



November 24, 2015

Karen Myers
3013 E. Central
Wichita, KS 67214

Re: Request for records
Kansas Open Records Act

Dear Ms. Myers:

Please be advised that your requests for records pursuant to the Kansas Open Records Act (KORA) dated November 19, 2015 were received by the Wichita Police Department and were forwarded to me for review. Specifically, you requested a copy of WPD Incident #15C075977, and also all police incident reports and audio files pertaining to the address of 5107 E. Kellogg from the date of November 11, 2015.

As to WPD Incident #15C075977, you have been provided with the portion of the Kansas Standard Offense Report, or KSOR. This form, prepared by the Kansas Bureau of Investigation, is used by all law enforcement agencies to record and submit information regarding police incidents within the State of Kansas. The information contained on the front page of that form is deemed to be an open public record. Because this is a criminal investigation record and contains suspect information, access to the remainder of that report is restricted by state statute and is thus denied pursuant to K.S.A. 45-221(a)(1). Additionally, the portion of the report being provided to you has been redacted pursuant to provisions of the KORA and also pursuant to various opinions of the Kansas Attorney General.

Regarding your second request, only one WPD incident report was found for the date and location you provided, which is WPD Incident #15C075516. Since this incident is not a criminal investigation nor does it contain suspect information, you have been provided all three pages of the report. It has been redacted, however, pursuant to K.S.A. 45-221(a)(30) as these records

Department of Law

Elizabeth Harlenske, Assistant City Attorney

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Karen Myers
November 24, 2015
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contain information of a personal nature, disclosure of which would constitute a clearly unwarranted invasion of personal privacy of the persons involved and their families, and also pursuant to K.S.A. 45-221(a)(3), as these records contain information regarding medical treatment pertaining to identifiable patients.

You also requested audio files from any incident report from November 11, 2015 at 5107 E. Kellogg. That request is declined pursuant to K.S.A. 45-219(a), which states that a public agency is not required to provide copies of video tapes, photos or audio recordings unless such items were shown or played to a public meeting of the governing body of the City of Wichita.

Should you disagree with this decision, the KORA sets forth remedies that are available to you. At this time, your KORA request to the City of Wichita, dated November 19, 2015, is considered closed.

Sincerely,



Elizabeth Harlenske
Assistant City Attorney and as legal counsel for
The Wichita Police Department Records Custodian

<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFY		<input type="checkbox"/> DELETE <input type="checkbox"/> ADD		KANSAS STANDARD OFFENSE REPORT FRONT PAGE OPEN PUBLIC RECORD				PAGE 1 OF 1											
<input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/> CITIZEN		<input type="checkbox"/> DISPATCHED <input type="checkbox"/> DICTATED		NAME OF AGENCY WICHITA POLICE DEPARTMENT		KS AGENCY ORI NUMBER KS0870300		CASE NUMBER 15C075977											
INCIDENT	DATE OF REPORT (MMDDCCYY) 11/13/2015		TIME REPORTED 1239 HRS		DATE OFFENSE STARTED (MMDDCCYY) 11/13/2015		TIME 1235 HRS		DATE OFFENSE ENDED (MMDDCCYY) 11/13/2015		TIME 1239 HRS								
	EXCEPTIONAL CLEARANCE DATE (MMDDCCYY)				EXCEPTIONAL CLEARANCE A <input type="checkbox"/> DEATH OF OFFENDER D <input type="checkbox"/> VICTIM REFUSES TO TESTIFY		B <input type="checkbox"/> PROSECUTION DENIED E <input type="checkbox"/> JUVENILE-NO CUSTODY		C <input type="checkbox"/> EXTRADITION DENIED N <input checked="" type="checkbox"/> NOT APPLICABLE										
	LOCATION OF OFFENSE 5107 E. Kellogg				REPORT AREA 35		ADDITIONAL OFFICER		CONNECTING CASES										
	CHAPTER 21		SECTION 5808		SUB1 a		SUB2		<input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED		<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input checked="" type="checkbox"/> SOLICITATION								
OFFENSE #1	DESCRIPTION Trespass				PREMISE 19		# OF PREM 1		HATE / BIAS 88		CAMPUS CODE NA								
	METHOD OF ENTRY F <input type="checkbox"/> FORCE N <input checked="" type="checkbox"/> NO FORCE				TYPE OF THEFT M <input type="checkbox"/> COIN MACHINE B <input type="checkbox"/> FROM BUILDING A <input type="checkbox"/> M V PARTS & ACC. L <input type="checkbox"/> SHOPLIFTING P <input type="checkbox"/> POCKET-PICKING S <input type="checkbox"/> PURSE SNATCHING		E <input type="checkbox"/> EMBEZZLEMENT T <input type="checkbox"/> POSS. STOLEN PROP V <input type="checkbox"/> MOTOR VEHICLE F <input type="checkbox"/> THEFT FROM M V O <input type="checkbox"/> ALL OTHER N <input checked="" type="checkbox"/> NOT APPLICABLE		TYPE OF FORCE / WEAPON 11. <input type="checkbox"/> FIREARM <input type="checkbox"/> AUTO 12. <input type="checkbox"/> HANDGUN <input type="checkbox"/> AUTO 13. <input type="checkbox"/> RIFLE <input type="checkbox"/> AUTO 14. <input type="checkbox"/> SHOTGUN <input type="checkbox"/> AUTO 15. <input type="checkbox"/> OTHER FIREARM <input type="checkbox"/> AUTO 20. <input type="checkbox"/> KNIFE / CUT INSTR. 30. <input type="checkbox"/> BLUNT OBJECT 35. <input type="checkbox"/> MOTOR VEHICLE 40. <input type="checkbox"/> PERSONAL WEAPON 50. <input type="checkbox"/> POISON 60. <input type="checkbox"/> EXPLOSIVE 65. <input type="checkbox"/> FIRE / INCID / DEVICE 70. <input type="checkbox"/> DRUGS / NARCOTICS 85. <input type="checkbox"/> ASPHYXIATION 90. <input type="checkbox"/> OTHER 95. <input type="checkbox"/> UNKNOWN 99. <input checked="" type="checkbox"/> NONE										
	OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIP. N <input checked="" type="checkbox"/> NOT APPLICABLE				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B <input type="checkbox"/> BUYING / RECEIVING C <input type="checkbox"/> CULT / MANU / PUBL D <input type="checkbox"/> DIST / SELLING E <input type="checkbox"/> EXPLOIT. CHILDREN O <input type="checkbox"/> OPER / PROMOTE / ASSIST P <input type="checkbox"/> POSSESS / CONCEAL.		T <input type="checkbox"/> TRANS / TRANSMIT / IMPORT U <input type="checkbox"/> USING / CONSUMING J <input type="checkbox"/> JUVENILE GANG G <input type="checkbox"/> OTHER GANG N <input checked="" type="checkbox"/> NO GANG INVOLVEMENT		LOCAL CODE (CLASSIFICATION) 2697										
	TYPE OF VICTIM 1 <input type="checkbox"/> INDIVIDUAL B <input checked="" type="checkbox"/> BUSINESS				S <input type="checkbox"/> SOCIETY / PUBLIC F <input type="checkbox"/> FINANCIAL INSTITUTION		R <input type="checkbox"/> RELIGIOUS ORGANIZATION G <input type="checkbox"/> GOVERNMENT		O <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN		VICTIM OF OFFENSE NUMBER (CIRCLE) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>								
VICTIM #1	NAME LAST South Wind Women's Clinic				FIRST MIDDLE				STATE ZIP										
	ADDRESS STREET 5107 E. Kellogg				CITY Wichita				STATE ZIP										
	TELEPHONE NUMBER (HOME) (316)260-6934				RACE W		SEX M		ETHNICITY N		RES. / N-RES R								
	DRIVERS LICENSE NUMBER				DL STATE		E-MAIL ADDRESS		EMPLOYER/SCHOOL		CITY STATE ZIP								
RP / W / O	NAME LAST Swinney Carl				FIRST MIDDLE				ADDRESS STREET 5107 E. Kellogg				CITY Wichita		STATE ZIP				
	TELEPHONE NUMBER (HOME) (316)260-6934				RACE W		SEX M		ETHNICITY N		RES. / N-RES R		DATE OF BIRTH (MMDDCCYY)		HEIGHT WEIGHT HAIR EYES				
	EMPLOYER/SCHOOL South Wind Women's Clinic				ADDRESS STREET 5107 E. Kellogg		CITY Wichita		STATE ZIP		TELEPHONE NUMBER (WORK/SCHOOL)								
	CIRCUM. AGG ASLT/BATTERY (MAX 2)				VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.				TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.										
PROP. DESCRIPTION	TYPE PROPERTY LOSS 1-NONE 2-BURNED 3-COUNTERFEIT/FORGERY 4-DESTROYED/DAMAGED/VANDALIZED 5-RECOVERED 6-SEIZED 7-STOLEN 8-UNKNOWN																		
	TYPE LOSS		PROPERTY/ DRUG CODE		DESCRIPTION / SUSPECTED DRUG TYPE				ESTIMATED QUANTITY		FRACTION		TYPE DRUG MEASURE		VALUE		RECOVERY DATE		
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REPORTING OFFICER D. Hanners				BADGE / ID 1808				DATE OF REPORT (MMDDCCYY) 11/13/2015				COPIES TO Burg				PROPERTY TOTAL \$0.00			

<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY <input type="checkbox"/> ADD		KANSAS STANDARD OFFENSE REPORT FRONT PAGE OPEN PUBLIC RECORD				PAGE 1 OF 1																	
<input type="checkbox"/> ON VIEW <input type="checkbox"/> CITIZEN		<input checked="" type="checkbox"/> DISPATCHED <input type="checkbox"/> DICTATED		NAME OF AGENCY WICHITA POLICE DEPARTMENT		KS AGENCY ORI NUMBER KS0870300		CASE NUMBER 15C075516															
INCIDENT	DATE OF REPORT (MMDDCCYY) 11-11-15		TIME REPORTED 1540		DATE OFFENSE STARTED (MMDDCCYY) 11-11-15		TIME 1540		DATE OFFENSE ENDED (MMDDCCYY) 11-11-15		TIME 1540												
	EXCEPTIONAL CLEARANCE DATE (MMDDCCYY)				EXCEPTIONAL CLEARANCE <input type="checkbox"/> A <input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> B <input type="checkbox"/> PROSECUTION DENIED <input type="checkbox"/> C <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> D <input type="checkbox"/> VICTIM REFUSES TO TESTIFY <input type="checkbox"/> E <input type="checkbox"/> JUVENILE-NO CUSTODY <input checked="" type="checkbox"/> F <input type="checkbox"/> NOT APPLICABLE																		
	LOCATION OF OFFENSE 5107 E. Kellogg				REPORT AREA 35		ADDITIONAL OFFICER		CONNECTING CASES														
OFFENSE #1	CHAPTER		SECTION		SUB1		SUB2		<input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED		<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION												
	DESCRIPTION Outside																						
	PREMISE 18		# OF PREM 1		HATE / BIAS 88		CAMPUS CODE none		METHOD OF ENTRY F <input type="checkbox"/> FORCE N <input checked="" type="checkbox"/> NO FORCE														
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	LOCAL CODE (CLASSIFICATION) 6200																						
	TYPE OF VICTIM I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS S <input type="checkbox"/> SOCIETY / PUBLIC F <input type="checkbox"/> FINANCIAL INSTITUTION R <input type="checkbox"/> RELIGIOUS ORGANIZATION G <input type="checkbox"/> GOVERNMENT O <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN								VICTIM OF OFFENSE NUMBER (CIRCLE) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>														
	NAME LAST FIRST MIDDLE																						
	ADDRESS STREET CITY STATE ZIP																						
VICTIM #	TELEPHONE NUMBER (HOME)		RACE		SEX		ETHNICITY		RES. / N-RES		AGE		DATE OF BIRTH (MMDDCCYY)		HEIGHT		WEIGHT		HAIR		EYES		
	DRIVERS LICENSE NUMBER		DL STATE		E-MAIL ADDRESS				EMPLOYER/SCHOOL														
	TELEPHONE NUMBER (WORK / SCHOOL)		ADDRESS		STREET		CITY		STATE		ZIP												
	CIRCUM AGG ASI / BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.										
RP / W / O	NAME LAST FIRST MIDDLE R1		ADDRESS STREET CITY STATE ZIP																				
	TELEPHONE NUMBER (HOME)		RACE		SEX		ETHNICITY		RES. / N-RES		AGE		DATE OF BIRTH (MMDDCCYY)		HEIGHT		WEIGHT		HAIR		EYES		
	EMPLOYER/SCHOOL		ADDRESS		STREET		CITY		STATE		ZIP		TELEPHONE NUMBER (WORK/SCHOOL)										
PROP. DESCRIPTION	TYPE PROPERTY LOSS 1=NONE 2=BURNED 3= COUNTERFEIT / FORGERY 4= DESTROYED / DAMAGED / VANDALIZED 5= RECOVERED 6= SEIZED 7= STOLEN 8= UNKNOWN																						
	TYPE LOSS		PROPERTY / DRUG CODE		DESCRIPTION / SUSPECTED DRUG TYPE								ESTIMATED QUANTITY		FRACTION		TYPE DRUG MEASURE		VALUE		RECOVERY DATE		
	1																						
REPORTING OFFICER A. Vogt		BADGE / ID 2348		DATE 11-11-15		COPIES TO SEX																PROPERTY TOTAL -	

CRIMINAL INVESTIGATION RECORD / NOT AN OPEN PUBLIC RECORD

AGENCY ORI NUMBER KS0870300		CASE NUMBER 15C075516		DATE OF REPORT (MMDDCCYY) 11-11-15		PAGE 1 of 1						
METHOD OF OPERATION	INSTRUMENT USED FOR ENTRY:			POINT OF ENTRY:		POINT OF EXIT:						
	1. <input type="checkbox"/> KEY 5. <input type="checkbox"/> BOLT CUTTER 9. <input type="checkbox"/> THROWN OBJECT 2. <input type="checkbox"/> PRY TOOL 6. <input type="checkbox"/> CHOPPING TOOL 10. <input type="checkbox"/> OTHER 3. <input type="checkbox"/> SAW/DRILL 7. <input type="checkbox"/> VISE GRIPS 11. <input checked="" type="checkbox"/> NOT APPLICABLE 4. <input type="checkbox"/> HAMMER 8. <input type="checkbox"/> PHYSICAL FORCE			9. <input checked="" type="checkbox"/> NOT APPLICABLE 1. <input type="checkbox"/> FRONT 2. <input type="checkbox"/> REAR 3. <input type="checkbox"/> SIDE 4. <input type="checkbox"/> ROOF		9. <input checked="" type="checkbox"/> NOT APPLICABLE 1. <input type="checkbox"/> FRONT 2. <input type="checkbox"/> REAR 3. <input type="checkbox"/> SIDE 4. <input type="checkbox"/> ROOF						
	SAFE ENTERED: 1. <input type="checkbox"/> YES 3. <input type="checkbox"/> ATTEMPTED 5. <input type="checkbox"/> PEBLED 7. <input type="checkbox"/> COMBINATION KNOWN 2. <input type="checkbox"/> NO 4. <input type="checkbox"/> REMOVED 6. <input type="checkbox"/> EXPLODED 9. <input checked="" type="checkbox"/> NOT APPLICABLE			INCIDENT ACTIVITY: C. <input type="checkbox"/> DOMESTIC VIOLENCE CHILDREN PRESENT J. <input type="checkbox"/> CAR JACKING D. <input type="checkbox"/> DOMESTIC VIOLENCE N. <input checked="" type="checkbox"/> NOT APPLICABLE								
SUSPECT # 01	NAME LAST FIRST MIDDLE 01											
	ADDRESS STREET CITY STATE ZIP Unknown											
	TELEPHONE NUMBER (HOME)		RACE	SEX	ETHNICITY	RES / N-RES	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES
			W	M	N	R						
	SOCIAL SECURITY NUMBER		EMPLOYER / SCHOOL				ADDRESS			TELEPHONE NUMBER (WORK/SCHOOL)		
	MONIKERS / ALIAS											
	ADDITIONAL SUSPECT DESCRIPTORS											
	VEHICLE: <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> TARGET <input type="checkbox"/> STOLEN <input type="checkbox"/> EMBEZZLED <input type="checkbox"/> RECOVERED <input type="checkbox"/> SUSPECT <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> OTHER <input type="checkbox"/> HOLD FOR											
	MAKE		YEAR		MODEL		COLOR		VEHICLE STYLE			
	LICENSE NUMBER		YEAR		STATE		VEHICLE IDENTIFICATION NUMBER			OTHER		
SUSPECT # 02	NAME LAST FIRST MIDDLE 02											
	ADDRESS STREET CITY STATE ZIP											
	TELEPHONE NUMBER (HOME)		RACE	SEX	ETHNICITY	RES / N-RES	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES
	SOCIAL SECURITY NUMBER		EMPLOYER / SCHOOL				ADDRESS			TELEPHONE NUMBER (WORK/SCHOOL)		
	MONIKERS / ALIAS											
	ADDITIONAL SUSPECT DESCRIPTORS											
	VEHICLE: <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> TARGET <input type="checkbox"/> STOLEN <input type="checkbox"/> EMBEZZLED <input type="checkbox"/> RECOVERED <input type="checkbox"/> SUSPECT <input type="checkbox"/> ASSOCIATED <input type="checkbox"/> OTHER <input type="checkbox"/> HOLD FOR											
	MAKE		YEAR		MODEL		COLOR		VEHICLE STYLE			
	LICENSE NUMBER		YEAR		STATE		VEHICLE IDENTIFICATION NUMBER			OTHER		
EVIDENCE INFORMATION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUBMITTED <input type="checkbox"/> RETAINED BY VICTIM <input type="checkbox"/> RETAINED BY OFFICER <input type="checkbox"/> RETAINED BY INVESTIGATIVE AGENCY												
EVIDENCE OBTAINED: <input type="checkbox"/> LATENT PRINTS <input type="checkbox"/> WEAPONS / TOOLS <input type="checkbox"/> SEXUAL ASSAULT KIT <input type="checkbox"/> STAINS <input type="checkbox"/> SEMEN <input type="checkbox"/> DRUGS <input type="checkbox"/> OTHER PRINTS <input type="checkbox"/> PHOTOS <input type="checkbox"/> HAIR <input type="checkbox"/> BLOOD <input type="checkbox"/> DOCUMENTS <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER												
SSN OF VICTIM:						SSN OF RP/WO						
SYNOPSIS: On above date, time, & location R1 reports her daughter 02 being taken by her father 01 to an abortion clinic without R1's permission in violation of there custody arrangement. AXON video available.												
NARRATIVE: On 11-11-15 I was dispatched to a welfare check at the Southwind Womens Center located at 5107 E. Kellogg Drv. Upon arrival I contacted the director who advised she was aware of the situation but that there was not a situation. She refused to acknowledge whether 02 was currently there or a patient. She also refused to speak to us while being recorded. Sgt. Bolan arrived on scene and ordered officers to turn off their cameras. R1 ' was contacted by officers who advised that her daughter had become pregnant with another like aged individual through a possibly consensual sexual encounter but it isn't exactly known whether it was consensual sex. She advised that 01 father, had picked her up and taken her down to the clinic without consent and that he was forcing her to have an abortion. We attempted to recontact the director of the clinic after a long wait who refused to allow officers in and wouldn't acknowledge whether was there at the clinic. was recontacted and agreed to meet officers at the substation with her court custody paperwork. She didn't have any current court paperwork outlining custody.												

welfare was not checked due to not having any court paperwork showing her custody rights. This was a court holiday as well; therefore no documents could be verified. Sgt. Bolan on scene. Axon video available.

SIGNATURE:



CASE NUMBER: 15C075516

DATE: 11-11-15

Classification	Type of Document	Edit Document
6200	Original	<input type="checkbox"/>

Submit To CTBE

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