

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1 Arrest 2 NTA		3. Request for Warrant 4. Request for Capias		1		Juvenile											
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 16-1157																	
Charge Type: Check as many as apply.		1. Felony <input checked="" type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		If Weapon Seized Enter Type		Multiple Clearance Indicator 103									
Location of Arrest (including Name of Business) 6280 Forest Hill Blvd		Location of Offense (Business Name, Address) Same																			
Date of arrest 10/14/16		Time of Arrest 7:20		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) Kahook Waseem Naim												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 09/15/1971		Height 5'8		Weight 200		Eye Color brn		Hair Color blk		Complexion med		Build med					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status		Religion		Indication of: Alcohol Influence Drug Influence		Y N Unk.			
Local Address (Street, Apt. Number) 1701 Mango Cir		(City) West Palm		(State) FL		(zip) 33406		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2									
Permanent Address (Street, Apt. Number)		(City)		(State)		(zip)		Phone ()		Address Source											
Business Address (Name, Street) 6280 Forest Hill Blvd		(City) Greenacres		(State) FL		(zip) 33415		Phone ()		Occupation Store Owner											
D/L Number, State K200-894-71-335-0				INS Number		Place of Birth (City, State) Ireal		Citizenship US													
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone ()																	
Address (Street, Apt. Number)		(City)		(State)		(zip)		Business Phone ()													
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handed/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 355-2526) informed of any change of address. Yes, by: (Name) No: (Reason)												School Attended		Grade							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property																	
Activity N. N/A P. Possess		S. Sell B. 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 O. Opium/Deriv		P. Paraphernalia/ U. Unknown Equipment S. Synthetic		Z. Other	
Charge Description Dispense Optical Device W/O License		Counts 2		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 484.013 1c		Warrant / Capias Number		Bond		3000X 2 (B6W)									
Charge Description OPERATING OPTICAL ESTABLISHMENT W/O PERMIT		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 484.013 (4)		Warrant / Capias Number		Bond		OR									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond		VIOLATION OF ORD #									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond		VIOLATION OF ORD #									
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant / Capias Number		Bond		VIOLATION OF ORD #									
Location (Court, Room Number, Address)																					
Court Date and Time Month Day Year Time												A.M.		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									
HOLD for other Agency		Na		st		#		Pouch #		Name Verification (Printed by Arrestee) (PRINT)		OCT 14 PM 1:29		PAGE		1		OF			
Witness here if suspect signed with "X"												OCT 16 2016									

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number

FLO 5 0 0 0 0 0

Agency Name

PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number

06-16-1157

Charge Type:

☒ 1. Felony

☒ 3. Misdemeanor

☐ 5. Ordinance

Check as many as apply.

☐ 2. Traffic Felony

☐ 4. Traffic Misdemeanor

☐ 6. Other

Special Notes:

Defendant's Name (Last, First, Middle)

Kahook, Waseem Naim

Race

Other W

Sex

Male

Date of Birth

9/15/1971

Charge Description

Dispense of Optical Device w/o License

Charge Description

Charge Description

Operating Optical Establishment w/o permit

Charge Description

Victim's Name (Last, First, Middle)

State of Florida

Race

Sex

Date of Birth

Victim's Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

Florida

Victim's Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

Florida

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...

☐ committed the below acts in my presence.

☐ confessed to

admitting to the below facts.

☐ was observed by _____ who told that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 12 day of October 2016 at

(Specifically include facts constituting cause for arrest).

NARRATIVE:

During the month of July 2016 PBNTF (Palm Beach County Narcotic Task Force) received a complaint that the Boost Mobile store located at 6280 Forest Hill Blvd, Greenacres, FL is selling and dispensing colored contacts lenses. These lenses are displayed and sold openly inside the store. Department of Health (DOH) Investigator _____ confirmed that Boost Mobile nor its owner and operator Waseem Naim Kahook have the proper licensing or medical personnel necessary to sell or dispense any medical devices, including cosmetic colored contact lenses.

On July 27, 2016 at approximately 1400 I entered the Boost Mobil Store with _____ in an undercover capacity in an attempt to purchase the contact lenses. _____ The following is a summary of the transaction. Please refer to the _____ for a detailed account. Upon entering the store we were greeted by a Hispanic male employee who was standing behind the counter the male identified himself as Brian. I observed a glass case on the left hand side of the store with contained several glass shelves. Several packets of colored contact lenses were openly displayed inside the case with a sign stating "Contact Lenses \$15". Brian stated that the lenses were sold as singles and each pair was being sold for \$15. Brian provided me with information on how long to wear the lenses, how to store them and what saline solution to purchase. Brian advised me that they had recently sold out of a grey colored contact lenses and that the owner re-orders the lenses on a regular basis and I should return if I was interested in purchasing them. I purchased 2 single colored contact lenses which were removed from the glass case by Brian. I paid Brian with a \$20 dollar bill which was derived from the PBSO investigative fund. Brian placed the currency inside the store register and provided me a \$5 dollar bill in return. I exited the store concluding the contact lens sale. I returned to a pre-determined meeting location and met with FDA Special Agent _____ and turned over the 2 contact lens containers. Each container was labeled "Fresh Look Color Blends Grey Contact Lenses" Lot number 221261. The lenses were submitted for FDA lab analysis and SA Allen confirmed with the Fresh Look Manufacturer that the contact lenses purchased from Boost Mobile were counterfeit and were in fact a fraudulent medical device.

On August 03, 2016, DOH Investigator _____ entered the Boost Mobile store in an undercover capacity and approached Waseem Kahook, who was standing behind the counter of the store. _____ began to ask Kahook about the colored contact lenses, showing interest in purchasing the for her daughter Kahook quoted a price of 15.00 for a pair of contact lenses. This action showed Kahook was aware of the items being sold in the retail store he owns and operates and is profiting from the illegal sales of the colored contact lenses.

On September 27, 2106 the FDA Forensic Chemistry Center concluded that the contact lenses contained microbial contamination, specifically these organisms were identified as Pseudomonas Aeruginosa and Pseudomonas SP. These organisms can lead to aggressive eye infections if untreated.

Yes * No

Narrative Continued on Page 2

Sworn

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

Date

Name of Officer (Please Print)

Date

SCANNED

OCT 16 2016

Narrative (Continued)

On October 14, 2016 DOH Investigator [REDACTED] provided me with a Certificate of Non-Licensure for the Boost Mobile Store. In the State of Florida colored contact lenses are considered a medical device and it is unlawful to sell these devices without proper licensing and a licensed Optician on site for prescribing and dispensing. Kahook is not a licensed Optician and the Boost Mobile Store is not a licensed Optical Establishment

Due to the above investigation I find probable cause for the arrest of Waseem Kahook for following charges

Dispensing of Optical Devices with out a license pursuant F.S.S. 484.013 1c

Operating Optical Establishment w/o a permit F.S.S 484.013 (4).