

**NEVADA STATE BOARD OF PHARMACY**  
431 W. Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440

(This application can not be used by PA's or APN's)

**CONTROLLED SUBSTANCE APPLICATION**

**Registration Fee: \$80.00 (non-refundable)**

First: Mohamed Middle: Omar Last: Saleh Degree: MD

Practice Name (if any): Center for Medicine and Wellness (previously Center for Medicine & Psychiatry)

Nevada Address: 4503 Dean Martin Drive Suite #: 100

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: v E-mail address: salehfl@live.com

City: Las Vegas State: Nevada Zip Code: 89103

Nevada Telephone: (702) 791-1004 Nevada Fax: (702) 791-1005

Date of Birth: 07/08/1953 SS#: 267-95-5171 Sex: M ✓ or F

Practitioner License Number: .11784 Specialty: Addiction & Forensic Psychiatry

**You must be licensed with your respective BOARD before we will process this application.**

1) I have \_\_\_ I have not  been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

2) I have \_\_\_ I have not  been charged, arrested or convicted of a felony or misdemeanor.

3) I have \_\_\_ I have not  been the subject of an administrative action whether completed or pending.

4) I have \_\_\_ I have not  had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and provide an explanation and/or documents.

a) Board Administrative Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
and/or

b) Criminal Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

County: \_\_\_\_\_ Court: \_\_\_\_\_

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

[Signature] 11/23/10

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Board Use Only**

Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Entered: \_\_\_\_\_

Checked: \_\_\_\_\_

File Purged: \_\_\_\_\_

N/A: \_\_\_\_\_

Route To: **MCI Patrol Follow Up  
Victim Services**

**Year: 2010 Incident No.: 878531**

1



**Jacksonville Sheriff's Office  
General Offense / Incident Report**



**Incident Information**

Day/Date/Time of Incident-From: **Wednesday 11/3/2010 04:00**

Day/Date/Time of Incident-To: **Wednesday 11/3/2010 04:10**

Location of Incident: **1306 CAMPBELL AVE Apt./Lot #:**

Sub-Sector: **E1**

City: **JACKSONVILLE State: FLORIDA Zip: 32207**

Tn: **204 Crossstreet:**

Day/Date/Time Incident Reported: **Wednesday 11/3/2010 04:51**

Drug Activity: **NOT APPLICABLE**

Drug Type: **NOT APPLICABLE**

# Of Offenses: **1**

Alcohol Related: **UNKNOWN (OR N/A)**

Drug Related: **UNKNOWN (OR N/A)**

# Of Victims:

M.C.I. Case: **Yes Follow-up by: Patrol Office Was Hate Crime Involved: No**

# Of Suspects:

**Offense or Incident:**

**#1 Statute No: 784.045 Degree: F2 UCR Code: 130B Attempt Code: Commit  
BATTERY / AGG / DOMESTIC - PERSONAL OR SPECIAL WEAPON WITH NO OR MINOR INJURY**

**Property Section:**

**ITEM #1**

Type Code: **CLOTHING / FUR**

Status Code: **SEIZED (NOT STOLEN)**

Weapon Type: **Weapon Desc.:**

Weapon Caliber: **Barrel Length.:**

Manufacturer:

Model:

Full-Automatic Firearm:

Serial Number:

Color:

Qty. **1.00**

Drug Type:

Drug Unit Type:

Weight:

Unit of Measure:

Description:

**BLACK AND YELLOW JACKET**

Value Stolen or Damaged:

Value Recovered: **\$1.00**

Victim / Complaint Signed Signature Card: **Yes**

Property Owned By:

Property Received From:

Disposition of Evidence / Property: **Property Room**

Vehicle Property Recovered From:

**ADDITIONAL INFORMATION**

On 11-03-10 at 0554, I was dispatched to an aggravated domestic battery call that occurred at 1306 Campbell Ave. Upon my arrival at Memorial Hospital, I met with (Victim) who advised me of the following:

stated he returned home after an evening out at 0400 to get a clean suit and some other clothing items. said he went into the bedroom, where his wife ( ) was sleeping, and retrieved the items from the closet. said his wife got up and followed him into the kitchen. said (Suspect) grabbed a knife in the kitchen and asked him "Are you here to kill me?". said no and tried to move the knife away from him. In doing so, was cut by the knife causing a small laceration to the victim's forearm. stated he drove himself to Memorial Hospital to get the wound treated. The wound did not require any stitches. said that he and his wife are going through a divorce and he went to the courthouse yesterday to seek a restraining order. told me that on 11-01-10 his wife pulled a knife on him and threatened him, but police were not contacted.

I made contact with (Suspect) and read her Miranda Rights via card. said she was awakened at 0400 in the morning to someone in their bedroom closet. assumed it was her husband so she went back to sleep. then got up a little bit before 0500 and discovered that her husband was gone and the front door was left unlocked. then went back to bed. The suspect denied having a confrontation with the victim, but said they are going through a divorce. I asked about the incident that occurred on 11-01-10 and she denied it happened.

I contacted Sgt. T.C. James #5895 and advised him of the situation.

was given the documentation for domestic battery and his jacket, which he was wearing as he was cut, was placed in the property room.

was given an evidence technician card and he said he would call one when he got to his office.

stated he did not want to press charges on his wife.

I will contact the state attorney's office to seek a warrant for

Patrol efforts suspended.

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**Handouts:**

- #1 Case information Card
- #2 Domestic Violence Pamphlet
- #3 Vine Information
- #4 Victim Services Card
- #5 Advised of Shelter
- #6 Advised of Victim Services
- #7 Victim Notification Form
- #8 Signature Form

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Clearance Status: **CASE NOT CLEARED** Clearance Code: **NOT APPLICABLE** Number of Cases Cleared  
Case Not Cleared Type: **PENDING STATE ATTORNEY'S OFFICE DISP?**

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**CRIME ANALYSIS**

Aggravated Assault/Murder: **NOT APPLICABLE**  
Type of Weapon: **KNIFE / CUTTING INSTR**  
Forced Entry: **NOT APPLICABLE** Structure Occupancy Code: **NOT APPLICABLE**  
Number of Premises Entered:  
Location Type: **Residence-Home**  
Incident Occurred Inside this Location Incident Occurred In the Parking Lot at this Location: **No**  
Number of Vehicles Recovered: Number of Arrested:  
School Name: School Number

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**MISCELLANEOUS:**

Is Offense Related to Domestic Violence: **Yes** If yes, were Children under 18 Present: **No** If No is it Domestic Related:  
Is there additional information included on a continuation report: **No** Are there other Pertinent Reports: **Yes**  
In your opinion is there significant reason to believe that the crime can be solved by a patrol follow-up investigation? **No**  
Neighborhood Canvass Conducted: **No** Case Information Card Left With: **N.A.**  
If Other (Name Address):  
Address: Apt./Lot #: Sub-Sector:  
City: State: Zip:  
Taz: Crossstreet:  
Home Phone # Bus. Phone # Ext.  
Cell Phone # Cell Phone Provider E-mail  
Is Vagrant? **NO**

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**Investigative Time:**

#1 Hours: **2** Minutes: **30** Cost Amount: **\$36.15**

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Detective Called To the Scene: **#0**  
Evidence Technician Called to the Scene: **#0**  
Reporting Officers: **S.M.WOLFORD**  
Approving Supervisor **T.C.JAMES**  
Division: **PATROL** Unit: **ZONE 2**

NA:  Notified:   
NA:  Assigned By HQ:   
ID #6061  
ID #0 11/3/2010 09:18  
ID #5895

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