agency Case # 2016-5528.

Please contact this office at 609-826-7126 if you have any questions, concerning the above or dispute any of this information.

Sincerely,
Louis J. Krofka, Chief
Criminal History Review Unit (J.Mc.)

EXHIBIT C

River Vale Police Department
 334 Rivervale Road
 River Vale, NJ 07675
 Phone: (201) 864-1111
 Fax: (201) 358-7750



Fax

To: Alexander Jucoski Jr.	From: Sgt. Gary Blumenthal # 40
Fax: 609-826-7194	Pages: 21 (Including cover page)
Phone:	Date: October 13, 2016
Re:	CC:

Urgent
 For Review
 Please Comment
 Please Reply
 Requested Info

• **Comments:**

Attached please find copies of reports regarding Ms. Casey Wengerter. Should you need any additional information, please do not hesitate to contact me.

Sgt. Gary Blumenthal

CONFIDENTIALITY NOTE

The documents accompanying this telecopy transmission contain information from the River Vale Police Department which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, accompanying distribution or the taking of any action in the reliance on the contents of this telecopied information is strictly prohibited, and that the documents should be returned to this department immediately in this regard. If you received this telecopy in error, please notify us by telephone immediately so that we can arrange for the return of the original documents to us at no cost to you.



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit



CHRISTOPHER S. PORRINO
Acting Attorney General

STEVE C. LEE
Director

CERTIFICATION

STATE OF NEW JERSEY
COUNTY OF: BERGEN

Mailing Address:
P.O. Box 100
Trenton, NJ 08625
(609) 826-7184

I hereby certify that the attached documents consisting of

2016 - 005528

are true and accurate copies of those files within our agency/department.

[Signature]
Signature

10/12/16
Date

SGT. GARY BLYMENTHAL
(Print Name)

SGT / RECORDS
(Position/Title)



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit



CHRISTOPHER B. PARRINO
Acting Attorney General

STAVIS O. LEE
Director

September 27, 2016

River Vale Police Department
Bergen, NJ
Attn: Martha - Records

Fax Number: (201) 358-7750

Mailing Address:
P.O. Box 188
Trenton, NJ 08625
(609) 828-7184

The Criminal History Review Unit (CHRU) provides criminal history background check information and related services to thirty-five (35) Professional Licensing Boards and Committees here in New Jersey. The information provided to us from the New Jersey State Police and Federal Bureau of Investigation (FBI) through a fingerprint based criminal history background check is reviewed in detail by CHRU investigators and then forwarded to the respective Board or Committee concerning their requesting licensing applicant.

We received an arrest notification from the New Jersey State Police for the following individual who is a licensed professional here in New Jersey. The arrest notification we received indicated this individual was arrested on 9/14/16 by the River Vale Police Department for 2C:35-10A(1), Possession CDS/Analog - Schedule I, II, III and 2C:20-3A, Theft by Unlawful Taking. Here are the particulars on the arrested individual:

NAME: CASEY A. WENGERTER DOB: [REDACTED] SSN: [REDACTED]

LISTED ADDRESS: [REDACTED]

We are requesting Certified Copies of the Police Report(s) and Narrative(s) from your office in order to better understand the circumstances involving this arrest. Please fax or e-mail the Police Report(s), Narrative(s), etc. to our office, then mail us a copy of those same report(s), narrative(s) including the completed Certification Form. You may use the attached Certification, if you do not have your own department certification form or stamp. My e-mail address is jncoski@dcn.lps.state.nj.us.

Please contact me at (609) 826-7126 if you need any additional information or have any questions concerning this request. The requested information can be faxed to my attention at (609) 826-7194. Our mailing address is the P.O. Box at the top right corner of this letter. Thank you for your time and cooperation in this matter.

Very truly yours,
Louis Kroska, Chief
Criminal History Review Unit

By: Alex J. Incoski
Alexander J. Incoski, Jr.
Investigator
Criminal History Review Unit

RIVER VALE POLICE OPERATION REPORT

1. COMPLAINANT NUMBER I-PD-2016-005528		2. NATURE OF INCIDENT THEFT		3. Date 09/14/2016		4. TIME 16:47		5. CLASSIFICATION		
6. VICTIM - <input type="checkbox"/> COMPLAINANT - <input type="checkbox"/> ACCUSED - <input checked="" type="checkbox"/> LAST NAME WENGERTER				FIRST NAME CASEY				MI A	DOB [REDACTED]	
7. ADDRESS [REDACTED]		UNIT TYPE	UNIT #	CITY [REDACTED]		STATE NJ	ZIP 07630-		8. PHONE [REDACTED]	
8. LOCATION OF INCIDENT 654 WESTWOOD AVENUE A, RIVER VALE NJ 07675										
10. REPORTED BY (LAST NAME) RICCIO				FIRST NAME JOE		MI	RADIO <input type="checkbox"/>	PHONE <input checked="" type="checkbox"/>	VIEW <input type="checkbox"/>	OTHER <input type="checkbox"/>
11. ADDRESS 654 WESTWOOD AVENUE		UNIT TYPE	UNIT #	CITY RIVER VALE		STATE NJ	ZIP 07675		12. PHONE 201-664-6900	
13. WITNESS - OTHER - AGENCY (LAST NAME)				FIRST NAME		MI	TIME NOTIFIED		DOB	
14. ADDRESS		UNIT TYPE	UNIT #	CITY		STATE	ZIP		PHONE	
15. ACTION TAKEN <p>ON THE ABOVE DATE AND TIME, SGT. BLUMENTHAL AND MYSELF WERE DISPATCHED TO THE ABOVE ADDRESS ON THE REPORT OF A POSSIBLE THEFT. UPON MY ARRIVAL, I WAS DIRECTED TO THE REAR OF THE RITE AID STORE IN THE "EMPLOYEE ROOM" WHERE JOE RICCIO (RITE AID LOST PREVENTION) AND CASEY WENGERTER (SUSPECT) WERE LOCATED. UPON ENTERING THE ROOM, JOE HAD STATED TO ME THAT HE TOOK A WRITTEN STATEMENT FROM CASEY AND HAD VIDEO OF HER REMOVING ONE BOTTLE CONTAINING 100 1MG TABLETS OF XANAX (COST \$594.95) AND ONE BOTTLE CONTAINING 100 50MG TABLETS OF QUETIAPINE (COST 656.06).</p> <p>CASEY WAS READ HER MIRANDA WARNINGS AND TRANSPORTED TO THE RIVER VALE POLICE DEPARTMENT IN THE REAR OF CAR 51.</p> <p>MR. RICCIO RESPONDED TO THE POLICE DEPARTMENT AND PROVIDED A STATEMENT AND A THUMB DRIVE CONTAINING VIDEO SURVEILLANCE.</p> <p>CASEY WAS PROCESSED AND CHARGED WITH: 2C:35-10a POSSESSION OF CDS (0253-S-2016-000054) 2C:20-3a THEFT (0253-S-2016-000054) CASEY WAS GIVEN A COURT DATE OF 9/28/2016 AT 08:30 AM IN HACKENSACK.</p>										
16. REPORTING OFFICER POLICE OFFICER GUGLIELMOTTI, SIGNATURE			17. BADGE # 61	19. HOURS 19:43	18. DATE 09/14/2016	20. REVIEWED LIEUTENANT RYAN, ROBERT		21. PENDING	22. COMPLETED	

Ru-3

RITE AID CORPORATION STATEMENT FORM

4:16 PM START TIME
 10418 RIVERVALE NJ LOCATION
 9.14.2016 DATE
 Wengacker LAST NAME
 Casey FIRST NAME
 Ann MIDDLE INITIAL
 [REDACTED] STREET ADDRESS
 [REDACTED] CITY
 [REDACTED] STATE
 [REDACTED] ZIP CODE
 [REDACTED] PHONE NUMBER
 1790569 ASSOCIATE ID
 Pharmacy Tech POSITION

I, Casey Wengacker voluntarily make the following statement to the following Rite Aid company representative: [REDACTED] In addition to the writing below, I also state here that I have done so without any promises, threats or coercion by this representative, or anyone else at Rite Aid, in order to write or sign this statement or otherwise provide information.

I, Casey Wengacker Took Serquel generic 1 Bottle #100 my current position here at Rite Aid is Pharmacy Tech. I work 2x A week here since 8/8/16. I took you know 1mg #100 Brand Bottle as well. Time from July 16 - 8/8/16. I took these medications on behalf of a family member who was unable to receive a prescription from their doctor he had a problem w/ AA, "Family member" suicidal tried ~~suicidal~~ hurting by standing in front of trains and also cutting himself. For fear of relief from his inner demons my mistake and theft from this store was a big mistake and I wish I could of came to someone about the situation after it was done. I really love my team here at Rite Aid and I mean an Honer. * I took out these medications when

By signing this statement, I confirm that what I have written on these page(s) is true, complete and accurate to the best of my knowledge.

Casey Wengacker ASSOCIATE / EMPLOYEE / THIRTY NAME
 [Signature] SIGNATURE
 Erin W... INTERVIEWER / POLICE NAME
 [Signature] SIGNATURE
 [Signature] WITNESS PRINTED NAME
 [Signature] SIGNATURE

RITE AID CORPORATION
STATEMENT FORM CONTINUATION SHEET

pharmacy was unoccupied, took them off
 the shelf and quickly put it in my lunch
 bag. even though I know bags are not allowed
 in pharmacy I did it anyways. There has been
 no bag check at Door for awhile so I thought
 it would be ideal. My employees trust me
 here and I believe that another reason for
 no bag check I still consider myself a good
 employee but by any means and or matters.
 I'm sorry. CW

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WRITERS LAST NAME: Wengeter

INITIALS CW

PAGE 2 OF 2



RIVER VALE POLICE DEPARTMENT

334 River Vale Road
River Vale, New Jersey 07675

Telephone
(201) 664-1111
Fax
(201) 358-7750

MIRANDA RIGHTS

DATE: 09/14/16 TIME: 5:53 p.m.
LOCATION: River Vale Police Department - Interview Room

Before you are asked any questions, you must be advised of your constitutional rights:

1. You have the right to remain silent and to refuse to answer any questions. Do you understand that right?
ANSWER: Yes in
2. Anything you say can and will be used against you in a court of law. Do you understand that right?
ANSWER: Yes in

3. You have the right to talk to an attorney at any time and have him present with you while you are being questioned. Do you understand that right?
ANSWER: Yes in

4. If you cannot afford to hire an attorney, one will be appointed to represent you before any questioning, if you wish one. Do you understand that right?
ANSWER: Yes in

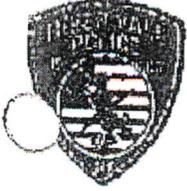
5. You may stop answering questions or request an attorney at any time. Do you understand that right?
ANSWER: Yes in

I, Casey Winkert, have read the above statement of my rights and they have also been read to me aloud. I understand what my rights are, and I waive these rights. I am willing to make a statement and answer questions without the presence of an attorney. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

SIGNED: Casey Winkert

WITNESS: _____

WITNESS: [Signature]



RIVER VALE POLICE DEPARTMENT DETECTIVE BUREAU

884 RIVERVALE ROAD • RIVER VALE, NEW JERSEY • 07675
TELEPHONE: 201.864.1111 • FAX: 201.858.7750



ADULT INFORMATION FORM

* Please Print *

Name: Wengert Casey Ann
LAST NAME FIRST NAME MIDDLE NAME

Address: [REDACTED]

Phone Number: [REDACTED] Not Use [REDACTED]
HOME PHONE CELL PHONE

Pedigree

Date of Birth: [REDACTED] Place of Birth: [REDACTED]

Social Security #: [REDACTED] Driver's License #: [REDACTED]

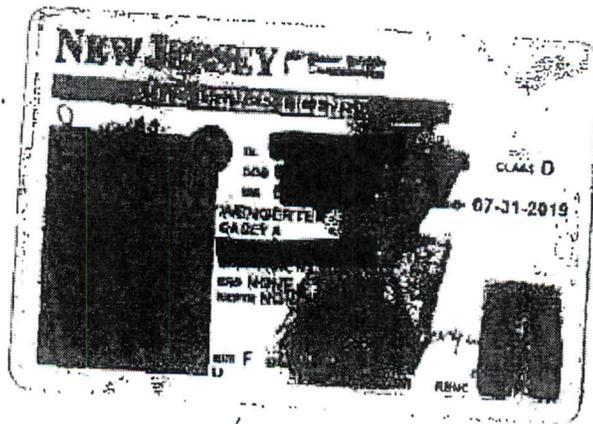
Height: 5'04" Weight: 189 lbs

Hair Color: brn Eye Color: hazel

Glasses: yes Scars, Tattoos: Scar - right upper thigh

Employer: [REDACTED] Occupation: Receptionist

Work Address: [REDACTED]



SUPERIOR COURT OF NEW JERSEY

**BERGEN VICINAGE
CRIMINAL DIVISION**



NOTICE TO APPEAR AT CENTRAL JUDICIAL PROCESSING

DEFENDANT'S NAME CASEY A WENGERTER
COMPLAINT No(s) 0253-S-2016-000054

**YOU ARE HEREBY NOTICED TO APPEAR FOR CENTRAL JUDICIAL
PROCESSING COURT (CJP)**

You are required to report to the Bergen County Justice Center, Criminal Division
Manager's Office – Intake Window, Rm 124, 10 Main Street, Hackensack, NJ at
8:30am:

ON SEPTEMBER 28, 2016
(Date)

Following an Intake Interview you are required to remain on site for a first appearance before a Judge. If you do not have private counsel, an attorney from the Bergen County Public Defender's Office will be on hand to represent you for this proceeding.

Please bring the following documents: A copy of your prior year's W-2, most recent paystub, list of assets/liabilities, schedule of monthly expenses, verification of dependants, verification of all sources of income (alimony, child support, public assistance etc).

FAILURE TO APPEAR FOR THIS EVENT MAY RESULT IN THE POSSIBLE REVOCATION OF YOUR BAIL AND THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

I certify that I have received this notice *Casey Wengerter* 09/14/2016
Defendant's Signature Date

Witnessed by PO J GUGLIELMOTTI #61

Municipality _____
Fingerprints Completed ___ YES ___ NO
Interpreter Needed ___ YES Language _____
Revision 2.22.16

Oct. 13. 2016 7:23AM

RIVER VALE POLICE DEPT

No. 7950 P. 11

RIVER VALE POLICE

334 Rivervale Road
River Vale, NJ 07676
201-664-1111

ADULT ARREST REPORT

Municipal Code: 0253
ORI: NJ0025300

INCIDENT # I-PD-2016-005528		CALL TYPE THE - THEFT		DATE REPORTED 09/14/2016	TIME REPORTED 16:47	INCIDENT LOCATION 654 WESTWOOD AVENUE A, RIVER VALE NJ 07675		INCIDENT # I-PD-2016-005528	DATE 9/14/2016
DEFENDANT INFORMATION				ARREST NUMBER					
LAST NAME WENGBERTER			FIRST NAME CASEY		MI A	SUFFIX	HOME PHONE		
ALIAS/KNICKNAMES				ALTERNATE PHONE			CELL PHONE/PAGER		
DEPENDENT'S ADDRESS (W. STREET NAME)			UNIT TYPE	UNIT #	CITY		STATE	ZIP	
SEX F	RACE WHITE		DOB	AGE 30	SOCIAL SECURITY #		HEIGHT (ft. / in.) 5' 4"	WEIGHT 160	
HAIR COLOR BRN		EYE COLOR BLU	COMPLEXION FAR	MARITAL STATUS Single	ETHNICITY NON-HISPANIC		US CITIZEN Y	RESIDENCY STATUS	
PLACE OF BIRTH (CITY)		STATE (COUNTRY IF NOT BORN IN US) NEW JERSEY		SCARS / MARKS / TATTOOS SCAR UPPER RIGHT THIGH					
SID #		FBI # 4684BJCB	PHOTO #		DRIVER'S LICENSE #		DL STATE NJ	DL EXPIRE 07/2019	
EMPLOYER / SCHOOL RITE AID			OCCUPATION / GRADE ASSISTANT		PHONE 201-664-6900		ADDRESS (W. STREET NAME, CITY, STATE, ZIP)		
NAME OF NEAREST RELATIVE			RELATIONSHIP		PHONE		ADDRESS (W. STREET NAME, CITY, STATE, ZIP)		
ARREST DETAILS				<input type="checkbox"/> WARRANT <input type="checkbox"/> ON VIEW ARREST <input checked="" type="checkbox"/> SUMMONS		<input checked="" type="checkbox"/> PHOTOGRAPHED <input checked="" type="checkbox"/> FINGERPRINTED			
TYPE OF WARRANT		AGENCY'S OCA		LOCATION OF ARREST 654 WESTWOOD AVENUE A, RIVER VALE, NJ 07675			DATE / TIME OF ARREST 9/14/2016 16:47		
NCIC WANTS	CLEAR WANTS	IF WANTED, NAME OF AGENCY		AGENCY'S OCA	WARRANT #	DATE/TIME CONFIRMED	PERSON CONFIRMING WARRANT		
MIRANDA GIVEN Y	MIRANDA GIVEN BY (RANK, LAST, FIRST, ID#) POLICE OFFICER GUGLIELMOTTI, 61			DATE/TIME GIVEN 9/14/2016 16:47	WITNESSED BY (RANK, LAST, FIRST, ID#)		STATEMENT GIVEN		
OFFENSE DETAILS				<input type="checkbox"/> GANG RELATED <input type="checkbox"/> BIAS MOTIVATION <input type="checkbox"/> DOMESTIC VIOLENCE					
1	SUMMONS# 2016-8-000054	OFFENSE CDS		STATUTE / ORDINANCE 2C:35-10					
2	2016-8-000054	THEFT		2C:20-3					
3									
LOCATION OF OFFENSE (W. STREET NAME, UNIT #, CITY, STATE, ZIP) 654 WESTWOOD AVENUE A, RIVER VALE, NJ 07675				DATE / TIME OF OFFENSE 9/14/2016 16:47	MUNICIPAL CODE 0253	UCR CODE			
COMPLAINANT <input type="checkbox"/> OFFICER <input type="checkbox"/> VICTIM		LAST NAME		FIRST NAME	POLICE AGENCY/ADDRESS		AGENCY / VICTIM PHONE		
VEHICLE INFORMATION				<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> OWNER SAME AS DEFENDANT <input type="checkbox"/> VEHICLE IMPOUNDED					
VEHICLE MAKE	MODEL	YEAR	COLOR	LICENSE PLATE	STATE REG.	REG. EXPIRE	VIN	MUGSHOT	
NARRATIVE / ADDITIONAL CHARGES									
PARTY ARRESTED FOR THEFT AND POSSESSION OF CDS FROM THE RITE AID IN RIVER VALE NJ.									
ADMINISTRATIVE									
AFIS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AFIS ID MATCHES DEFENDANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		BAIL SET BY		DATE/TIME BAIL SET	CASH BAIL AMOUNT	SURETY BOND	
ADDITIONAL CONDITIONS OF BAIL				DISPOSITION OF DEFENDANT Released ROR					
SUBMITTING OFFICER'S SIGNATURE				DATE 9/14/2016	SUPERVISOR'S SIGNATURE			DATE	
REPORT SUBMITTED BY (RANK, LAST, FIRST, ID#) POLICE OFFICER GUGLIELMOTTI, JOHN 61				REPORT APPROVED BY (RANK, LAST, FIRST, ID#) LIEUTENANT RYAN, ROBERT 42					

Send [Icons] Options... HTML

- This message hasn't been sent.

To...

Cc...

Subject: Rite Aid Store 10418 Rive Vale NJ Pharmacy Tech Casey Wengertter

Tahoma [Icons] 10 [Icons] B I U [Icons] A [Icons]

On 09/14/2016 at or about 3:30 pm I, Joseph Riccio, Assets Protection District Manager of Rite Aid Store 10418 located at 654 Westwood Avenue River Vale, New Jersey 07675 interviewed Pharmacy Technician, Casey Wengertter, in reference to missing medications from the store pharmacy. The missing medications were NDC 00009-0090-01 Xanax 1mg, 100 tablets valued at \$594.95 and NDC 16729-0146-01 Quetiapline 50mg, 100 tablets valued at \$656.06. The interview took place in the pharmacy consultation room next to the pharmacy. Present as a witness was Rite Aid Senior Manager of Investigations, Erin Walker-Decastro. During the course of the interview, Casey admitted both verbally and in writing to selecting the above said medications from the pharmacy bay shelves and concealing them in her lunch bag and then leaving the store at the end of her shift with them in her lunch bag. Casey said she took the medications for a family member because they could not afford them. She was referred to the River Vale Police for prosecution and was taken into custody. End of report.

Joe Riccio
Rite Aid
APDM Dist.47305
862-247-2693 (cell)
732-906-5795 (fax)



RIVER VALE POLICE DEPARTMENT STATEMENT

TELEPHONE
(201) 664-1111
FAX
(201) 358-7750

DATE 9/14/2016	NUMBER OF PAGES 1	CASE NUMBER 2016-005528
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THE FOLLOWING STATEMENT IS MADE BY ME OF MY OWN FREE WILL AND ACCORD, WITH NO PROMISES OF IMMUNITY GIVEN, AND AFTER BEING WARNED THAT THIS STATEMENT MAY BE USED AGAINST ME:

Evidence provided to Lt. Ryan is one (1) thumb drive of a video from 9/7/2016 when Casey selected Phentermine 375 mg tablets from the pharmacy bag shelf and placed in her lunch bag and removed the lunch bag from the store at the end of her shift on 9/7/2016. I also provided a statement typed and an audit count of said missing medications from the pharmacy. A full audit on the pharmacy medications will be conducted on 9/15/2016 and results provided to Lt. Ryan.

ATTESTOR
(SIGNATURE REQUIRED ON LAST PAGE, INITIAL ALL OTHER PAGES)

SIGNATURE

NAME Joe Riccio

ADDRESS _____

PHONE NUMBER 862-247-2693

WITNESS
(SIGNATURE REQUIRED ON LAST PAGE, INITIAL ALL OTHER PAGES)

SIGNATURE

NAME Sgt. Gary Blumenthal

ADDRESS 334 RIVERVALE ROAD
RIVER VALE, N.J. 07675

PHONE NUMBER 201-664-1111

RITE AID CORPORATION
STATEMENT FORM

4:16 PM
START TIME

10415 RIVERVIEW NJ
LOCATION

9/14/2010
DATE

Wengert
LAST NAME

Casey
FIRST NAME

AW
MIDDLE INITIAL

STREET ADDRESS

CITY

STATE

ZIP CODE

ENGINE NUMBER

1090569
ASSOCIATE ID

Pharmacist
POSITION

I, Casey Wengert, voluntarily make the following statement to the following Rite Aid company representative: Erin Walker - District Manager. In addition to the writing below, I also state here that I have done so without any promises, threats or coercion by this representative, or anyone else at Rite Aid, in order to write or sign this statement or otherwise provide information.

I, Casey Wengert took 200mg of Oxycodone 1 Bottle #100 my current dose at Rite Aid is 2x a week here since I took Oxycodone 1mg #100 Brand Bottle as well. The date was July 11 - 1/10. I took Oxycodone 1mg #100 on behalf of a patient in pain. My doctor is unable to reduce a prescription from 2mg. My doctor is a family member. I had a problem w/ AA, "family member" suicidal and also cutting himself. For my relief from his minor problems my mistake and that from this store was a big mistake and I wish I could of done it sooner than the situation after it was done I really love my team here at Rite Aid and I mean no harm. * I took out these medications when

By signing this statement, I certify that what I have written on these pages is true, complete and accurate to the best of my knowledge.

Casey Wengert
ASSOCIATE / WITNESS / INTERVIEWEES

Erin Walker
SIGNATURE

Erin Walker
INTERVIEWEE / WITNESS NAME

Erin Walker
SIGNATURE

Joe Russo
WITNESS PRINTED NAME

[Signature]
SIGNATURE

END TIME: 4:16 PM

PAGE 1 OF 2

INITIALS: cw

FW: DUR 10418

Philip Fallon

Sent: Monday, September 12, 2016 3:15 PM
To: Joseph A. Blodo

From: Andrea Bucher

Sent: Friday, September 9, 2016 2:16 PM

To: Elaine K. Richer <Elaine.K.Richer@riteaid.com>

Cc: Philip Fallon <pfallon@riteaid.com>; Mary D. Elmastri <melmastri@riteaid.com>; Walter F. Chico <Walter.F.Chico@riteaid.com>

Subject: RE: DUR 10418

Hi Elaine,

I feel we need to wait for the interview and hopefully admission of theft before we draft the form 106. Please keep me posted on how the interview goes and then I can review the spreadsheet results.

Thank you,
Andrea

Andrea O. Bucher, CPMT
Specialist, DEA Compliance
Rite Aid Corporation
717-731-6545 Office
717-975-3760 Fax

From: Elaine K. Richer

Sent: Friday, September 9, 2016 2:08 PM

To: Amber A. Shumaker <A.Shumaker@riteaid.com>; Andrea Bucher <abucher@riteaid.com>

Cc: Elaine K. Richer <Elaine.K.Richer@riteaid.com>; Philip Fallon <pfallon@riteaid.com>; Mary D. Elmastri <melmastri@riteaid.com>; Walter F. Chico <Walter.F.Chico@riteaid.com>

Subject: DUR 10418

Attached and below please find the DUR for store 10418

As per PHI the associate will be interviewed this coming Wednesday, September 14th, please let me know how you want to handle with the 106 form, initial loss notification was sent out on 09/25. Thank you very much and have a great weekend!

COL 1	COL 2	COL 3	COL 4	COL 5	COL 6	COL 7	COL 8	COL 9	COL 10	COL 11
XANAX 0.25 MG TABLET	003773	B	100	0	0	100	30	0	0	0
ALPRAZOLAM 0.25 MG TABLET	003773	G	882	500	0	500	500	140	0	647
ALPRAZOLAM 0.5 MG TABLET	003774	D	1336	6500	0	7835	6985	0	0	680
XANAX 1MG TABLET	003775	A	0	300	0	300	180	0	0	120
ALPRAZOLAM 1MG TABLET	003775	G	784	1500	0	2260	1570	0	0	760
ACETAMINOPHEN-COD #2 TABLET	004163	G	60	0	0	60	30	0	0	50
ACETAMINOPHEN-COD #3 TABLET	004163	G	331	1000	0	1331	348	0	0	983
ACETAMINOPHEN-COD #4 TABLET	004163	G	30	0	0	90	0	0	0	30
CLONAZEPAM 0.5 MG TABLET	004560	G	258	4800	0	6088	4385	0	0	893
CLONAZEPAM 1MG TABLET	004561	G	475	2300	0	3376	2700	44	0	611
CLONAZEPAM 2 MG TABLET	004562	G	208	400	0	608	420	0	0	188
PHENTERMINE 15 MG CAPSULE	005152	G	45	100	0	149	50	3	0	60
PHENTERMINE 30 MG CAPSULE	005154	G	10	100	0	110	58	0	0	54
PHENTERMINE 37.5 MG TABLET	005159	G	33	500	0	533	750	0	0	203
DIETHYLPROPION 25 MG TABLET	005163	G	90	200	0	290	252	0	0	38
DIETHYLPROPIONER 75 MG TABLET	005164	G	87	0	0	87	0	0	0	87
ALPRAZOLAM 2 MG TABLET	025668	G	100	700	0	800	330	0	0	470
MODAFINIL 100 MG TABLET	025668	G	80	0	0	80	8	51.9	0	0.1
BUPRENORPHINE 8 MG TABLET SL	025333	G	40	330	0	430	309	0	0	121
MODAFINIL 200 MG TABLET	044478	G	111	230	0	343	180	30	0	133
PROMETHAZINE-CODINE SYRUP	048488	G	1575	1419	0	2994	2588	0	0	408
PROMETHAZINE VC-CODINE SYRUP	048488	G	473	473	0	946	440	0	0	508
ALPRAZOLAM ER 0.5 MG TABLET	050393	G	30	60	0	150	120	0	0	30
ALPRAZOLAM XR 1MG TABLET	050400	G	0	180	0	180	180	0	0	0
BUPRENORPHINE-NALOXONE 0.5 MG	051640	G	80	330	0	450	360	0	0	90
CLONAZEPAM 0.125 MG DIS TAB	051883	G	48	120	0	168	120	0	0	45
CLONAZEPAM 0.25 MG DIS TAB	051884	G	0	540	0	540	314	0	0	226
CLONAZEPAM 0.5 MG DIS TABLET	051885	G	40	0	0	40	5	0	0	35
CLONAZEPAM 1MG DIS TABLET	051888	G	30	240	0	270	240	0	0	30
ESZOPICLONE 3 MG TABLET	058482	G	120	500	0	620	450	0	0	170
ESZOPICLONE 2 MG TABLET	058483	G	0	100	0	100	30	0	0	70
ESZOPICLONE 1MG TABLET	058484	G	20	100	0	120	30	0	0	30
ALPRAZOLAM ODT 0.25 MG TAB	058847	G	100	0	0	100	0	0	0	100
ALPRAZOLAM ODT 0.5 MG TAB	058848	G	70	0	0	70	0	0	0	70
VMPAT 100 MG TABLET	064433	B	0	160	0	160	120	0	0	60
VMPAT 200 MG TABLET	064435	B	0	120	0	120	180	0	0	0
SUBOXONE 2 MG-0.5 MG SL FILM	086635	B	0	0	0	0	0	0	0	0
SUBOXONE 3 MG-0.5 MG SL FILM	086635	B	0	0	0	0	0	0	0	0
SUBOXONE 8 MG-2 MG SL FILM	086636	B	0	120	0	120	60	0	0	60
SUBOXONE 4 MG-1 MG SL FILM	070263	B	0	0	0	0	0	0	0	0
SUBOXONE 4 MG-1 MG SL FILM	070263	B	0	0	0	0	0	0	0	0

From: Amber A. Shumaker
Sent: Tuesday, August 30, 2016 10:01 AM
To: Elaine K. Richer <Elaine.K.Richer@riteaid.com>
Cc: Andrea Bucher <abucher@riteaid.com>
Subject: RA10418 Audit Spreadsheet

Elaine,

Attached is the spreadsheet for your audit. Remember the spreadsheet is only a TOOL to be used to identify potential drug losses. The hard copy reports that will follow in a separate e-mail are the official DEA document for your accountability. The hard copy reports should be filed with the DEA form 106 in the Controlled Substance Record Keeping Box per Rite Aid policy. Be certain that the DEA or State Board of Pharmacy will review these documents as part of the filing of a DEA form 106.

Thanks,

Amber Shumaker

- Executive Assistant, Inc
- Mike Podgurski
- Amanda Glover
- Janet Hart
- Grace Schuyler

RITE AID CORPORATION
 30 Hunkar Lane | Camp Hill PA 17011
 ☎ 717-761-2633 ext 5025 | 7 717-975-3760 | ✉ amber.shumaker@riteaid.com



10418

Elaine K. Richer

Sent: Thursday, September 15, 2016 9:53 AM

To: Chong Chol Pak

Cc: Elaine K. Richer; Joseph A. Riccio

COL 1	COL 2	COL 12
CLONAZEPAM 0.5 MG TABLET	004560 *****	-77 \$ 59.71
CLONAZEPAM 1 MG TABLET	004561 *****	-247 \$ 211.18
DIETHYLPROPION 25 MG TABLET	005163 *****	-8 \$ 4.16
ALPRAZOLAM 2 MG TABLET	015566 *****	-154 \$ 302.53
PROMETHAZINE-CODEINE SYRUP	048489 *****	-376 \$ 25.99
BUPRENORPHN-NALOXN 2- 0.5 MG SL	051640 *****	-90 \$ 524.31
SUBOXONE 2 MG-0.5 MG SL FILM	066635 00030000	-10 \$ 49.50

Already admitted to

Quetiapine 50mg #100 ndc16729-0146-01 \$ 656.66
 Xanax 1mg #100 00009-0090-01 \$ 594.95

Elaine Richer
 60 Franklin Turnpike
 Waldwick, NJ 07463

C=551-486-7459
 O=201-689-0684



Living the Rite Aid Experience

Elaine K. Richer
Rph, PDM
9/15/16

NDC

00009 - 0090 - 01.

\$ 594.95

16729 - 0146 - 01

\$ 656.06

Xanax 1mg

100 tablets
(Full bottle)

Quetiapine 50mg.

100 tablets
(Full bottle)



Joseph.A.Riccio@riteaid.com

Joe Riccio

Asset Protection District Manager

RITE AID
144-20 Northern Blvd.
Flushing, NY 11354

Bus: 718.886.6645
Fax: 718.886.6742
Cell: 862.247.2693

THE STATE OF NEW JERSEY

VS.

CASEY A WENGERTER

ADDRESS:

RIVER VALE TWP MUNICIPAL COURT
406 RIVERVALE RD
RIVER VALE NJ 07675-0000
201-664-2346 COUNTY OF: BERGEN

NJ 07630-0000

of CHARGES: 2 CO-DEFTS: POLICE CASE #: 2016-5528

DEFENDANT INFORMATION

SEX: F EYE COLOR: HAZEL DOB: 07/15/1986 DL STATE: NJ
DRIVER'S LIC. #:
SOCIAL SECURITY #: SBI#: 413649D
TELEPHONE #:

COMPLAINANT PTL GUGLIELMOTTI #0061
NAME: 334 RIVER VALE RD
ATTN WARRANTS
RIVER VALE NJ 07675

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 09/14/2016 in RIVER VALE TWP BERGEN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED SUBSTANCE ANALOG THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION ISSUED BY A PRACTITIONER, SPECIFICALLY BY TAKING A FULL BOTTLE OF XANAX CONTAINING 100 1MG TABLETS AND A FULL BOTTLE OF QUETIAPINE CONTAINING 100 50 MG TABLETS FROM THE PHARMACY OF RITE AID (BETWEEN 7/16/2016 AND 8/8/2016) WHILE WORKING. IN VIOLATION OF N.J.S. 2C:35-10A(1) A CRIME OF THE THIRD DEGREE

WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY UNLAWFULLY TAKING OR EXERCISING CONTROL OVER CERTAIN MOVEABLE PROPERTY, TO WIT, XANAX 1MG AND QUETIAPINE 50MG BELONGING TO RITE AID PHARMACY OF RIVER VALE NEW JERSEY WITH THE INTENT TO DEPRIVE THE OWNER THEREOF, SPECIFICALLY BY TAKING ONE BOTTLE CONTAINING 100 1MG TABLETS OF XANAX AND ONE BOTTLE CONTAINING 100 50MG TABLETS

Original Charge	1) 2C:35-10A(1)	2) 2C:20-3A	3)
Amended Charge			

CERTIFICATION:
I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Signed: PTL GUGLIELMOTTI #0061 Date: 09/14/2016

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 09/28/2016 TIME: 08:30AM PTL GUGLIELMOTTI #0061 09/14/2016
Signature of Person Issuing Summons Date

- Domestic Violence - Confidential
- Related Traffic Tickets or Other Complaints
- Serious Personal Injury/ Death Involved

Special conditions of release:
 No phone, mail or other personal contact w/victim
 No possession firearms/weapons
 Other (specify):

