

## A Statement Regarding My Alleged Misdemeanors

Sgt. Curatolo (IPD) charges that I sped from Seneca Street through the West End to Cliff Street at a very high average speed over 50 MPH on 12/22/97 ending at 1:51 AM (LB 960783-5, LB 960784-6, LB960785-0).

**Unbelievable! ... Why? Because I care passionately about traffic safety in the West End!**

I was a West End resident myself for 9 years, and a professional pizza delivery person for 1 1/4 years working from Domino's old "downtown" location on Taughannock Blvd.

Domino's Pizza: 1980 3 mos. 20 hours/week; 1981-82 1 year full time driver serving Ithaca Area except North Campus of Cornell, including Ithaca College and West Hill. Performance reference: Bruce Stark (owner/manager).

In July 1984 I moved into 607 W. Buffalo #1 (Nicholas residence). (Would I willingly endanger, e.g., Mr. Nichols Senior, who worked for 20-years as a cook at Joe's, his wife deceased—she used to bring us cookies!—, resident at 607 for 40 years? Absurd!).

In June 1986 I purchased the house at 721 W. Court St., and resided there until June 1993 with my ex-wife Anne Marie Whelan and my daughter Rachel Anne Whelan. They still reside there; Rachel attends Beverly J. Martin Elementary School (one of the reasons we separated is because I wanted to move out of the West End promptly before it became the traffic and crime disaster zone it is today, while my wife wanted to stay and keep her garden and the convenience of pedestrian travel downtown: she just didn't want to give up on the West End).

° I walked regularly to Cornell from 721 W. Court St.; I was employed by CIT throughout this period and occupied offices in Caldwell Hall.

° I used the Cornell OmniRide program as soon as it became available (walking regularly from home to the Greyhound Station on W. State St. to make the commute) and continued to use OmniRide (sacrificing a subsidized 'N' lot sticker in return for an unlimited bus pass) until I moved to Trumansburg in June 1993.

Through 1987 and 1988 I was an active advocate of pedestrian rights and the only known public advocate of the Route 96 "Null Alternative" to do "nothing" to "improve" traffic flow in the West End during the debates and public hearings. I entered a statement at the NYSDOT Route 96 hearings also (Anne Marie did also; we attended this in a driving snowstorm with Rachel, then still an infant), along with many other public statements on this matter.

(I was actually videotaped at a "public meeting" in January 1988, and my statements appeared in a cable program aired repeatedly on Cable 13 by the advocates of Plan D, which mixed a heated statement I made regarding traffic hazards, speeding, running red lights etc. in the West End in after another bunch of very reasonable statements about the needs for improved traffic flows... in fact my taking the microphone was provoked by Reuben Weiner assailing me as a "cynic" for my letters in the Journal opposing the "improvements", and the more reasonable advocates in fact appeared at a wholly different "Coalition for Improved Roads" "public meeting"! At the end of this particular meeting I discussed these problems with Noel Desch, then the Town Supervisor of Lansing, who told me that running through red lights [just after the light has turned red] was customary in the Ithaca area!) *Amaca*

**This accusation is infamous and outrageous: it is based ONLY on Sgt. Curatolo's provocation and radar clocking of a speeding "offense" by aggressively tailgating me on lower Cliff Street near Kolar's while falsifying his position reports (probably claiming he was in "hot pursuit" through the Octopus, as he then "hung back" on Cliff St. waiting to "catch up" with me), which made it appear that I travelled at a high rate of speed through the West End after I left Micawbers' and started to drive to my home at 1668 Trumansburg Rd. at 1:41 AM (the time I noted on the Commons clock at Buffalo and Tioga, which I faced as I entered my car and made the right turn onto Seneca St.).**

After being pulled over for this completely fabricated "violation" I was charged, falsely, I believe, with **DWI**. I firmly believe that I am innocent of all charges made, and also that Sgt. Curatolo committed several major crimes in the process of falsely arresting me.

Sincerely,

Kevin Eric Saunders

*written - 12/27/97*

1. Agency <b>TCSD</b>		2. Division/Precinct <b>Read</b>		New York State <b>INCIDENT REPORT</b>		3. ORI <b>NY0540000</b>		4. <input type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No.		6. Incident No. <b>96-7428</b>													
7. Report Day <b>Mon</b>		8. Date <b>08/26/96</b>		9. Report Time <b>0205</b>		10. Day		11. Date Mo. Day Yr.		12. Time		13. Day		14. Date Mo. Day Yr.		15. Time									
16. Incident Type <b>Dom B</b>		17. Business Name						18. Weapon(s)						A.											
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) <b>1668 Trumansburg Rd</b>										20. City, State, Zip ( <input type="checkbox"/> C <input checked="" type="checkbox"/> T <input type="checkbox"/> V) <b>Ithaca NY</b>				21. Location Code T/SLED Code				B.							
22. OFF. NO.		LAW		SECTION		SUB		CL		CAT		DEG		ATT		NAME OF OFFENSE		CTS		23. No. of Victims		C.			
1																				24. No. of Suspects		D.			
2																									
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								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.							
CO		Hamann, Susan K						8-5-52		1668 T-burg Rd Ithaca NY						BUSINESS 270-7418		G.							
OT		Saunders, Kevin E						5-1-86		"						RESIDENCE		H.							
																RESIDENCE		I.							
																RESIDENCE		J.							
27. Date of Birth Mo. Day Yr.		28. Age		29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Residence Status <input type="checkbox"/> Temp. Res. - Foreign Mat. <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk						K.							
34. Type/No TABLE O		35. Name (Last, First, Middle)						36. Alias/Nickname/Maiden Name (Last, First, Middle)						37. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/ Ill <input type="checkbox"/> App Norm				L.							
38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)										39. Phone No. <input type="checkbox"/> Home <input type="checkbox"/> Work				40. Social Security No.				M.							
41. Date of Birth Mo. Day Yr.		42. Age		43. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		44. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		45. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		46. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input type="checkbox"/> Medium <input type="checkbox"/> Other		47. Occupation TABLE P						N.							
48. Height ft. in.		49. Weight		50. Hair TABLE Q		51. Eyes TABLE R		52. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		53. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium		54. Employer/School		55. Address											
56. Scars/ Marks/Tattoos (Describe)										57. Misc.						1									
58. Victim or Suspect No.		Property Status		Property Type		Quantity/Measure		Make or Drug Type		Model		Serial No.		Description		Value		2							
		TABLE S		TABLE T		TABLE U		TABLE V										3							
																		4							
																		5							
59. Vehicle Status TABLE W		60. License Plate No				Full <input type="checkbox"/> Partial <input type="checkbox"/>		61. State		62. Exp. Yr.		63. Plate Type		64. Value Total											
65. Veh. Yr.		66. Make		67. Model		68. Style		69. VIN.						6											
70. Color(s)				71. Towed By: To:				72. Vehicle Notes						7											
73. <b>CO stated that she was involved in a violent domestic situation with OT within the past hour. OT threw her to the floor &amp; dragged her causing bruising and he hit her causing bruising. CO stated that the situation was over and OT had closed himself in the other room. CO did not want police interference at this time out of fear of OT. CO wanted to go for a walk and think about it. CO was advised to seek medical treatment ASAP and come to PSB to talk to someone. CO was offered contact with battered women's task force - says she's already made contact. CO states that OT keeps a loaded rifle and 2 unregistered handguns in the house. CO wanted report of incident on file.</b>																		8							
74. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other																		75. NYSIN Message No.		76. Complainant Signature				B use cover sheet	
77. Reporting Officer Signature (Include Rank) <b>Carol A Barton, dispatcher</b>								78. ID No <b>1244</b>		79. Supervisor's Signature (Include Rank)				80. ID No.				84.							
81. Status <input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Arrest - Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown								82. Status Date Mo. Day Yr.				83. Notified/TOT				Page of Pages									

1. Agency <b>Tompkins Sheriff</b>		2. Division/Precinct <b>New York State</b>		3. ORI <b>NY 054000</b>		4. <input type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No. <b>967460</b>		6. Incident No.	
7. Report Day <b>Mon</b>		8. Date <b>8/26/96</b>		9. Report Time <b>1721</b>		10. Day		11. Date Mo. Day Yr.		12. Time	
16. Incident Type <b>Unlawful A</b>		17. Business Name				18. Weapon(s)					
19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) <b>1668 Trumansburg Rd</b>						20. City, State, Zip ( <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V)			21. Location Code T/SLED Code		
22. No. of Victims		23. No. of Suspects		24. No. of Suspects		25. Person Type: <input type="checkbox"/> CD = Complainant <input type="checkbox"/> OI = Other <input type="checkbox"/> PI = Person Interviewed <input type="checkbox"/> PR = Person Reporting <input type="checkbox"/> WI = Witness <input type="checkbox"/> NI = Not Interviewed <input type="checkbox"/> VI = Victim					
26. Victim also complainant <input type="checkbox"/> Y <input type="checkbox"/> 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		Hamann, Susan, K		8/8/52		1668 Trumansburg Rd		BUSINESS		277-7418	
ot		Saunders, Kevin, E		5/1/55		1668 Trumansburg Rd		BUSINESS		277-7418	
27. Date of Birth		28. Age		29. Sex		30. Race		31. Ethnic		32. Handicap	
Mo. Day Yr.				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.		<input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Residence Status		34. Type/No		35. Name (Last, First, Middle)		36. Alias/Nickname/Maiden Name (Last, First, Middle)		37. Apparent Condition		38. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)	
<input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk		TABLE O						<input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm			
39. Phone No.		40. Social Security No.		41. Date of Birth		42. Age		43. Sex		44. Race	
<input type="checkbox"/> Home <input type="checkbox"/> Work				Mo. Day Yr.				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.	
45. Ethnic		46. Skin		47. Occupation		48. Height		49. Weight		50. Hair	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input type="checkbox"/> Medium <input type="checkbox"/> Other		TABLE P		ft. in.		TABLE Q		TABLE R	
51. Eyes		52. Glasses		53. Build		54. Employer/School		55. Address			
<input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium									
56. Scars/ Marks /Tattoos (Describe)		57. Misc.									
58. Victim or Suspect No.		Property Status		Property Type		Quantity/Measure		Make or Drug Type		Model	
		TABLE S		TABLE T		TABLE U		TABLE V			
59. Vehicle Status		60. License Plate No		61. State		62. Exp. Yr.		63. Plate Type		64. Value	
TABLE W				<input type="checkbox"/> Full <input type="checkbox"/> Partial						Total	
65. Veh. Yr.		66. Make		67. Model		68. Style		69. VIN.			
70. Color(s)		71. Towed By:				72. Vehicle Notes					
		To:									
73. Narrative <b>CO arrived a TCSO and wanted to talk about a situation at 1668 Trumansburg Rd. I spoke with CO for a couple hours about the options for her. CO will advise in the am of what she wants to do. CO states she has alot of property there and would like to leave with out any problems.</b>											
74. Inquiries (Check all that apply)				75. NYSPIN Message No.				76. Complainant Signature			
<input type="checkbox"/> M <input type="checkbox"/> Crim. History <input type="checkbox"/> Want Warrant <input type="checkbox"/> Stolen Property <input type="checkbox"/> Scofflaw <input type="checkbox"/> Other											
77. Reporting Officer Signature (Include Rank)				78. ID No				79. Supervisor's Signature (Include Rank)			
<b>[Signature]</b>				<b>232</b>				<b>[Signature]</b>			
81. Status				82. Status Date				83. Notified/TOT			
<input type="checkbox"/> Vict. Refused to Coop. <input type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> CBI <input type="checkbox"/> Juv. -No Custody <input type="checkbox"/> Arrest <input type="checkbox"/> Pros. Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> Arrest -Juv. <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unknown				Mo. Day Yr.				Mo. Day Yr.			

**B**  
use cover sheet  
84. Page of Pages

Agency <b>TCSD</b>		ORI <b>NY 05400</b>		New York State <b>DOMESTIC INCIDENT REPORT</b>		SPRINT No. (NYPD) <b>9611081</b>		Incident Report No.		Pct. of Report		
Date of Report <b>12/29/96</b>	Time of Report <b>0159</b>	Date of Occur	Time of Occur	Address of Occurrence <b>1668 TRUMANSBURG Rd</b>				Apt. No.	Sector	Beat		
Compl. / Victim's Last, First, M.I. <b>HAMANN SUSAN K</b>				Address <b>312 GRADUATE AVE ITHACA</b>				Sex <b>F</b>				
Date of Birth <b>08/05/52</b>	Age <b>44</b>	Home Telephone		Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown				Ethnic Origin: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown				
Offender / Other Party Last Name, First, M.I. <b>Saunders Kevin E</b>				Address <b>1668 TRUMANSBURG Rd ITHACA</b>				Sex <b>M</b>				
Date of Birth <b>05/01/56</b>	Age <b>40</b>	Home Telephone <b>277 5808</b>		Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown				Ethnic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown				
Relationship to the Complainant / Victim <b>BOYFRIEND/GIRLFRIEND</b>			Offender Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Offense / Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input type="checkbox"/> Other		Description:					
Order of Protection? Violated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Issuing Court		OP Registry Checked <input type="checkbox"/> Yes <input type="checkbox"/> No		Expir. Date		Complaint Report Prepared? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Received: <input type="checkbox"/> Walk-in <input checked="" type="checkbox"/> Radio Run		
Any Weapons Used / Threatened? Type: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Any Injuries? Describe: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>CONFUSION ON FACE SCRATCH ON CHEST</b>		Aided No.		Removed to Hospital? What Hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>CAYUGA MED CENTER</b>					
Photos Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Arrest Made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Non Arrest Reason <input type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other				If Arrest Made, Did Perp. Resist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Charge(s). List All: <b>HARASSMENT / WEAPONS POSSESSION 4th</b>							Arrest No.					
Family / Household Members Present? If YES, Last Name, First <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Saunders, Rachel</b>						Date of Birth <b>8 yo</b>		Relationship <b>Saunders Daughter</b>				
Domestic Incident Report Receipt Issued? If NO, Reason: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							DV Notice Issued to Victim <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date <b>12/29/96</b>			
Circumstances of This Case: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input checked="" type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input checked="" type="checkbox"/> Pushing <input type="checkbox"/> Pushing / Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input checked="" type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other												
Narrative of the Incident: (include results of investigation and basis for action taken) <b>We responded in 1668 TRUMANSBURG ROAD FOR A POSS. ASSAULT/RAPE UPON ARRIVING I interviewed the Comp. Sgt NORMAN ARRIVED AND ADVISED IAN DRESSER NOTIFIED AND RESPONDED. Comp was transported to CAYUGA MED CENTER BY D/S PALACE. A RECEIPT WAS GIVEN TO SAUNDERS FOR 2 HANDGUNS 1 RIFLE AND VARIOUS AMMO AND CLEANING EQUIPMENT. SAUNDERS WAS ARRESTED AT 0900 HRS FOR HARASSMENT 2ND AND (2) COUNT CUM PASS OF A WEAPON 4th ARRAIGNED BEFORE JUDGE LARKIN IN THE TOWN OF ITHACA. \$1000.00 CASH \$2000.00 INS BOND.</b>												
Victim's Statement of Allegations: <b>Comp stated that while she was in the shower KEVIN E SAUNDERS GRABBED HER AND SHOOK HER DOWN PULLING DOWN THE SHOWER CURTAIN, PUSHING Comp DOWN IN THE BED TO HAVE SEXUAL INTERCOURSE. Comp WAS ALSO FEARFUL for Sgt COLATOREL FROM IPD DUE TO ARRESTING SAUNDERS FOR DWI ONE 9 MM RIFLE ONE .22 CAL Colt SEMI AUTO AND ONE .380 Colt SEMI AUTO TAKEN FROM THE RES.</b>												
False Statements are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.							Victim's Signature			Date		
Other Involved Agency(s)												
Is There Reasonable Cause to Suspect A Child May Be the Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> Yes <input type="checkbox"/> No				Any Guns in the House? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Guns Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Reporting Officer must Contact the NYS Child Abuse Hotline Registry #1-800-635-1522.				Permit No.:		Issuing County:		Name				
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input checked="" type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency												
Name of Person Notified:						Date:		Time:		Notified By:		
Reporting Officer's Signature (Include Rank) <b>[Signature]</b>						Officer I.D. No. <b>1230</b>		Date		Page of		
Supervisor's Signature (Include Rank)						Date				Pages		



ORI No: NY 054721 ITHACA TOWN Court County of TOMPKINS  
Order No: 1996-26 (address) 126 E. SENECA State of New York

ITHACA  
ORDER OF PROTECTION  
03 031

PRESENT: Hon. CLARENCE LARKIN  
People of the State of New York

Docket No. \_\_\_\_\_  
Indictment No. \_\_\_\_\_

- against -

Ex Parte  
(check if applicable)

KEVIN E. SAUNDERS  
Defendant (5-01-56)

Part 1 Charges 265.01 CPL

**NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY SUBJECT YOU TO MANDATORY ARREST, CRIMINAL PROSECUTION, AND AFTER COURT HEARING, RESULT IN YOUR INCARCERATION FOR UP TO FOUR YEARS FOR CONTEMPT OF COURT. IF THIS IS A TEMPORARY ORDER OF PROTECTION AND YOU FAIL TO APPEAR IN COURT WHEN YOU ARE REQUIRED TO DO SO, THIS ORDER MAY BE EXTENDED IN YOUR ABSENCE AND CONTINUE IN EFFECT UNTIL YOU REAPPEAR IN COURT.**

**TEMPORARY ORDER OF PROTECTION** - Whereas good cause has been shown for the issuance of a temporary order of protection [as a condition of  recognizance  release on bail  adjournment in contemplation of dismissal].

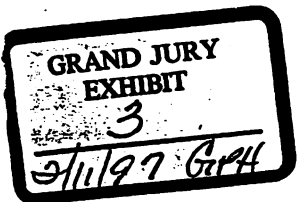
**FINAL ORDER OF PROTECTION** - Whereas defendant has been convicted of [specify crime or violation]

And the Court having made a determination in accordance with section \_\_\_\_\_ of the Criminal Procedure Law,

It is hereby ordered that the above-named defendant observe the following conditions of behavior:

Check Paragraphs Which Apply.

- Stay away from  [name(s) of protected persons] SUSAN K. HAMANN
- and/or from the  home of ABOVE
- school of \_\_\_\_\_
- business of ABOVE
- place of employment of ABOVE
- other \_\_\_\_\_



[Case Name]

[Order of Protection Number]

[Docket Number]

Refrain from harassing, intimidating, threatening or otherwise interfering with the victim or victims of the alleged offense and such members of the family or household of such victim or victims as shall be specifically named [specify victims or persons] SUSAN K. HAMANN

Specify other conditions ABSTAIN FROM ALL 1<sup>ST</sup> & 3<sup>RD</sup> PARTY COMMUNICATION WITH SUSAN K. HAMANN

It is further ordered that this order of protection shall remain in effect until 6/27, 1997

DATED: 12/29/96

[Signature]  
JUDGE/JUSTICE  
COURT (COURT SEAL)

Defendant advised in Court of issuance of Order.

Received by Defendant [Signature]  
(signature)

Service Executed Date: \_\_\_\_\_ Time: \_\_\_\_\_

The Criminal Procedure Law provides that presentation of a copy of this order of protection to any police officer or peace officer acting pursuant to his or her special duties shall authorize, and in some situations may require, such officer to arrest a defendant who has violated its terms and to bring him (her) before the Court to face whatever penalties may be imposed therefore.

BRIAR PATCH VETERINARY HOSPITAL

706 Elmira Road  
Ithaca, NY 14850

(607) 272-2828

C L I E N T I N V O I C E

Client: Susan K. Hamann Phone: H:277-5808 (607) W: - (607) Ext: Date: Jan 29 1997  
 Address: 1168 Trumansburg Road City: Ithaca, New York Zip Code: 14850  
 Name: Bernadette Breed: Am.Short Hair Color: Torti-Tab  
 Sex: Female (spayed) Weight: 8 pounds/grams Age: 19 yrs 0 mos  
 Patient # 7355 A MicrochipID#

VACCINATION STATUS	Vaccination	Expiration Date	Rabies Information
	Rabies	Jan 13 2000	Tag No. :
	FVRCP		Serial #:
	Leukemia		Name :RABGUARD
	ANNUAL PHYSICAL	Jan 13 1998	

SERVICES for Bernadette AMOUNT

Jan 17 1997

MEDICATIONS..... Clavamox 62.5 mg tablets 14.30

TRANSACTION NO. 20 Cashier: MH  
Dr. Carolyn McMaster

SUBTOTAL: 14.30

TOTAL DUE: 14.30

PAYMENT:

VISA: 14.30

BALANCE DUE: 0.00

On Mar 30 1997 Bernadette should be seen again.

Medical Records Report

Date: Mar 07 1997

PATIENT: Bernadette  
 Breed: Am.Short Hair Sex: FS  
 Color: Torti-Tab D.O.B.: 01/01/1978  
 Weight: 8

OWNER: Susan K. Hamann  
 1168 Trumansburg Road  
 Ithaca, New York 14850

Vaccination Rabies: 01/13/2000 FVRCP: / /  
 Expiration Ser #: FeLV: / /  
 Status: Vacc: RABGUARD FIP:  
 Tag #:

Phone: H: 277-5808 (607) W: - (607) Ext:

Date	Time	Pers#	Loc	Worksheet #	Pblm#	Svc #	Description/ Service Name	Quantity	Fee
01/13/1997	11:43 AM	1					Medical Records Comments		
		1					Urinalysis		
		1					pH 6.5, rest NSF		
		1					s.g. 1.025		
		1					Sed.(HPF 10cc) - NSF		
	12:28 PM	1					Msg: CALL THURS		
		1					Dx: 830 Dental Calculi		
		1					Dx: 870 Gingivitis		
		1					Dx: 334 Tachycardia		
		1				8	ANNUAL PHYSICAL EXAM	1	27.00
		1				220	FELINE RABIES - 3 YEAR	1	
		1				3175	Rabies-Defensor	1	20.00
		1				3586	Syringes 3cc x 22g x 3/4"	1	0.00
		1				610	URINALYSIS	1	18.00
		1				620	COMPLETE BLOOD COUNT	1	30.00
		1				705	COMPLETE HEALTH PROFILE	1	58.00
		1				802	T-4	1	32.00
		1				6000	WEIGH PATIENT	1	0.00
		1				6659	New Client	1	0.00
		1				6660	New Medical Record	1	6.00
	5:24 PM	1					INPUT SCREEN: Chemistries Feline		
		1					ALB [ 3.01 (2.90-3.90)]G/DL		
		1					ALKP [85 (0-193)]IU		
		1					ALT [46 (0-100)]IU		
		1					AMYL [829 (456-1376)]IU		
		1					BUN [ 33.8 (14.0-36.0)]MG/DL		
		1					Ca [ 9.23 (8.10-11.60)]MG/DL		
		1					CHOL [112.7 (65.0-225.0)]MG/DL		
		1					CREAT [ 1.88 (0.80-2.40)]MG/DL		
		1					GLUCOSE [116.6 (54.0-145.0)]MG/DL		
		1					PHOS [ 3.68 (3.10-7.50)]MG/DL		
		1					TBILI [0.00 (0.00-0.50)]MG/DL		
		1					TP [ 6.59 (5.70-8.90)]G/DL		
		1					GLOBULIN [ 3.58 (2.40-4.40)]G/DL		
	5:25 PM	1					Medical Records Comments		
		1					T4 = 5.4 ** ug/dl (Normal 0.8-3.9)		
	5:26 PM	1					INPUT SCREEN: CBC Feline		
		1					HCT [35.6 (24.0-45.0)]%		
		1					HGB [11.1 (8.0-15.0)]g/dl		
		1					MCHC [31.2 (30.0-36.9)]g/dl		
		1					WBC [ 7.0 (5.0-18.9)]thou/ml		
		1					GRANS [ 4.9 (2.5-12.5)]thou/ml		
		1					GRANS [70]%		
		1					LYMPHS/MONOS [ 2.1 (1.5-7.8)]thou/ml		
		1					LYMPHS/MONOS [30]%		
		1					PLATELETS [203 (175-500)]thou/ml		
		1					RETICULOCYTES [ 0.8]%		
01/15/1997	9:02 AM	1					Medical Records Comments		
		1					T4 baseline (C.U.): 4.89 ug/dl (1.5-4.0)		
01/17/1997	3:17 PM	1				2581	Clavamox 62.5 mg tablets	28	14.30
		1					Give one tablet every 12 hours (twice daily) until gone. Call with progress report in 14 days.		

*1/13/97*

*191.00*  
*pd by Visa*  
*4442-804 914*  
*K. Saunders*

*14.30*  
*pd by Visa*  
*4442-804-914*  
*Kevin Saunders*



----- Performed -----										
Date	Time	Pers#	Loc	Worksheet #	Pblm#	Svc #	Description/ Service Name	Quantity	Fee	
01/17/1997	3:17 PM	1								