

Tompkins County
DISTRICT ATTORNEY

Matthew Van Houten
District Attorney

320 North Tioga Street
Ithaca, New York 14850

Tel: (607) 274-5461
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"Inclusion Through Diversity"

July 18, 2019

Hon. Scott A. Miller
Ithaca City Court
118 East Clinton Street
Ithaca, NY 14850

Re: Defendant: **Bonze Anne Rose Blayk**
Docket No. CR-03865-18

Dear Judge Miller:

Per the Court's request on June 28, 2019, enclosed please find one (1) CD-R Disc containing six (6) Axon Body Worn Camera Videos for the Courts review.

Respectfully submitted,



Veronica E. Fox
Assistant District Attorney

copy to:

Bonze Anne Rose Blayk

Tompkins County
DISTRICT ATTORNEY

Matthew Van Houten
District Attorney

320 North Tioga Street
Ithaca, New York 14850

Tel: (607) 274-5461
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"Inclusion Through Diversity"

July 17, 2019

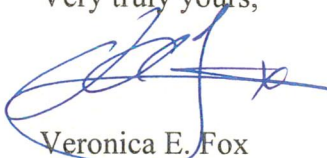
Bonze Anne Rose Blayk
1668 Trumansburg Rd
Ithaca, NY 14850

Re: People v Bonze Anne Rose Blayk
DA File 18-2393

Dear Ms. Blayk:

Enclosed please find a copy of discovery documents provided to your attorney on March 18, 2019. Pursuant to Criminal Procedure Law §240.20, the People are required to disclose to the defendant and make available for inspection, photographing, copying or testing, "[a]ny tapes or other electronic recordings which the prosecutor intends to introduce at trial, irrespective of whether such recording was made during the course of the criminal transaction." Accordingly, the People have one CD-R Disc with six (6) Axon Body Worn Camera Videos available for viewing at a mutually agreeable time. Please contact me at my office by phone or email to schedule a time to view the videos.

Very truly yours,



Veronica E. Fox
vfox@tompkins-co.org

Copy to:
Ithaca City Court

State of New York
City Court : City of Ithaca

The People of the State of New York

vs.

Bonze Ann Rose Blayk

Defendant

Prosecution Notices and Demands

CR-03865-18

DA File: 18-2393

Crime date: 09/19/2018

Arrest date: 09/19/2018

Top charge: § PL 195.05 00A M 2 Obstruct Governmental Administration-2nd Degree

Discovery: Served herewith are discovery documents bearing the following serial numbers: <001-18>. The People are also in possession of One CD+R Disc containing six (6) Axon Body Worn Camera Videos. Due to the sensitive nature of such video footage and the People's interest in protecting such information, and in accordance with Tompkins County District Attorney's Office open-file policy, defense counsel may schedule an appointment to inspect such video footage pursuant to CPL §240.20.

Demand for Alibi Notice: Pursuant to CPL 250.20(1), the People hereby demand that, if defendant intends to offer a trial defense that at the time of the commission of the crime charged he was at some place other than the scene of the crime, and to call witnesses in support of such defense, defendant shall supply the District Attorney, within eight days of the service hereof, with a notice of alibi reciting (a) the place or places where defendant claims to have been at the time of the commission of the crime, and (b), the names, residential addresses, places of employment and addresses thereof of every such alibi witness upon whom defendant intends to rely.

CPL 240.30(1) Demand: The People hereby demand that defendant supply the District Attorney with (a) any written report or document, or portion thereof, concerning a physical or mental examination, or scientific test, experiment, or comparisons, made by or at the request or direction of the defendant; and (b) any photograph, drawing, tape, or other electronic recording which the defendant intends to introduce at trial.



STATE OF NEW YORK : COUNTY OF TOMPKINS
CITY COURT : CITY OF ITHACA

THE PEOPLE OF THE STATE OF NEW YORK
-VS-

ACCUSATORY
INSTRUMENT

Defendant: Bonze Anne Rose Blayk
(D.O.B.: 05.01.1956)
Address: 1668 Trumansburg Road
Ithaca, NY 14850

ACCUSATION

Be it known that, by this Accusatory Instrument,	PO G. I. Herz
as the Complainant herein, accuses	Bonze Anne Rose Blayk
the above named defendant with having committed the offense of	
Obstructing Governmental Administration in the Second Degree	
in violation of Section 195.05 of the Penal Law of the State of New York, a Class A Misdemeanor.	

FACTS

On or about the 19 th day of September, 2018, at about 3:57 AM
While located at 323 Elmira Road, Denny's, City of Ithaca, County of Tompkins, State of New York a person is guilty of Obstructing Governmental Administration in the Second Degree when he intentionally obstructs, impairs or perverts the administration of law or other governmental function or prevents or attempts to prevent a public servant from performing an official function, by means of intimidation, physical force or interference, or by means of any independently unlawful act, or by means of interfering, whether or not physical force is involved.

To Wit: At the aforesaid date, time, and location the defendant did: physically resist being escorted from aforementioned location after which (at the behest of the employees) he was told he had to leave by myself, a uniformed member of the City of Ithaca Police Department. Aforesaid defendant did intentionally obstruct, impair and pervert this administration of law by reaching towards my holstered duty pistol, pulling away from myself, taking a boxing stance and begin to physically fight with uniformed Officers on scene.

All Contrary to the provisions of the statute in such case made and provided. The above allegations of fact are made by the complainant herein: <input checked="" type="checkbox"/> Upon direct knowledge <input type="checkbox"/> Upon information and belief, with the sources of the Complainant's information and the grounds for his belief being:
--

<input type="checkbox"/> Wherefore the Complainant prays that a warrant be issued for the arrest of the said defendant.

POG-IG #126

PO G. I. Herz	Complainant
---------------	-------------

NOTICE
(Penal Law, Section 210.45)

It is a crime, punishable as a Class A misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

Affirmed under penalty of perjury this 19 th day of September, 2018.

PO G. I. Herz #126

Complainant

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Wf



Case # 118-18251



STATE OF NEW YORK : COUNTY OF TOMPKINS
CITY COURT : CITY OF ITHACA

THE PEOPLE OF THE STATE OF NEW YORK
-VS-

ACCUSATORY
INSTRUMENT

Defendant: Bonze Anne Rose Blayk
(D.O.B.: 05.01.1956)
Address: 1668 Trumansburg Road
Ithaca, NY 14850

ACCUSATION

Be it known that, by this Accusatory Instrument,	PO G. I. Herz
as the Complainant herein, accuses	Bonze Anne Rose Blayk
the above named defendant with having committed the offense of	
Resisting Arrest	
in violation of Section 205.30, of the Penal Law of the State of New York, a Class A Misdemeanor.	

FACTS

On or about the 19th day of September, 2018, at about 3:57 A. M.
While located at 323 Elmira Road, Denny's, City of Ithaca, County of Tompkins, State of New York a person is guilty of Resisting Arrest when he intentionally prevents or attempts to prevent a police officer or peace officer from effecting an authorized arrest of himself or another person.

To Wit: At the aforesaid date, time, and location the defendant did: after having committed the offenses of trespass and obstructing governmental administration in the second degree, physically fight with uniformed members of the City of Ithaca Police Department. While attempting to arrest aforesaid defendant he did fail to follow commands to, "Put his hands behind his back!" and "Stop!" Aforesaid defendant did attempt to punch me about the face and grab for weapons secured on my duty belt. Furthermore, aforesaid defendant did kick, flail his arms, and physically resist being placed in handcuffs.

All Contrary to the provisions of the statute in such case made and provided.
The above allegations of fact are made by the complainant herein:

- ☒ Upon direct knowledge
☐ Upon information and belief, with the sources of the Complainant's information and the grounds for his belief being:

☐ Wherefore the Complainant prays that a warrant be issued for the arrest of the said defendant.

PO G. I. Herz #126

PO G. I. Herz Complainant

NOTICE

(Penal Law, Section 210.45)

It is a crime, punishable as a Class A misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

Affirmed under penalty of perjury this 19th day of September, 2018.

PO G. I. Herz #126

Complainant

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Wif

ITHACA POLICE DEPARTMENT APPEARANCE TICKET & ACCUSATORY INSTRUMENT

THE PEOPLE OF THE STATE OF NEW YORK

CR# 18-18251

vs.

NAME: BLANK, BONZE, ANNE ROSE DOB: 05/01/1956 PHONE: X
 ADDRESS: 1668 TRUMANSBURG RD CITY: ITHACA ST. NY ZIP: 14850
 SEX: F RACE: W SS#: X HGT: 5'8" WGT: 175 HAIR: brn EYES: X

FACTS

The undersigned, AMANDA ROSAS, accuses the defendant of the following: on or about the 19th day of SEPTEMBER 20 18, at approximately 6343 hrs, the defendant did in the City of Ithaca, County of Tompkins, State of New York:

☐ HARASSMENT SECOND DEGREE; PL 240.26-1 (Violation); at _____, with intent to harass, annoy, or alarm another person, she/he strikes, shoves, kicks, or otherwise subjects such other person to physical contact, or attempts, or threatens to do the same. TO WIT: At the time and date referenced above, the defendant
☐ threatened me by saying in my presence _____

_____ and/or ☐ subjected me to unwanted physical contact as follows _____

☐ DISORDERLY CONDUCT; PL 240.20-1 (Violation); at _____, when with intent to cause public inconvenience, annoyance, or alarm, or recklessly creating a risk thereof, he engages in fighting or in violent, tumultuous, or threatening behavior. TO WIT: At the date and time referenced above, I observed that the defendant while at the location referenced above engage in the following conduct _____

This incident took place in the vicinity of about _____ persons and/or _____ motorists.

☐ UNLAWFUL POSSESSION OF MARIHUANA; PL 221.05 (Violation); at _____, when he knowingly and unlawfully possesses marihuana. TO WIT: The defendant did possess _____ (specify the appearance and where/how it was possessed), which was field tested for the presence of marihuana and did show a positive indication for such substance.

☒ TRESPASS; PL 140.05 (Violation); at 323 ELMIRA RD, DENNY'S, when she/he knowingly enters or remains unlawfully in or upon premises. TO WIT: I am the ☐ owner ☒ manager ☐ tenant ☐ employee ☐ officer as custodian at the following location, named DENNY'S. I observed the defendant at the time and date referenced above. The defendant entered and remained at this location notwithstanding my instruction to him to leave the ☐ building ☐ parking lot ☐ parking garage ☐ school ☒ bar/restaurant.

☐ NOTICE OF INTENT TO USE ADMISSIONS CPL 710.30-1A: (note date/time/location of admissions made to complainant) _____

YOU ARE ORDERED TO APPEAR PERSONALLY IN THE ITHACA CITY COURT, 118 E. CLINTON ST. ITHACA, NY ON THE 26th DAY OF September, 20 18 AT 9:00 AM TO ANSWER THE CHARGE(S) STATED ABOVE.

If you fail to appear as directed above, a warrant may be issued for your arrest. For more information on how to proceed with this case, please visit www.courts.state.ny.us/ithaca/city or call 607-273-2263.

(Penal Law, Section 210.45).

It is a crime, punishable as a Class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement, which such person does not believe to be true.

Affirmed this 19th day of SEPTEMBER, 20 18

(Complainant) Amanda Rig

COURT - White

POLICE - Yellow

PROSECUTOR - Gold

DEFENDANT - Pink

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ITHACA CITY POLICE DEPARTMENT

Officer Report for Incident I18-18251

Nature: TRESPASSING

Address: 323 ELMIRA RD; DENNY'S; C
ITHACA
ITHACA NY 14850

Location: I201

Offense Codes: 90Z, 90Z, 90J

Received By: M COLLINS

How Received: T

Agency: IP

Responding Officers: G HERZ, J JOLY, G DUPAY, L MORSE

Responsible Officer: G HERZ

Disposition: CLO 09/19/18

When Reported: 03:40:41 09/19/18

Occurred Between: 03:40:12 09/19/18 and 03:40:12 09/19/18

Assigned To:

Detail:

Date Assigned: **/**/**

Status:

Status Date: **/**/**

Due Date: **/**/**

Complainant: 11616

Last: ROJAS

First: AMANDA

Mid:

DOB: _____

Dr Lic:

Address: _____

Race: L

Sex: F

Phone: _____

City: _____

Alert Codes:

Offense Codes

Reported: TRES TRESPASSING

Observed: TRES TRESPASSING

Additional Offense: 90Z All Other Offenses

Additional Offense: 90Z All Other Offenses

Additional Offense: 90J Trespass of Real Property

Circumstances

RP03 Misdemeanor / DIR

IPSC Ithaca Police Subject Control

Responding Officers:

Unit :

G HERZ

204A

J JOLY

251A

G DUPAY

214A

L MORSE

201A

Responsible Officer: G HERZ

Agency: IP

09/25/18

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Officer Report for Incident I18-18251

Page 2 of 9

Received By: M COLLINS
 How Received: T Telephone
 When Reported: 03:40:41 09/19/18
 Judicial Status:
 Misc Entry: jan

Last Radio Log: 06:20:17 09/19/18 CMPLT
 Clearance: RTF REPORT TO FOLLOW
 Disposition: CLO Date: 09/19/18
 Occurred between: 03:40:12 09/19/18
 and: 03:40:12 09/19/18

Modus Operandi:

Description :

Method :

Involvements

Date	Type	Description	Relationship
09/19/18	Booking	Booking#: I18-1213	Arrest
09/19/18	Law Incident	THEFT I18-18226	Cross Reference
09/19/18	Name	GEUDER, GABRIEL A	Witness
09/19/18	Name	ROJAS, AMANDA	Complainant
09/19/18	Name	BLAYK, BONZE ANNEROSE	Defendant
09/19/18	Name	SMITH, JESSICA L	Witness
09/19/18	Offense	Offense#: I18-1914 - AM - 1 count	Charged With
09/19/18	Offense	Offense#: I18-1915 - AM - 1 count	Charged With
09/19/18	Offense	Offense#: I18-1916 - V - 1 count	Charged With
09/19/18		[No description]	Premises
09/19/18	Cad Call	03:40:41 09/19/18 TRESPASSING	Initiating Call
09/19/18	Evidence	Used Taser Cartridge	Evidence Incident

09/25/18

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Narrative

Officers responded for a report of a possible trespass.

Responsible LEO:

Approved by:

Date

09/25/18

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Officer Report for Incident 118-18251

Page 4 of 9

Supplement

CAD Call info/comments

=====

c1 is manager. disruptive patron poss person from earlier that was told not to come back. brown curly hair
03:51:28 09/19/2018 - A KREUTZER
c2 jessica 607-592-0822- employee, stated there was a male there trespassing who earlier was told not to return, male was in the dining area screaming and opening silverware
03:57:08 09/19/2018 - M COLLINS - From: J JOLY
one in custody. need bangs non emer
03:57:41 09/19/2018 - M COLLINS
40 f bleeding from the nose
04:00:07 09/19/2018 - M COLLINS
advise of diff breath.
04:17:11 09/19/2018 - M COLLINS - From: G DUPAY
courtesy one f to 10-19 sm 13522
04:19:46 09/19/2018 - M COLLINS - From: G DUPAY
out 10-19 em 13523
04:56:52 09/19/2018 - M COLLINS - From: G DUPAY
10-12 back to denny's sm 13523
05:00:09 09/19/2018 - M COLLINS - From: G DUPAY
out at denny's em 13524
05:02:26 09/19/2018 - M COLLINS - From: G DUPAY
10-12 one m from denny's to 10-19 for statement
05:04:35 09/19/2018 - M COLLINS - From: G DUPAY
out 10-19
05:41:54 09/19/2018 - M COLLINS - From: G DUPAY
transporting 10-12 back to denny's

09/25/18

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Supplement

On 09/19/2018 at approximately 0340 hrs. Lt. Joly and I responded to 323 Elmira Road, Denny's, for a report of a possible trespass. Apparently, a person had dined and failed to pay earlier in the day. That person had been caught, paid for his meal but advised not to return. This person has now returned and was causing a disturbance.

Upon arrival Officers observed BONZE acting erratic near the dining counter. I attempted to engage BONZE in dialogue but it proved to be difficult due to his apparent mental illness and possible impairment. Lt. Joly spoke to employees, JESSICA and GABRIEL. It became apparent that BONZE's disorderly behavior was scaring the employees and they wished him to leave. I began to escort BONZE outside when he looked at my department-issued, holstered, handgun and asked if it was real. Simultaneously, he spun his body and began to reach in that direction. I obtained a grasp of both of his wrists and advised him not to do that. He then began to pull away, before violently yanking his hands free.

He then took a fighting stance and attempted to punch me in the face. I avoided the strike and took him to the ground. Lt. Joly deployed the Taser, to no effect. BONZE continued to struggle, flail about and kick at Officers. We attempted to use joint locks in order to gain control while shouting instructions such as, "Put your hands behind your back!" Due to BONZE's level of resistance and exceptional flexibility the joint locks were proving to be elusive. During this fight BONZE began reaching towards my midsection where several of my defensive weapons are stored. Due to my fear of him obtaining these to use against us I deployed a closed fist strike to his face using my right hand. BONZE, though stunned, continued to fight. I then deployed a closed fist strike to his face using my left hand. Lt. Joly was then able to gain control of BONZE's left wrist and apply handcuffs. After a continued struggle I was able to gain control of BONZE's right wrist and secure them in handcuffs.

BONZE was then transported by Bangs to CMC for evaluation and treatment. I accompanied them. Once at CMC the doctor in charge, Dr. Hinkley, requested that BONZE be sedated due to his erratic and violent behavior. Dr. Hinkley requested that a psychological exam be performed and he be treated for a possible broken jaw.

Lt. Joly completed MHL 9.41 paperwork and I issued an appearance ticket for Trespass returnable to C/Ithaca Court on September 26, 2018 at 0900 hrs. Subject control form also completed. Informations were completed charging BONZE with obstructing governmental administration in the 2nd degree and resisting arrest.

NFAT

09/25/18

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Officer Report for Incident I18-18251

Page 6 of 9

Supplement

On 09/19/18 @ approximately 0340 Hrs. Officer Herz and I responded to Denny's, located on Elmira Rd for a trespass complaint. Upon arrival, we observed an individual later identified as Bonze Anne Rose Blayk. She appeared to be suffering from some sort of mental illness. She was blurting out random words and her demeanor was up and down, but mostly confrontational. She made reference to us not being real police and the restaurant employees not being real employees.

The employees advised us that this was the second incident with the subject that day. They relayed to us that there was an incident on C-Line involving this same subject refusing to pay for her meal and leaving the restaurant. IPD responded and assisted the restaurant in recovering payment and also issuing a trespass warning.

While I was speaking with employees, Bonze Blayk approached Officer Herz. She looked directly at his handgun and asked if it was real. She then reached for it, resulting in Officer Herz grabbing her hands. The situation escalated as Bonze pulled back and began to swing at Officer Herz. Officer Herz took her to the ground, where she refused to comply. I deployed my Taser and attempted to assist in gaining control of the subject. She continued to punch Officer Herz in the chest/abdomen area. Officer Herz punched her twice in the area of her face and the struggle continued.

Ultimately she was secured in handcuffs and Bangs EMS was called. There was a significant amount of blood on the floor, most if not all of which came from the subject's nose. She was transported to CMC for evaluation. Upon arrival at CMC, she continued to display behaviors associated with mental illness, such as aggressiveness towards ER staff, blurting out words and phrases that don't make sense.

While in the ER we advised the Doctor that we intended to take the subject back to IPD for processing if released. After assessing her the ER Doctor advised that Bonze had a broken Jaw. He further indicated that he also believed that a 9.41 form would be appropriate. He further indicated that he intended to sedate her due to her confrontational and violent behavior.

At that point, Officer Herz issued Bonze an appearance ticket. I completed an MHL 9.41 form and provided same to ER staff.

I later learned that Officer Orsaio had contacted TC Mental Health regarding Bonze yesterday. During that time several MHL professionals from TC Mental Health spoke with Bonze and evaluated her. TC Mental Health Staff advised Officer Orsaio that they did not believe Bonze was a danger to herself or others and refused to provide a 9.45 order.

After informing B-line of the incident at briefing Officer Orsaio followed up with TC Mental Health. This time they provided a 9.45 order requiring evaluation. They asked Officer Orsaio to deliver it to the Hospital.

No officers were injured during this altercation. Officer Herz and I went back to Denny's and spoke with the store manager. She thanked us for responding so quickly.

I have manually tagged my BWC video if you are interested in reviewing it.

09/25/18

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*Officer Report for Incident I18-18251**Page 7 of 9*

I have reviewed the video and along with my recollection of the incident, I feel very strongly that Officer Herz used an objectively reasonable amount of force during this incident. Joly#8

09/25/18

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Sentryx Booking Information:

Sentryx Booking Number: I18-1213

Name Number: 62893

Name: BLAYK, BONZE ANNEROSE

Address: 1668 TRUMANSBURG RD

Phone: (607)277-5808

ITHACA, NY 14850

DOB: 05/01/56

Dr Lic: 254129912

Assigned Bed: "

Current Location: "

Booking Date: 09/25/18

Alert Codes:

MHLT MENTAL HEALTH CONCERNS, ASSP ASSAULTED POLICE OFFICER, DISO DISORDERLY PERSON

Sentryx Arrest # I18-1213

Time/Date: 03:57:00 09/19/18

Agency: IP

Age at Arrest: 62

Location:

Officer: G HERZ

Arrest Type: AP

Area:

Reference:

Disposition: AAT

Sentryx Offense # I18-1914

Statute: PL195.05

NCIC:

Offense: 90Z

Crime Class: AM

Offense Reference:

Offense Type: S

Offense Area:

Related Incident: I18-18251

Law Jurisdiction: PL

Entry Code:

Offense Location:

Court Code:

Offense Time/Date: 03:57:00 09/19/18

Offense Disposition:

Disposition Date: **/**/**

Sentryx Offense # I18-1915

Statute: PL205.30

NCIC:

Offense: 90Z

Crime Class: AM

Offense Reference:

Offense Type: S

Offense Area:

Related Incident: I18-18251

Law Jurisdiction: PL

Entry Code:

Offense Location:

Court Code:

Offense Time/Date: 03:57:00 09/19/18

Offense Disposition:

Disposition Date: **/**/**

Sentryx Offense # I18-1916

Statute: PL140.05

NCIC:

Offense: 90J

Crime Class: V

Offense Reference:

Offense Type: S

Offense Area:

Related Incident: I18-18251

Law Jurisdiction: PL

Entry Code:

Offense Location:

Court Code:

Offense Time/Date: 03:57:00 09/19/18

Offense Disposition:

Disposition Date: **/**/**

09/25/18

Scanned

Name Involvements:

Witness : 10205

Last: GEUDER

DOB: [REDACTED]

First: GABRIEL

Dr Lic: [REDACTED]

Mid: A

Address: [REDACTED]

Race: B

Sex: M

Phone: [REDACTED]

City: [REDACTED]

Witness : 142257

Last: SMITH

DOB: [REDACTED]

First: JESSICA

Dr Lic: [REDACTED]

Mid: L

Address: [REDACTED]

Race: W

Sex: F

Phone: [REDACTED]

City: [REDACTED]

Complainant : 11616

Last: ROJAS

DOB: [REDACTED]

First: AMANDA

Dr Lic: [REDACTED]

Mid: [REDACTED]

Address: [REDACTED]

Race: L

Sex: F

Phone: (607)280-1849

City: [REDACTED]

Defendant : 62893

Last: BLAYK

DOB: 05/01/56

First: BONZE

Dr Lic: 254129912

Mid: ANNEROSE

Address: 1668 TRUMANSBURG RD

Race: W

Sex: M

Phone: (607)277-5808

City: ITHACA, NY 14850



Ithaca Police Department Voluntary Statement

CR#: I18-18251	
State of: New York	County of: Tompkins
Date: 9/7/2018	Place: Ithaca Police Department
Time Started: 05:07 hours	

I, the undersigned, Gabriel A. Geuder, am 28 years old. I make the following statement on my own free will:

On September 18, 2018 at about 11:00 PM I began work at Denny's Restaurant. At about 3:40 AM on September 19, 2018 I was on my lunch when one of my co-worker, Jessica Smith, told me that she believes a male had just came into the restaurant that our assistant manager, Amanda Rojas, told her about earlier. Jessica told me that the male was to be trespassed if he was to return back to the restaurant. Jessica then called Amanda for assistance. Amanda stated she would call dispatch and she would also be coming to the restaurant.

As Jessica and I waited, we sat in the the office watching the male through the surveillance cameras. The male then began to scream and swear and started to unravel silverware that was wrapped up in napkins and taking everything out of the condiment caddies. Jessica then called 911. As Jessica was on the phone with 911, two police officers arrived.

Once the officers enter the restaurant, Jessica and I spoke with one of the officers and the other officer went to speak with the male. The officer explained to us that we had to ask the male leave. I advised the officer that our assistant manager was on her way and she could ask him to leave. The male then became aggressive towards officers and attempted to punch one of the officers in the face. The officers then took the male to the ground. The male kept resisting and attempted to get away from the officers. One of the officers then tased the male and at this time Jessica and I went outside.

I have given this statement to Officer G. DuPay of the Ithaca Police Department. I have read it and swear it is true and correct to the best of my knowledge and ability.

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

This statement was completed at 0540 hrs on the 19th of September, 20 18.

WITNESS: _____

WITNESS: _____

Signed this

19

day of

Sept

, 20

18

Signature of person giving voluntary statement



Ithaca Police Department Voluntary Statement

CR#: I18-18251	
State of: New York	County of: Tompkins
Date: 9/7/2018	Place: Ithaca Police Department
Time Started: 04:24 hours	

I, the undersigned, Jessica L. Smith, am 26 years old. I make the following statement on my own free will:

On September 18, 2018 at about 10:30 PM I began work at Denny's Restaurant. At the beginning of my shift, the restaurant assistant manager, Amanda Rojas, informed me about a male that was dressed like a female. Amanda told me that the male had came in, ate his food and left without paying. Amanda also stated the male was loud and disruptive. Amanda advised the subject was banned from the restaurant and showed me a photograph of him that was on her cellphone.

At about 3:30 AM on September 19, 2018, a male that resembled the male that Amanda had informed be about came into the restaurant. I then called Amanda and advised her. Amanda told me she would contact police. After awhile, the male's demeanor began to frighten me and I called police. Two police officer arrived a short time later and they attempted to get the male to leave the restaurant. The male began to scream and then attempted to punch one of the officers in the face. At this moment, both officers took the male to the ground attempted to place handcuffs on the him. The male kept resisting officers and one of the officers then tazed him. After the male was tased, I went outside of the restaurant. I stayed outside until the male had been removed from the restaurant by police.

I have given this statement to Officer G. DuPay of the Ithaca Police Department. I have read it and swear it is true and correct to the best of my knowledge and ability.

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

This statement was completed at 04:54 hrs on the 19th of September, 20 18.

WITNESS: [Signature]

WITNESS: [Signature]

Signed this 19th day of September, 20 18
Jessica Smith
 Signature of person giving voluntary statement



BLAYK, BONZE ANNE ROSE
A00088518428 M000597460
05/01/1956 62 F

Office Use Only:

MR # _____
Acct. # _____

ID Checked: ☐ Yes ☐ No
If No checked, why: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Cayuga Medical Center to release copies of my medical records as directed below to:
(please enter complete mailing address)

Ithaca police dept

DESCRIPTION OF INFORMATION:

Patient Name: Bonze Anne Rose Blayk
Dates of Service: 9/19/18
Date Needed By: —

Date of Birth: 5/1/1956

INFORMATION TO BE RELEASED:

- | | |
|---|---|
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Laboratory Results/Pathology |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> X-ray Reports |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Operative Report |
| <input type="checkbox"/> EKG | <input type="checkbox"/> Record Abstract |
| <input type="checkbox"/> Occupational/PT | <input type="checkbox"/> Accounting of Disclosure |
| <input type="checkbox"/> ER/Convenient Care | <input type="checkbox"/> Billing Communication |

Includes: (Indicate by Initialing)

_____ Alcohol/Drug Treatment
_____ Mental Health Information
_____ HIV/STI-Related Information

☐ Other: _____

REASON FOR RELEASE:

☐ At request of individual ☒ Other: needs to be notified of release of CMC - alteration

I understand I may revoke this authorization at any time by presenting written revocation to the Health Information Management Department. Revocation will not apply to information already released in response to this authorization. I understand that any release of information carries with it the potential for redisclosure by the recipient and may not be protected by the federal privacy rules. Cayuga Medical Center will not condition treatment, payment, or eligibility of benefits on completion of an authorization. This authorization will expire on (date or event) _____. If I fail to specify an expiration date or event, this authorization will expire after 6 months. The patient may request a copy of this authorization.

Altered Mental Status
(Signature of patient or legal representative)

(Address)

[Signature]
(Relationship, if other than patient)

(Address)

(Completed by)

(Date)

When requesting health information records, please be very specific to ensure you receive all the information you require. Also, please be advised that Health Information Management will process fully completed Authorization forms as required by federal law (HIPAA). Incomplete Authorization will be returned to sender with explanation as to what was missing.

FEES: Health records will be sent to another healthcare provider free of charge as a professional courtesy. All other requests are subject to fees of \$.75 per page. Health records are released upon payment of all fees.

Please send completed form to Health Information Department

17130 (05/08/17)

101 Dates Drive • Ithaca, New York 14850 • (607) 274-4011



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Cayuga
Medical Center

115-18251

THE CENTER IS YOU

INFORMATION FORM FOR 9.41 STATUS - To be used to arrest pursuant to section 9.41 M.P.

Date: 9-19-18

Time: 0452

1. Name of Individual: BONZE ANN ROSE BLAYK D.O.B.: 05-01-1956

2. Is this individual criminally charged or are charges being contemplated? ☒ Yes ☐ No

If yes, what is the nature of the criminal charges? TRESPASS, RESISTING ARREST

3. Has the person been searched? ☐ Yes ☒ No

4. Who notified the police? EMPLOYEES OF DANNY'S
(Name and Phone Number)

5. Enter a short narrative statement describing the reasons for 9.41 or 22.09 hospital referral.

BASED ON MY INTERACTIONS WITH BONZE, SHE DISPLAYED IRRITABLE AND UNPREDICTABLE BEHAVIOR, VERBAL OUTBURST THAT DID NOT MAKE SENSE, AND VIOLENCE TOWARD POLICE. SHE WAS ALSO VERY CONFRONTATIONAL AND VERBALLY AGGRESSIVE TOWARD DANNY'S EMPLOYEES. THERE SEEMS TO BE UNDERLYING MENTAL HEALTH ISSUES & SHE DEMONSTRATED THAT SHE IS A DANGER TO OTHERS.

Officer's Name: LT. John Joly #8

Phone Number: 607-351-5114

6. Person receiving report: _____

Form OMH 474A/478A (8/08)

New York State
Office of Mental Health

EMERGENCY or C.P.E.P. EMERGENCY ADMISSION (Sections 9.41, 9.45 and 9.57 Mental Hygiene Law)		Person's Name (Last, First, M.I.) <u>BLANK, BONZE</u> "C" No. _____																						
Custody/Transport of a Person Alleged To Be Mentally Ill To A Hospital Approved To Receive Emergency or C.P.E.P. Emergency Admissions		Sex <u>MALE</u> Date of Birth <u>05-01-1956</u>																						
Address <u>NAMPTON INN ITHACA</u>																								
I, § 9.41 Mental Hygiene Law		Custody/Transport By Certain Peace Officers and Police Officers																						
I, <u>Gr. John Joly</u> a Peace Officer/Police Officer of <u>ITHACA Police Dept</u> (Name) (Department/Location) hereby acknowledge that I have taken into custody <u>BONZE BLANK</u> who appears to be (Name of Person) mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others. A. I have removed or directed the removal of this person to: <u>CAYUGA MEDICAL CENTER</u> (Name of § 9.39 Hospital/C.P.E.P.) OR B. I am temporarily detaining this person at _____ a safe and comfortable place, (Location) pending examination or admission to _____ I am notifying _____ (Name of § 9.39 Hospital/C.P.E.P.) (Director of Community Services) or _____ of _____ or _____ (Health Officer) (City) (County) of this detention/removal.																								
Signature of Peace Officer/Police Officer: <u>[Signature]</u>		Title/Badge Number <u>091918480</u> Mo. Day Yr. Hr. Min. <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM																						
I, § 9.45 Mental Hygiene Law		Request By A Director of Community Services or Designee																						
_____ am the Director of Community Services for _____ (Name) (City or County) I, _____ am the designee of the Director of Community Services for _____ (Name) (City or County) It has been reported to me that _____ has a mental illness for which immediate care and treatment (Name of Person) in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.* This information has been reported to me by _____ who is: (Name)																								
<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> a licensed physician</td> <td><input type="checkbox"/> a police officer</td> <td><input type="checkbox"/> the adult sibling of the person</td> </tr> <tr> <td><input type="checkbox"/> a licensed psychologist;</td> <td><input type="checkbox"/> a peace officer with</td> <td><input type="checkbox"/> the committee or legal guardian</td> </tr> <tr> <td>registered professional nurse,</td> <td>appropriate special duties</td> <td>of the person</td> </tr> <tr> <td>or certified social worker currently responsible</td> <td><input type="checkbox"/> the spouse of the person</td> <td><input type="checkbox"/> the supportive case manager</td> </tr> <tr> <td>for providing treatment services to the person</td> <td><input type="checkbox"/> the child of the person</td> <td>of the person***</td> </tr> <tr> <td><input type="checkbox"/> the health officer</td> <td><input type="checkbox"/> the parent of the person</td> <td><input type="checkbox"/> the intensive case manager</td> </tr> <tr> <td></td> <td></td> <td>of the person***</td> </tr> </table>				<input type="checkbox"/> a licensed physician	<input type="checkbox"/> a police officer	<input type="checkbox"/> the adult sibling of the person	<input type="checkbox"/> a licensed psychologist;	<input type="checkbox"/> a peace officer with	<input type="checkbox"/> the committee or legal guardian	registered professional nurse,	appropriate special duties	of the person	or certified social worker currently responsible	<input type="checkbox"/> the spouse of the person	<input type="checkbox"/> the supportive case manager	for providing treatment services to the person	<input type="checkbox"/> the child of the person	of the person***	<input type="checkbox"/> the health officer	<input type="checkbox"/> the parent of the person	<input type="checkbox"/> the intensive case manager			of the person***
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<input type="checkbox"/> the health officer	<input type="checkbox"/> the parent of the person	<input type="checkbox"/> the intensive case manager																						
		of the person***																						
I hereby direct, under the Mental Hygiene Law, that peace/police officers of _____ take this person into custody and transport him/her to _____ (Department/Location) (Name of § 9.39 Hospital/C.P.E.P.) OR I hereby request, under the Mental Hygiene Law, that _____ transport this person to _____ (Name of Ambulance Service) (Name of § 9.39 Hospital/C.P.E.P.)																								
Signature of Director of Community Services or Designee: _____		Mo. Day Yr. Hr. Min. <input type="checkbox"/> AM <input type="checkbox"/> PM																						

*"Likely to result in serious harm" means: (a) a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

**A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis, or a C.P.E.P. licensed by OMH to provide psychiatric emergency services to patients admitted under MHL Section 9.40.

***Includes a supportive or intensive case manager who meets the applicable qualifications established by OMH, and who has been assigned to a person by a case management program which has been approved by the Office of Mental Health for the purpose of reporting under this section (MHL § 9.45).

EMERGENCY or C.P.E.P. EMERGENCY ADMISSION**
(Sections 9.41, 9.45, 9.55 and 9.57 Mental Hygiene Law)Custody/Transport of a Person
Alleged To Be Mentally Ill To A Hospital Approved
To Receive Emergency or C.P.E.P. Emergency Admissions

Person's Name (Last, First, M.I.)

"C" No.

Blayk, Borge

Sex male

Date of Birth 5/1/56

Address Unknown

I. § 9.41 Mental Hygiene Law**Custody/Transport By Certain Peace Officers and Police Officers**

I, _____, a Peace Officer/Police Officer of _____
(Name) (Department/Location)
hereby acknowledge that I have taken into custody _____, who appears to be
(Name of Person)
mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others.*

A. I have removed or directed the removal of this person to _____
(Name of § 9.39 Hospital/C.P.E.P.)

B. I am temporarily detaining this person at _____, a safe and comfortable place,
(Location)
pending examination or admission to _____ I am notifying _____
(Name of § 9.39 Hospital/C.P.E.P.) (Director of Community Services)
or _____ of _____ or _____
(Health Officer) (City) (County)
of this detention/removal.

Signature of Peace Officer/Police Officer

Title/Badge Number

Mo. Day Yr. Hr. Min. ☐ AM ☐ PM**II. § 9.45 Mental Hygiene Law****Request By A Director of Community Services or Designee**

I, _____, am the Director of Community Services for _____
(Name) (City or County)
_____ am the designee of the Director of Community Services for _____
(Name) (City or County)
It has been reported to me that _____ has a mental illness for which immediate care and treatment
(Name of Person)
in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.*

This information has been reported to me by _____ who is:
(Name)

- ☐ a licensed physician
☒ a licensed psychologist,
registered professional nurse,
or licensed social worker currently responsible
for providing treatment services to the person
☐ a health officer

- ☐ a police officer
☐ a peace officer with
appropriate special duties
☐ the spouse of the person
☐ the child of the person
☐ the parent of the person

- ☐ the adult sibling of the person
☐ the committee or legal guardian
of the person
☐ the supportive case manager
of the person***
☐ the intensive case manager
of the person***

I hereby direct, under section 9.45 of the Mental Hygiene Law, that peace/police officers of _____
take this person into custody and transport him/her to _____
(Department/Location)
(Name of § 9.39 Hospital/C.P.E.P.)

OR

I hereby request, under section 9.45 of the Mental Hygiene Law, that _____ transport this person to _____
(Name of Ambulance Service)
(Name of § 9.39 Hospital/C.P.E.P.)

Signature of Director of Community Services or Designee

Rachel Webb

09/19/18 1:30 PM

*"Likely to result in serious harm" means: (a) a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
**A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis, or, a C.P.E.P. licensed by OMH to provide psychiatric emergency services to patients admitted under MHL Section 9.40.
***Includes a supportive or intensive case manager who meets the applicable qualifications established by OMH, and who has been assigned to a person by a case management program which has been approved by the Office of Mental Health for the purpose of reporting under this section (MHL § 9.45).

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