

Set # 0515316

N/H

20 of 2196 MB
JCH 223

| OBTS Number | | ARREST / NOTICE TO APPEAR Juvenile Referral Report | | | | 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias | | 1 | Juvenile | N | | |
|---|--|---|---|--|---|---|--|---------------------------------------|---|--|--|------------------------|
| ADMINISTRATION | Agency ORI Number FL 0500300 | Agency Name BOYNTON BEACH POLICE DEPT. | | | Agency Report Number 34-20-012459 | | | | | | | |
| | Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" 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 | | Multiple Clearance Indicator | | | | | |
| | Location of Arrest (Including Name of Business) 901 North Congress Avenue, Boynton Beach, Florida 33426 | | | | Location of Offense (Business Name, Address) SAME | | | | | | | |
| DEPENDENT | Date of Arrest 03/05/2020 | Time of Arrest 1340 | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle | | | | | |
| | Name (Last, First, Middle) Kelleher, Casey, Tynan | | | | | | | | | | | |
| | Aliases (Name, DOB, Soc. Sec. #, Etc) | | | | | | | | | | | |
| | W - White B - Black | L - American Indian O - Oriental / Asian | Race W | Sex M | Date of Birth 07/23/1978 | Height 6'1" | Weight 300 | Eye Color BRN | Hair Color BRN | Complexion FAIR | Build LARGE | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | Martial Status Married | Religion NA | Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> | | | |
| | Local Address (Street, Apt. Number) (City) (State) (Zip) | | | | Phone () () | | Residence Type 1. City 3. Florida 2. County 4. Out of State | | 2 | | | |
| | Permanent Address (Street, Apt. Number) (City) (State) (Zip) | | | | Phone () () | | Address Source DL | | | | | |
| | Business Address (Street, Apt. Number) (City) (State) (Zip) | | | | Phone () () | | Occupation Business Owner | | | | | |
| | DL Number, State K460118782630, FL | | Soc. Sec. Number | | INS Number | | Place of Birth Plain View, NY | | Citizenship US | | | |
| | 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"/> 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 | | | | | |
| Parent Name (Last) (First) (Middle) | | | Residence Phone | | | | | | | | | |
| Address (Street, Apt. Number) (City) (State) (Zip) | | | Business Phone | | | | | | | | | |
| JUVENILE | 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 change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No. (Reason) | | | | | School Attended | | Grade | | | | |
| | Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Description of Property | | | Value of Property | | | | | | |
| CHARGE | Drug Activity | | S. Sell N. N/A P. Possess | R. Smuggle D. Deliver E. Use | K. Dispense/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other | Drug Type N. N/A A. Amphetamine | B. Barbituate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other |
| | Charge Description Fraud in Obtaining/ Labeling Prescription | | Counts 3 | Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Statute Violation Number 831.30 2 | | Warrant/Capias Number 3084 | | Violation of ORD# | | | |
| CHARGE | Drug Activity | | NA | NA | NA | NA | Offense # 20-012459 | Warrant/Capias Number | | Bond | | |
| | Charge Description Uttering Forged Instrument | | Counts 2 | Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Statute Violation Number 831.02 | | Warrant/Capias Number 3097 | | Violation of ORD# | | | |
| CHARGE | Drug Activity | | NA | NA | NA | NA | Offense # 20-012459 | Warrant/Capias Number | | Bond | | |
| | Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | Statute Violation Number | | Warrant/Capias Number | | Violation of ORD# | | | |
| CHARGE | Drug Activity | | NA | NA | NA | NA | Offense # | Warrant/Capias Number | | Bond | | |
| | Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No | Statute Violation Number | | Warrant/Capias Number | | Violation of ORD# | | | |
| NOTICE TO APPEAR | <input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court | | Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444 | | | | | | | | | |
| | <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side. | | Court Date and Time | | Month | Day | Year | Time | <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. | | | |
| 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. | | | | | | | | | | | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) | | | | | | Date Signed | | | | | | |
| ADV. N. | HOLD for other Agency Name: | | Signature of Arresting Officer [Signature] | | | | Name Verification (Printed by Arrestee) (PRINT) | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | | Name of Arresting Officer (Print) Steele | | | | I.D. # 1108 | | BU# 114978 | | | Page |
| | Intake Agency | | Pouch # | | Transporting Officer Steele | | I.D. # 1108 | | Agency BBPD | | Witness here is subject Signed with an "X". | |

SC 0515316

MAR 06 2020

| | | | | | | | |
|--|---|---|--|---|-----------------------------|----------|---|
| OBTS Number | PROBABLE CAUSE AFFIDAVIT | | 1 Arrest 2 NTA | 3 Request for Warrant 4 Request for Capias | 1 | Juvenile | N |
| Agency ORI Number FL0500300 | Agency Name BOYNTON BEACH POLICE DEPT. | Agency Report Number 34-20-012459 | | | | | |
| Charge Type Check all that Apply | <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony | <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor | <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other | Special Notes | | | |
| Name (Last, First, Middle) Kelleher, Casey, Tynan | Alias | Race W | Sex M | Date of Birth 07/23/1978 | | | |
| Charge Description Fraud in Obtaining/ Labeling Prescription | Charge Description Uttering Forged Instrument | | | | | | |
| Charge Description | Charge Description | | | | | | |
| Victim's Name (Last, First, Middle) Bashir, Saeed | Race W | Sex M | Date of Birth 03/15/1949 | | | | |
| Local Address (Street, Apt Number) 10823 Canyon Bay Lane | (City) Boynton Beach | (State) FL | (Zip) 33473 | Phone 954-854-7978 | Address Source DL | | |
| Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation | | |
| 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. | | | | | | | |
| <input type="checkbox"/> Committed the below acts in my presence. <input checked="" type="checkbox"/> Was observed by Hannah Wickins Who told Officer Steele That he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> Confessed to Officer Steele Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation. | | | | | | | |
| On The 4th Day Of March 20 2020 At 1302 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. | | | | | | | |

I met with (Establishment Owner) Hannah Wickins who advised (Dog Owner) Casey Kelleher owns a hound/terrier mix (Saban) and a German Shepherd (Olivia). Wickins stated that on 02/22/2020 Kelleher brought a prescription bottle (Amoxicillian) and advised that it would need to be administered to Saban. Wickins advised that it was odd due to Saban having anti-biotics already. Due to her concern, Wickins contacted Veterinarian Saeed Bashir who advised that he has NOT prescribed medicine for Saban since December of 2019 (10 Day Cycle). On a later date (NOI), Wickins contacted Bashir due to Olivia being prescribed (Carprovet 100MG). Bashir advised that he has never seen Olivia (not a patient); therefore, he has never written a prescription for her.

Wickins provided three prescription bottles:

- (2) Bottles of Amoxicillian for Saban (2) One Green Bottle/ One Orange Bottle
- (1) Bottle of Carprovet for Olivia (1) Green Bottle

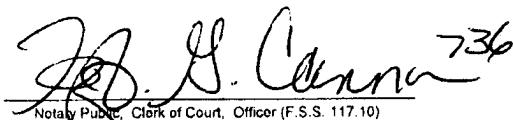
On the labels for the green bottles, it's important to note that they state Neighborhood Pharmacy at the top.

It's important to note that one of the prescription labels for Saban advised it was written by Dr. Saeed Bashir. The bottle for Olivia also had Dr. Saeed Bashir's name written on it as if he is the one that authorized this prescription. All three prescription bottles had dates within the month of February of 2020.

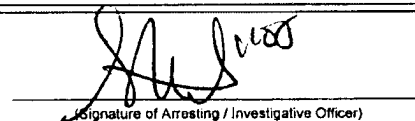
I made contact with Dr. Bashir who stated that he did NOT write a prescription for Saban in the month of February of 2020. Dr. Bashir pulled up medical records in my presence showing he only wrote Saban a prescription for Amoxicillan in December of 2019 (10 Day Cycle). Dr. Bashir also stated that he has NEVER had Olivia has a patient. Dr. Bashir advised he only has her records on file. Dr. Bashir stated his pill bottles are only blue in color.

Post Miranda, I made contact with (Defendant) Casey Kelleher who advised that Saban had gotten an abscess in December of 2019 in which he had taken Saban to see Veterinarian Dr. Bashir. At that time, Dr. Bashir prescribed Amoxicillan. Kelleher stated that in February of 2020, Saban's abscess had returned. Kelleher advised that he didn't want to go to the Veterinarian again. So to save money, he created the label for Amoxicillan using Dr. Bashir's name at his own pharmacy. Kelleher advised that he took Amoxicillan from his pharmacy, placed it inside of the two bottles, and created false labels using Dr. Bashir's name. Kelleher advised that the labels were (UNAUTHORIZED) as he never contacted Dr. Bashir for permission.

The foregoing instrument was sworn to or affirmed and subscribed before me


Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

03/05/2020
Date


Signature of Arresting / Investigative Officer)

Steele
(Print name of Arresting/Investigative Officer)

03/05/2020
Date

Page
1 OF 2

SCANNED

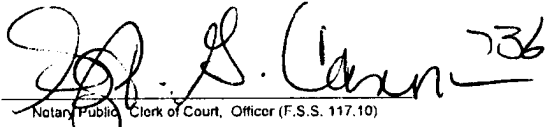
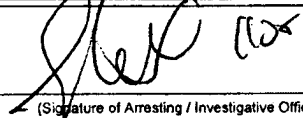
MAR 06 2020

| | | | | | | | | | |
|--|--|---|--|--|-----------------------|-----------------------------|----------|---|--|
| ORIS Number | | PROBABLE CAUSE AFFIDAVIT | | 1 Arrest | 3 Request for Warrant | 1 | Juvenile | N | |
| 2 NTA | | 4 Request for Capias | | | | | | | |
| Agency ORI Number FL0500300 | | Agency Name BOYNTON BEACH POLICE DEPT. | | Agency Report Number 34-20-012459 | | | | | |
| Charge Type Check all that Apply | | Special Notes | | | | | | | |
| <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony | | <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor | | <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other | | | | | |
| Name (Last, First, Middle) Kelleher, Casey, Tynan | | | | Race W | Sex M | Date of Birth 07/23/1978 | | | |
| Charge Description Fraud in Obtaining/ Labeling Prescription | | | | Charge Description Uttering Forged Instrument | | | | | |
| Charge Description | | | | Charge Description | | | | | |
| Victim's Name (Last, First, Middle) Bashir, Saeed | | | | Race W | Sex M | Date of Birth 03/15/1949 | | | |
| Local Address (Street, Apt Number) 10823 Canyon Bay Lane , Boynton Beach , FL, 33473 | | | | Phone 954-854-7978 | Address Source DL | | | | |
| Business Address (Name, Street) | | | | Phone | Occupation | | | | |
| 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... <input type="checkbox"/> Committed the below acts in my presence. <input checked="" type="checkbox"/> Was observed by Hannah Wickins Who told Officer Steele That he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> Confessed to Officer Steele Admitting the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation. | | | | | | | | | |
| On The 4th Day Of March 20 2020 At 1302 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. | | | | | | | | | |

In reference to the Carprovet for Olivia, Kelleher advised he had the medicine at home. Kelleher stated that Olivia needed it due to an injury to her front right paw. Kelleher placed the Carprovet in an UNLABELED bottle, went to his pharmacy and created a label. Kelleher advised that he later went into Dog Activity World and presented the three bottles to Wickin's for her staff to administer to the dogs. Kelleher stated that he knew that he wrongly created the labels for the bottles and that he should not have done so without the doctor's permission.

Based on the above circumstances, probable cause exists to arrest and charge Casey Kelleher with (2) counts of Uttering a Forged Instrument pursuant to F.S.S. 831.02 and (3) Counts of Fraud in Obtaining Prescription pursuant to F.S.S. 831.30.

NOT A CERTIFIED COPY

| | |
|---|--|
| The foregoing instrument was sworn to or affirmed and subscribed before me | |
|  Notary Public, Clerk of Court, Officer (F.S.S. 117.10) |  Steele (Print name of Arresting/Investigative Officer) |
| 03/05/2020 Date | 03/05/2020 Date |
| Page 2 OF 2 | |

SCANNED
MAR 06 2020



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"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

| | |
|----------------------------|----------------------------------|
| Booking Number: 2020007421 | Date: 3/5/2020 |
| | Specialist Name/ID: J. Beck/9007 |

SCANNED
MAR 06 2020