RECEIVED

AUG 12 2025

CITY OF OLEAN
CLERK

cc: Mayor
Attorney
police

FREEDOM OF INFORMATION FORM (FOIL)

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

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 [redacted]
Title: Chief of Police
Date: 08/20/2025

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:_____

New York State INCIDENT REPORT

INCIDENT

1. Agency	2. Division/Precinct	3. ORI	4. ☒ Orig ☐ Supp	5. Case No.	6. Incident No.
OLEAN CITY POLICE DEPARTMENT	Investigations	NY NY0040100		CA-02159-23	BL-007447-23

7. Report Day	8. Date	9. Report Time	Occurred On/From:	10. Day	11. Date	12. Time	Occurred To:	13. Day	14. Date	15. Time
Wed	05 31 2023	0800	→	Sat	05 27 2023	2215	→	Sat	05 27 2023	2230

16. Incident Type	17. Business Name	18. Weapon(s)
MATTER OF RECORD		

19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)	20. City, State, Zip (☒ C ☐ T ☐ V)	21. Location Code
320 CENTER ST	OLEAN, NY, 14760	0501

22. OFF. NO.	LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS
1									
2									
3									

23. No. of Victims: 0

24. No. of Suspects: 0

ASSOCIATED PERSONS

25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim

26. Victim also complainant ☐ Y ☐ N

TYPE/NO	NAME (LAST, FIRST, MIDDLE, TITLE)	Date of Birth	STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP	TELEPHONE NO.
CO	[redacted]	[redacted]	[redacted] OLEAN NY 14760	[redacted]
CO	[redacted]	[redacted]	[redacted], OLEAN NY 14760	( )-
NI	WENKE, LUKE, M	[redacted]	[redacted] OLEAN NY 14760	[redacted]

VICTIM

27. Date of Birth	28. Age	29. Sex	30. Race	31. Ethnic	32. Handicap	33. Residence Status
		☐ M ☐ F ☐ U	☐ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.	☐ Hispanic ☐ Unk. ☐ Non-Hispanic	☐ Yes ☐ No	☐ Resident ☐ Tourist ☐ Student ☐ Other ☐ Commuter ☐ Military ☐ Homeless ☐ Unk. ☐ Temp. Res.- Foreign Nat.

34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law ☐ YES ☐ NO

SUSPECT MISSING/ARRESTED PERSON

35. Type/No.	36. Name (Last, First, Middle)	37. Alias/Nickname/Maiden Name (Last, First, Middle)	38. Apparent Condition
			☐ Impaired Drugs ☐ Mental Dis ☐ Unk. ☐ Impaired Alco ☐ Inj / Ill ☐ App Norm

39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)	40. Phone No.	41. Social Security No.
	☐ Cell ☐ Home ☐ Work	

42. Date of Birth	43. Age	44. Sex	45. Race	46. Ethnic	47. Skin	48. Occupation
		☐ M ☐ F ☐ U	☐ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.	☐ Hispanic ☐ Unk. ☐ Non-Hispanic	☐ Light ☐ Dark ☐ Unk. ☐ Medium ☐ Other	

49. Height	50. Weight	51. Hair	52. Eyes	53. Glasses	54. Build	55. Employer/School	56. Address
				☐ Yes ☐ Contacts ☐ No	☐ Small ☐ Large ☐ Medium		

57. Scars/Marks/Tattoos (Describe)

58. Misc.

PROPERTY

59. Victim or Suspect No.	Property Status	Property Type	Quantity/ Measure	Make or Drug Type	Model	Serial No.	Description	Value

VEHICLE

60. Vehicle Status	61. License Plate No.	62. State	63. Exp. Yr.	64. Plate Type	65. Value
	Full ☐ Partial ☐				0

66. Veh. Yr.	67. Make	68. Model	69. Style	70. VIN.

71. Color(s)

72. Towed By: _____ To:

73. Vehicle Notes

NARRATIVE

74. 06/01/2023 10:05 -- BLOVSKY, ROBERT [redacted] -- THE COMPLAINANTS CAME TO THE STATION TO REPORT THAT LUKE WENKE HAD LEFT A PAPER BAG CONTAINING A RELIGIOUS STATUTE AND A TWO PAGE LETTER IN THE BUSHES AT THIER RESIDENCE . THE PAPER BAG HAD BEEN DROPPED OFF TO THE STATION BY THE COMPLAINANTS PREVIOUS TO THE COMPLAINANTS MEETING WITH ME AND HAD BEEN PLACED IN DISPATCH. [redacted] HAS VIDEO OF WENKE DROPPING OFF THIS BAG ON HER CELL PHONE FROM HER HOME SECURITY CAMERA. THE LETTER DOES NOT APPEAR TO BE THREATENING BUT DOES NOT MAKE SENSE TO THE COMPLAINANTS AND THEY REQUESTED THAT I ASK WENKE TO NOT COME AROUND THIER HOME ANY MORE. I MADE TWO ATTEMPTS ON 05/31 AND ONE ATTEMPT ON 06/01 AT THE WENKE RESIDENCE WITH NEGATIVE RESULTS . I

ADMINISTRATIVE

75. Inquiries (Check all that apply)	76. NYSPIN Message No.	77. Complainant Signature
☐ DMV ☐ Want/Warrant ☐ Scofflaw ☐ Crim. History ☐ Stolen Property ☐ Other		

78. Reporting Officer Signature (Include Rank)	79. ID No.	80. Supervisor's Signature (Include Rank)	81. ID No.

82. Status	83. Status Date	84. Notified/TOT
☒ Open ☐ Closed (If Closed, check box below) ☐ Unfounded ☐ Victim Refused to Coop. ☐ Arrest ☐ Pros Declined ☐ Warrant Advised ☐ CBI ☐ Juv. - No Custody ☐ Arrest - Juv ☐ Offender Dead ☐ Extrad. Declin ☐ Unk.		50

A. -
B. -
C. -
D. -
E. -
F. -
G. -
H. -
I. 4
J. -
K. 4
L. -
M. -
N. 77
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X
0

B use cover sheet

05.

Page of

Pages

INCIDENT No. : CA-02159-23 **BLOTTER/CC No. : BL-007447-23**

ADDITIONAL NARRATIVE(s)

AM MAKING CONTACT WITH WENKE'S PROBTION 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.

New York State INCIDENT REPORT

INCIDENT

1. Agency	2. Division/Precinct	3. ORI	4. [X] Orig [ ] Supp	5. Case No.	6. Incident No.
OLEAN CITY POLICE DEPARTMENT	1	NY NY0040100		CA-02511-23	BL-008577-23

7. Report Day	8. Date	9. Report Time	Occurred On/From:	10. Day	11. Date	12. Time	Occurred To:	13. Day	14. Date	15. Time
Sun	06 18 2023	2207	→	Sun	06 18 2023	2207	→	Sun	06 18 2023	2207

16. Incident Type	17. Business Name	18. Weapon(s)
CHECK ON THE WELFARE		

19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)	20. City, State, Zip ([X] C [ ] T [ ] V)	21. Location Code
[redacted]	OLEAN, NY, 14760-2015	0501

22. OFF. NO.	LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS
1									
2									
3									

23. No. of Victims: 0

24. No. of Suspects: 1

ASSOCIATED PERSONS

25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim

26. Victim also complainant [ ] Y [ ] N

TYPE/NO	NAME (LAST, FIRST, MIDDLE, TITLE)	Date of Birth	STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP	TELEPHONE NO.
CA	[redacted]		, OLEAN NY 14760	

VICTIM

27. Date of Birth	28. Age	29. Sex	30. Race	31. Ethnic	32. Handicap	33. Residence Status
		[ ] M [ ] F [ ] U	[ ] White [ ] Black [ ] Other [ ] Indian [ ] Asian [ ] Unk.	[ ] Hispanic [ ] Unk. [ ] Non-Hispanic	[ ] Yes [ ] No	[ ] Resident [ ] Tourist [ ] Student [ ] Other [ ] Commuter [ ] Military [ ] Homeless [ ] Unk. [ ] Temp. Res.- Foreign Nat.

34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law [ ] YES [ ] NO

SUSPECT MISSING/ARRESTED PERSON

35. Type/No.	36. Name (Last, First, Middle)	37. Alias/Nickname/Maiden Name (Last, First, Middle)	38. Apparent Condition
SU	WENKE, LUKE, M		[ ] Impaired Drugs [ ] Mental Dis [ ] Unk. [ ] Impaired Alco [ ] Inj / Ill [ ] App Norm

39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip))	40. Phone No.	41. Social Security No.
[redacted], OLEAN, NY, 14760	[redacted] [X] Cell [ ] Home [ ] Work	

42. Date of Birth	43. Age	44. Sex	45. Race	46. Ethnic	47. Skin	48. Occupation
[redacted]	[redacted]	[X] M [ ] F [ ] U	[X] White [ ] Black [ ] Other [ ] Indian [ ] Asian [ ] Unk.	[ ] Hispanic [ ] Unk. [X] Non-Hispanic	[ ] Light [ ] Dark [ ] Unk. [ ] Medium [ ] Other	County head

49. Height	50. Weight	51. Hair	52. Eyes	53. Glasses	54. Build	55. Employer/School	56. Address
5 7		BLN	HAZ	[ ] Yes [ ] Contacts [ ] No	[ ] Small [ ] Large [X] Medium	Libertarian party	

57. Scars/Marks/Tattoos (Describe)

58. Misc.

PROPERTY

59. Victim or Suspect No.	Property Status	Property Type	Quantity/ Measure	Make or Drug Type	Model	Serial No.	Description	Value

VEHICLE

60. Vehicle Status	61. License Plate No.	62. State	63. Exp. Yr.	64. Plate Type	65. Value
	Full [ ] Partial [ ]				

66. Veh. Yr.	67. Make	68. Model	69. Style	70. VIN

71. Color(s)

72. Towed By: _____ To:

73. Vehicle Notes

NARRATIVE

74. 06/19/2023 00:32 -- CANNA, AUGUST ([redacted] -- (CA) reported that (PI) was very aggressive on the phone with (CA)'s mother and wanted his welfare checked. Patrol spoke with (PI) who stated that he was okay and that he was speaking about his previous arrest on federal charges and it made him upset. Cleared by investigation.

X X X X X X X X X X

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ADMINISTRATIVE

75. Inquiries (Check all that apply) [ ] DMV [ ] Want/Warrant [ ] Scofflaw [ ] Crim. History [ ] Stolen Property [ ] Other

76. NYSPIN Message No.

77. Complainant Signature

B use cover sheet

85. Page of Pages

78. Reporting Officer Signature (Include Rank)

79. ID No. [redacted] PTL CANNA

80. Supervisor's Signature (Include Rank)

81. ID No.

82. Status [ ] Open [X] Closed (if Closed, check box below) [ ] Unfounded [ ] Victim Refused to Coop. [ ] Arrest [ ] Pros Declined [ ] Warrant Advised [X] CBI [ ] Juv. - No Custody [ ] Arrest - Juv [ ] Offender Dead [ ] Extrad. Declin [ ] Unk.

83. Status Date

84. Notified/TOT: 42

DCJS-3205 (11/06) *FALSE STATEMENTS ARE PUNISHABLE AS A CRIME, PURSUANT TO THE NEW YORK STATE PENAL LAW.

New York State INCIDENT REPORT

INCIDENT

1. Agency	2. Division/Precinct	3. ORI	4. [X] Orig [ ] Supp	5. Case No.	6. Incident No.
OLEAN CITY POLICE DEPARTMENT	2	NY NY0040100		CA-02586-23	BL-008833-23

7. Report Day	8. Date	9. Report Time	Occurred On/From:	10. Day	11. Date	12. Time	Occurred To:	13. Day	14. Date	15. Time
Fri	06 23 2023	0835	→	Fri	06 23 2023	0835	→	Fri	06 23 2023	0835

16. Incident Type	17. Business Name	18. Weapon(s)	A.
PROPERTY RETRIEVAL			

19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)	20. City, State, Zip ([X] C [ ] T [ ] V)	21. Location Code	B.
[redacted]	OLEAN, NY, 14760-2015	050I	

22. OFF. NO.	LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS	23. No. of Victims	C.
1										0	
2										24. No. of Suspects	D.
3										0	

ASSOCIATED PERSONS

25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim — 26. Victim also complainant [ ] Y [ ] N — E.

TYPE/NO	NAME (LAST, FIRST, MIDDLE, TITLE)	Date of Birth	STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP	TELEPHONE NO.	
CA	[redacted]		, OLEAN 14760	[redacted]	F.
NI	WENKE, LUKE, M		[redacted] [redacted] OLEAN NY 14760	[redacted]	G.
					H.
					I. 4

VICTIM

27. Date of Birth	28. Age	29. Sex	30. Race	31. Ethnic	32. Handicap	33. Residence Status	J. 60
		[ ] M [ ] F [ ] U	[ ] White [ ] Black [ ] Other [ ] Indian [ ] Asian [ ] Unk.	[ ] Hispanic [ ] Unk. [ ] Non-Hispanic	[ ] Yes [ ] No	[ ] Resident [ ] Tourist [ ] Student [ ] Other [ ] Commuter [ ] Military [ ] Homeless [ ] Unk.	

34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law [ ] YES [ ] NO — K. 4

SUSPECT MISSING/ARRESTED PERSON

35. Type/No.	36. Name (Last, First, Middle)	37. Alias/Nicknames/Maiden Name (Last, First, Middle)	38. Apparent Condition	L.
			[ ] Impaired Drugs [ ] Mental Dis [ ] Unk. [ ] Impaired Alco [ ] Inj / Ill [ ] App Norm	

39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip))	40. Phone No.	41. Social Security No.	M.
	[ ] Cell [ ] Home [ ] Work		

42. Date of Birth	43. Age	44. Sex	45. Race	46. Ethnic	47. Skin	48. Occupation	N. 77
		[ ] M [ ] F [ ] U	[ ] White [ ] Black [ ] Other [ ] Indian [ ] Asian [ ] Unk.	[ ] Hispanic [ ] Unk. [ ] Non-Hispanic	[ ] Light [ ] Dark [ ] Unk. [ ] Medium [ ] Other		

49. Height	50. Weight	51. Hair	52. Eyes	53. Glasses	54. Build	55. Employer/School	56. Address	
				[ ] Yes [ ] Contacts [ ] No	[ ] Small [ ] Large [ ] Medium			X

57. Scars/Marks/Tattoos (Describe)	58. Misc.	
		X

PROPERTY

59. Victim or Suspect No.	Property Status	Property Type	Quantity/ Measure	Make or Drug Type	Model	Serial No.	Description	Value	
									X
									X
									X

VEHICLE

60. Vehicle Status	61. License Plate No. Full [ ] Partial [ ]	62. State	63. Exp. Yr.	64. Plate Type	65. Value	0	
							X

66. Veh. Yr.	67. Make	68. Model	69. Style	70. VIN	
					X

71. Color(s)	72. Towed By: / To:	73. Vehicle Notes	
			X

NARRATIVE

74. 06/23/2023 09:31 -- DARCY, AUSTEN ([redacted] --Patrol responded to the above location for a property retrieval. NI works for CA at Sky homes and has gotten into some legal problems. NI has not answered CA's calls or returned the vehicle. Patrol attempted to make contact with NI however negative results. CA stated they do not have a spare key. Patrol advised CA that her other option would be to have the vehicle towed.

X

0

ADMINISTRATIVE

75. Inquiries (Check all that apply)	76. NYSPIN Message No.	77. Complainant Signature	B use cover sheet ↑
[ ] DMV [ ] Want/Warrant [ ] Scofflaw [ ] Crim. History [ ] Stolen Property [ ] Other			85.

78. Reporting Officer Signature (Include Rank)	79. ID No.	80. Supervisor's Signature (Include Rank)	81. ID No.	Page of
PFI Austen Darcy				Pages

82. Status	83. Status Date	84. Notified/TOT
[ ] Open [X] Closed (If Closed, check box below) [ ] Unfounded [ ] Victim Refused to Coop. [ ] Arrest [ ] Pros Declined [ ] Warrant Advised [X] CBI [ ] Juv. - No Custody [ ] Arrest - Juv [ ] Offender Dead [ ] Extrad. Declin [ ] Unk.		47

New York State INCIDENT REPORT

INCIDENT

1. Agency	2. Division/Precinct	3. ORI	4. ☒ Orig ☐ Supp	5. Case No.	6. Incident No.
OLEAN CITY POLICE DEPARTMENT	3	NY NY0040100		CA-03690-23	BL-012480-23

7. Report Day	8. Date	9. Report Time	Occurred On/From:	10. Day	11. Date	12. Time	Occurred To:	13. Day	14. Date	15. Time
Fri	08 18 2023	1626	→	Fri	08 18 2023	1626	→	Fri	08 18 2023	1626

16. Incident Type	17. Business Name	18. Weapon(s)	A.
HARASSMENT			

19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)	20. City, State, Zip (☒ C ☐ T ☐ V)	21. Location Code	B.
322 N 13TH ST	Olean, NY, 14760	0501	

22. OFF. NO.	LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS	23. No. of Victims	C.
1	PL	240.30	02	A	M	2	F	AGG HARASS 2 -THREAT BY PHONE	1	1	
2										24. No. of Suspects	D.
3										2	01

ASSOCIATED PERSONS

25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim — 26. Victim also complainant ☒ Y ☐ N — E.

TYPE/NO	NAME (LAST, FIRST, MIDDLE, TITLE)	Date of Birth	STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP	TELEPHONE NO.	F.
CV	[redacted] KATIE [redacted]	[redacted]	[redacted]	[redacted]	

G. 77 H. 1 I. 4

VICTIM

27. Date of Birth	28. Age	29. Sex	30. Race	31. Ethnic	32. Handicap	33. Residence Status	J.
06 14 1988	35	☐ M ☒ F ☐ U	☐ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☒ Unk.	☐ Hispanic ☒ Unk. ☐ Non-Hispanic	☐ Yes ☒ No	☒ Resident ☐ Tourist ☐ Student ☐ Other ☐ Commuter ☐ Military ☐ Homeless ☐ Unk.	00

34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law ☐ YES ☒ NO — K. 4

SUSPECT MISSING/ARRESTED PERSON

35. Type/No.	36. Name (Last, First, Middle)	37. Alias/Nickname/Maiden Name (Last, First, Middle)	38. Apparent Condition	L.
SU	WENKE, LUKE, M		☐ Impaired Drugs ☐ Mental Dis ☐ Unk. ☐ Impaired Alco ☐ Inj / Ill ☐ App Norm	Acquaint ance

39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)	40. Phone No.	41. Social Security No.	M.
[redacted], OLEAN, NY, 14760	[redacted] ☒ Cell ☐ Home ☐ Work		0

42. Date of Birth	43. Age	44. Sex	45. Race	46. Ethnic	47. Skin	48. Occupation	N.
[redacted]	[redacted]	☒ M ☐ F ☐ U	☒ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk.	☐ Hispanic ☐ Unk. ☒ Non-Hispanic	☐ Light ☐ Dark ☐ Unk. ☐ Medium ☐ Other	County head	77

49. Height	50. Weight	51. Hair	52. Eyes	53. Glasses	54. Build	55. Employer/School	56. Address
5 7		BLN	HAZ	☐ Yes ☐ Contacts ☐ No	☐ Small ☐ Large ☒ Medium	Libertarian party	

57. Scars/Marks/Tattoos (Describe) — 58. Misc.

PROPERTY

59. Victim or Suspect No.	Property Status	Property Type	Quantity/ Measure	Make or Drug Type	Model	Serial No.	Description	Value

VEHICLE

60. Vehicle Status	61. License Plate No. Full ☐ Partial ☐	62. State	63. Exp. Yr.	64. Plate Type	65. Value
					0

66. Veh. Yr.	67. Make	68. Model	69. Style	70. VIN.

71. Color(s) — 72. Towed By: _____ To: — 73. Vehicle Notes

NARRATIVE

74. 08/21/2023 18:59 -- PAVLOCK, CHRISTOPHER [redacted] -- CO reports ongoing harassment from SU, investigation to continue.

X X X X X X X X X X X 0

B use cover sheet ↑

ADMINISTRATIVE

75. Inquiries (Check all that apply)	76. NYSPIN Message No.	77. Complainant Signature	05.
☐ DMV ☐ Want/Warrant ☐ Scofflaw ☐ Crim. History ☐ Stolen Property ☐ Other			

78. Reporting Officer Signature (Include Rank)	79. ID No.	80. Supervisor's Signature (Include Rank)	81. ID No.	Page of

82. Status ☒ Open ☐ Closed (If Closed, check box below) ☐ Unfounded ☐ Victim Refused to Coop. ☐ Arrest ☐ Pros Declined ☐ Warrant Advised ☐ CBI ☐ Juv. - No Custody ☐ Arrest - Juv ☐ Offender Dead ☐ Extrad. Declin ☐ Unk.	83. Status Date	84. Notified/TOT	Pages
		32	

IMPACT POLICE AGENCY
INCIDENT REPORT (continue page)

INCIDENT No. : CA-03690-23 **BLOTTER/CC No. : BL-012480-23**

ADDITIONAL SUSPECT/MISSING/ARRESTED PERSON(s)

Type: SU Name: McCaul, Janet Address:

AKA: Condition: SS #:

Home Phone: Bus. Phone:

DOB: Age: Sex: F Race: Ethnic: Skin:

Height: Weight: Hair: Eyes: Glasses: Build:

Scars: Misc: