

RECEIVED

FREEDOM OF INFORMATION FORM (FOIL)

AUG 12 2025

To: City of Olean Records Access Officer
PO Box 668
Olean, NY 14760

CITY OF OLEAN
CLERK

*c.c.
Mayor
Attorney
police*

I hereby apply to inspect the following record: (Please Print)

Any and all police complaints and incident reports from 2022 and 2023 involving the following

party/parties: Katie [REDACTED] Luke Wenke [REDACTED] and/or [REDACTED] or

[REDACTED] Please provide the records electronically, as I am [REDACTED] and snail

mail is not an ideal form of correspondence. If you deny my request, please provide your reason

for doing so and instructions on how to appeal the denial. Thank you very much.

Signature: Katie [REDACTED]

Print Name: Katie [REDACTED]

Address: [REDACTED]

Telephone: [REDACTED]

Date: 08/10/2025

Approved *(X)*

Denied (for reasons checked below)

- ☐ Confidential Disclosure
- ☐ Part of Investigatory Files
- ☐ Unwarranted Invasion of Personal Privacy
- ☐ Record of which this Agency is Legal Custodian cannot be found
- ☐ Record is not maintained by this Agency
- ☐ Exempt by Statute other than the Freedom of Information Act
- ☐ Other

Signature: *Chief R*

Title: *Chief of Police*

Date: *08/10/2025*

Notice: You have a right to appeal a denial of this application to the head of this agency Name: _____ Title: _____

Who must fully explain the reason in writing for such denial within ten business days of receipt of an appeal.

I hereby appeal: _____ Date: _____

INCIDENT		1. Agency OLEAN CITY POLICE DEPARTMENT		2. Division/Precinct Investigations		New York State INCIDENT REPORT		3. ORI NY NY0040100		4. <input checked="" type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No. CA-02159-23		6. Incident No. BL-007447-23											
		7. Report Day Wed		8. Date 05 31 2023		9. Report Time 0800		10. Day Sat		11. Date 05 27 2023		12. Time 2215		13. Day Sat		14. Date 05 27 2023		15. Time 2230							
		18. Incident Type MATTER OF RECORD						17. Business Name						18. Weapon(s)						A.					
		19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) 320 CENTER ST										20. City, State, Zip (<input checked="" type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V) OLEAN, NY, 14760				21. Location Code 0501		B.							
22. OFF. NO.		LAW		SECTION		SUB		CL		CAT		DEG		ATT		NAME OF OFFENSE				CTS		23. No. of Victims 0		C.	
1																						24. No. of Suspects 0			
2																								E.	
3																									
25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim																26. Victim also complainant: <input type="checkbox"/> Y <input type="checkbox"/> N				G.					
TYPE/NO		NAME (LAST, FIRST, MIDDLE, TITLE)						Date of Birth						STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP								TELEPHONE NO.		H.	
CO		[REDACTED]						[REDACTED]						OLEAN NY 14760						[REDACTED]		I.			
CO		[REDACTED]						[REDACTED]						OLEAN NY 14760						[REDACTED]				J.	
NI		WENKE, LUKE, M						[REDACTED]						OLEAN NY 14760						[REDACTED]		K.			
																								L.	
																						M.			
																								N.	
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IMPACT POLICE AGENCY
INCIDENT REPORT (continue page)

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INCIDENT No. : CA-02159-23

BLOTTER/CC No. : BL-007447-23

ADDITIONAL NARRATIVE(s)

AM MAKING CONTACT WITH WENKE'S PROBATION OFFICER TO ASSIST ME IN
MAKING THE REQUEST FOR HIM TO STAY AWAY FROM THE COMPLAINANTS
RESIDENCE.

06/01/2023 10:59 -- BLOVSKY, ROBERT ([REDACTED]) --MADE CONTACT WITH U.S.
PROBATION OFFICER [REDACTED] WHO ADVISED ME THAT HE WILL MAKE
CONTACT WITH WENKE TODAY AND ADVISE HIM OF MY REQUEST.