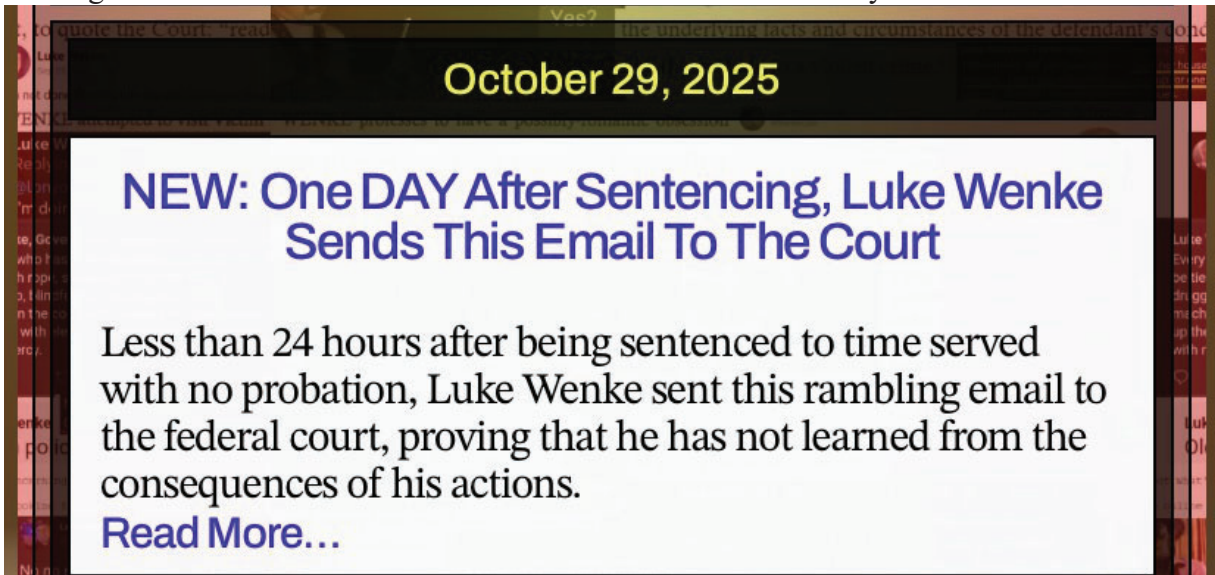


From: [Luke Wenke](#)
To: [NYWDml_Sinatra PpO](#)
Subject: Encore email from me for today.
Date: Wednesday, October 29, 2025 8:48:36 AM
Attachments: [10282025 Wenke, Luke FOIL Response.pdf](#)

CAUTION - EXTERNAL:

If the attachment feature is working properly then you should see my FOIL response from the city of **Olean** concerning Officer Cottone's recent visit to my wrecked home. Fingerprinting to begin tomorrow. I will also resend the screenshot of lukewenke.online in case it didn't send in the first email. Yes I think getting in the habit of sending out email newsletters to everyone who signs on makes emails to and from federal courts less of a rarity.



[Sent from Yahoo Mail for iPhone](#)

CAUTION - EXTERNAL EMAIL: This email originated outside the Judiciary. Exercise caution when opening attachments or clicking on links.

RECEIVED

FREEDOM OF INFORMATION FORM (FOIL)

OCT 24 2025

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

CITY OF OLEAN
 CLERK

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

I have heard there is a June 2024 Olean Police report on a break in on my house at [REDACTED] Olean, NY 14760.

It was documented by my grandmother [REDACTED]
 May I have this police report on paper?

Secondly, on Oct 22nd 2025 I had Officer Cottone present at my house, May I have his report on paper, too?

No hurry to get both. Thank you.

Signature: 

Print Name: Luke Wenke

Address: [REDACTED]

Telephone: [REDACTED]

Date: 10/24/25

Approved 

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: 

Title: Chief of Police

Date: 10/28/2025

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: _____

CITY OF OLEAN



OLEAN POLICE DEPARTMENT

Olean Municipal Building * 101 East State Street
P.O. Box 668 • Olean, NY 14760-0688
WEBSITE: www.cityofolean.org

PHONE RECORDS: (716) 376-5674
POLICE: (716) 376-5677
FAX: (716) 376-5669

October 28, 2025

RE: FOIL Request – Luke Wenke

Mr. Wenke,

The first portion of your FOIL Request has been denied, as no record was found for the listed address during the month of June 2024.

The second portion of your request has been fulfilled, per the attached documentation.

Thank you,

A handwritten signature in blue ink, appearing to read "CS", is written over a horizontal line.

Christine Sherlock
Police Records Administrator

INCIDENT	1. Agency OLEAN CITY POLICE DEPARTMENT				2. Division/Precinct OPD		New York State INCIDENT REPORT			3. ORI NY NY0040100		4. <input checked="" type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No. CA-04803-25		6. Incident No. BL-016401-25										
	7. Report Day Wed		8. Date 10 22 2025		9. Report Time 1152		Occurred On/From: →		10. Day Sat		11. Date 06 01 2024		12. Time 1152		Occurred To: →		13. Day Fri		14. Date 10 10 2025		15. Time 0900					
	16. Incident Type UNKNOWN PROBLEM							17. Business Name					18. Weapon(s)					A.								
	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.) [REDACTED]										20. City, State, Zip (<input checked="" type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V) OLEAN, NY, 14760-2015					21. Location Code 0501		B.								
ASSOCIATED PERSONS	22. OFF. NO.		LAW		SECTION		SUB		CL		CAT		DEG		ATT		NAME OF OFFENSE				CTS		23. No. of Victims 0		C.	
	1																						24. No. of Suspects 0		D.	
	2																									
	3																									
VICTIM	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.			
	CA		WENKE, LUKE, M						[REDACTED]				[REDACTED]						[REDACTED]				G.			
																							H.			
SUSPECT/ARRESTED PERSON	27. Date of Birth		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"/> 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.		34. Temp. Res. - Foreign Nat.		J.									
	34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> YES <input type="checkbox"/> NO																		K.							
	35. Type/No.		36. Name (Last, First, Middle)						37. Alias/Nickname/Maiden Name (Last, First, Middle)				38. 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.									
	39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip))										40. Phone No. <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		41. Social Security No.				M.									
PROPERTY	42. Date of Birth		43. Age		44. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		45. 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.		46. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		47. Skin <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unk.		48. Occupation		N.											
	49. Height		50. Weight		51. Hair		52. Eyes		53. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		54. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium		55. Employer/School		56. Address		77									
	57. Scars/Marks/Tattoos (Describe)										58. Misc.				X											
	59. Victim or Suspect No.																		X							
VEHICLE	60. Vehicle Status		61. License Plate No.				Full <input type="checkbox"/> Partial <input type="checkbox"/>		62. State		63. Exp. Yr.		64. Plate Type		65. Value		X									
	66. Veh. Yr.		67. Make				68. Model		69. Style		70. VIN.				X											
	71. Color(s)				72. Towed By: To:				73. Vehicle Notes				X													
	74. 10/22/2025 12:28 -- COTTONE, JOE ([REDACTED]) -- (CA) REPORTS BETWEEN ABOVE MENTIONED DATES UNKNOWN PERSON HAD ENTERED HIS HOUSE AND MOVED HIS PELLET STOVE THATS NOW LOCATED IN HIS DINING ROOM AREA. (CA) INQUIRED ABOUT PELLET STOVE BEING TAKEN FOR FINGERPRINTS HOWEVER WAS ADVISED ITS NOT FEASIBLE DUE TO POSSIBLE TIME LAPSE. (CA) REQUESTED A REPORT TO BE COMPLETED ON INCIDENT.																		X							
ADMINISTRATIVE	75. 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										76. NYSPIN Message No.				77. Complainant Signature				B use cover sheet ↑							
	78. Reporting Officer Signature (Include Rank) <i>[Signature]</i>										79. ID No.				80. Supervisor's Signature (Include Rank)				81. ID No.							
	82. Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed (If Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros Declined <input type="checkbox"/> Warrant Advised <input checked="" type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest - Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unk.										83. Status Date				84. Notified/TOT 23				Page of Pages							