

**From:** webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov  
**Sent:** Monday, May 22, 2017 9:17 AM  
**To:** Civilian Police Oversight Agency  
**Cc:** Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam  
**Subject:** ABQ Police Complaint or Commendation Form Submission

I Want to File A:

Commendation

Interested in Mediation?

No

First Name

Last Name

Middle Name

Home Telephone

Cell or Work Telephone

Best Time to Call

Your E-Mail Address

Preferred Language

english

Date of Birth

Street Address

City

State

ZIP Code

87108

Gender

Race

Ethnicity

Sexual Orientation

--

Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident

May 21, 2017 08:00 PM

Address or Location of the Incident

Walmart 301 San Mateo Blvd SE, Albuquerque, NM 87108

Police Employee #1 - Name

E. Wagner

Police Employee #1 - ID or Badge Number

5760

Police Employee #2 - Name

Police Employee #2 - ID or Badge Number

Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

Yes

Additional Witness

Statement

Ms. \_\_\_\_\_ was at Walmart and left her bike chained up, but when she came out realized her bike was stolen. PSA Wagner arrived within twenty minutes of her calling police. PSA Wagner was efficient, knowledgeable, and very nice. PSA Wagner had a great sense of humor and kindly gave her a ride to where she is currently staying. Ms. \_\_\_\_\_ appreciates all the work that APD does.

What Outcome are you Seeking?

She wanted PSA Wagner's supervisor to know how great she was that night.

Electronic Signature

--taken over the phone by CPOA

JWD109-17

**From:** webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov  
**Sent:** Tuesday, May 23, 2017 7:59 AM  
**To:** Civilian Police Oversight Agency  
**Cc:** Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam  
**Subject:** ABQ Police Complaint or Commendation Form Submission

I Want to File A:  
Commendation

Interested in Mediation?  
No

First Name

Last Name

Middle Name  
Home Telephone  
Cell or Work Telephone

Best Time to Call  
Your E-Mail Address

Preferred Language  
English  
Date of Birth

Street Address

City  
Albuquerque

State  
New Mexico

ZIP Code  
87112

Gender

Race

Ethnicity

Sexual Orientation

Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident

May 22, 2017 03:00 PM

Address or Location of the Incident

Police Employee #1 - Name

Orion, O'Brian can't quite remember

Police Employee #1 - ID or Badge Number

Detective

Police Employee #2 - Name

Candelaria, McBreyer

Police Employee #2 - ID or Badge Number

Detective

Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

Yes

Additional Witness

All my children :)

Statement

This is for the three detectives that came to investigate an injury to my son (3 months) Monday about 3pm at my home. They were pleasant and professional and I was happy to work with them. I was really stressed out about the imminent encounter since they told me that was going to be investigated in the ER (emotional baggage from childhood), but they were wonderful to work with. I thank them for how they handled it.

(And my older kids (10, 12) were really excited to see that they had guns. ;) They were the first detectives that they had met.)

I am sorry if I didn't get the names correct. It was a woman detective Orion, or O'Brian with two training under her. One was named Candelaria and one was Morgan McBryer, I think.

What Outcome are you Seeking?

That they receive the message and know that I am grateful.

Electronic Signature

JWD110-17  
Commendation for:  
Maureen O'Brien  
Gabriel Candelaria  
Morgan McBryer

**From:** webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov  
**Sent:** Wednesday, May 24, 2017 3:57 AM  
**To:** Civilian Police Oversight Agency  
**Cc:** Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam  
**Subject:** ABQ Police Complaint or Commendation Form Submission

I Want to File A:

Commendation

Interested in Mediation?

No

First Name

Last Name

Middle Name

Home Telephone

Cell or Work Telephone

Best Time to Call

Any day after 4pm

Your E-Mail Address

Preferred Language

English

Date of Birth

Street Address

City

State

ZIP Code

87110

Gender

Race

Ethnicity

Sexual Orientation

Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident

May 23, 2017 06:00 AM

Address or Location of the Incident

Dunkin' Donuts on Central and University

Police Employee #1 - Name

Sgt Jeff

Police Employee #1 - ID or Badge Number

Police Employee #2 - Name

Sgt Josh

Police Employee #2 - ID or Badge Number

Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

Additional Witness

Statement

I work night shift at                      When I got off work the morning of May 23 I went to the Dunkin Donuts on Central and University. After getting my donuts my car wouldn't start. Luckily for me Sgt's Jeff and Josh were there. Imagine that! Cops at a donut shop! Lol! They gave my car a jump and I was on my way. I appreciated it so much! I have AAA but it probably would've taken forever for them to get there. I didn't get their last names or badge #'s so I hope you can figure out who they were. You guys were awesome!! Thx!!

What Outcome are you Seeking?

Wanted to say thank you!!

Electronic Signature

JWD111-17

**From:** webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov  
**Sent:** Wednesday, May 24, 2017 1:04 PM  
**To:** Civilian Police Oversight Agency  
**Cc:** Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam  
**Subject:** ABQ Police Complaint or Commendation Form Submission

I Want to File A:

Commendation

Interested in Mediation?

No

First Name

Last Name

Middle Name

Home Telephone

Cell or Work Telephone

Best Time to Call

Your E-Mail Address

Preferred Language

english

Date of Birth

Street Address

City

State

ZIP Code

Gender

Race

Ethnicity

Sexual Orientation

Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident

Address or Location of the Incident

Police Employee #1 - Name

paul w. smouse

Police Employee #1 - ID or Badge Number

I don't know

Police Employee #2 - Name

Police Employee #2 - ID or Badge Number

Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

No

Additional Witness

Statement

Officer Smouse is investigating a hit and run accident where my OLD license plate # was supposedly seen on the suspect's vehicle.

I was not involved in the accident nor was my car which has been in California for almost 20 years. I was not in New Mexico on the date of the accident. Officer Smouse was extremely courteous and professional in addressing my concerns. He patiently explained the problem, and explained how he would resolve the matter.

He is a credit to the Albuquerque PD. I wish we had more like him in this country. We could eliminate a lot of the anti-police sentiment.

I, while having never lived in Albuquerque just want to give a Hi-5 salute to Officer Smouse, and to your department as a whole.

God bless all of you, and stay safe,

all the best,  
chris gruy

What Outcome are you Seeking?

just letting you know that I appreciate the great job the ABQ PD does, and I appreciate all of you! no other outcome

Electronic Signature

JWD 112-17





05-30-17P04:45 RCVD

JUD 113-17

Official Use ONLY: Date/Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_ EPC #: \_\_\_\_\_ Assigned to: \_\_\_\_\_

### Civilian Police Oversight Agency (CPOA) Albuquerque Police Department Complaint or Commendation Form

This form can be hand-delivered to the CPOA office located at the Plaza Del Sol Building, 600 2nd St. NW Room 813, Albuquerque, NM 87102  
Fax: 505-924-3775  
Email: cpoa@cabq.gov  
Mail: CPOA, P.O. Box 1293  
Albuquerque, NM 87103  
TTY (800) 659-8331

Please complete as much information as possible below. The CPOA only accepts complaints and commendations for the Albuquerque Police Department. In order to make sure your accessibility needs are being met, such as sign language interpretation or help completing this form, please contact the CPOA at 505-924-3770.

I want to file a:  Complaint  Commendation Interested in Mediation?  Yes  No  I need more information

**Information about you:**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_  
Home: (505) \_\_\_\_\_, Cell/Work (505) \_\_\_\_\_ Best time to Call? Anytime - Cell  
Email: \_\_\_\_\_ Preferred Language: English Date of Birth: \_\_\_\_\_  
Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: ALBUQUERQUE State: NEW MEXICO Zip Code: 87120

*Optional: This section is for statistical purposes only.*  
Gender: \_\_\_\_\_ her \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ other \_\_\_\_\_  
Sexual Orientation: \_\_\_\_\_  
Do you have a Mental illness?  Yes  No  
Do you struggle with homelessness?  Yes  No

**Information about the Incident:**

Date: 4/21/2017 Time: 7:40 AM/PM  
Address/Location: \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State 87120 Zip Code

**Information about the Albuquerque Police Department employee(s) involved:**

Name: MCCUMBER Man/I.D. #: UNKNOWN  
Name: ANCOLINO Man/I.D. #: UNKNOWN

Are you submitting this form for someone else?  Yes  No Did you witness this incident?  Yes  No  
Name of the person you are submitting this form for: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Additional Witness:**  
Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

JWD 113-17

STATEMENT

Briefly summarize what happened (attach additional pages or documents if needed).

It is important to provide as much information as possible describing the incident in full detail including: location, date, time, officer/employee(s) involved, and witnesses.

If names are not known, please include a detailed description of the officer(s) involved.

I CALLED THE police Due to my grandson WHO NEEDED MEDICAL Treatment He is 25yrs old. The officers who came over were unable to TALK TO HIM, THEY DID verbalize to him that they were concerned for his welfare I Really Appreciate these officers They were professional Courteous, Respectful, WITH People. parading Police officers as BAD I would like to say THAT THESE OFFICERS WERE exemplary, wish there were more like THEM I can not state sufficiently How helpful they were I MAY I say THAT GOD BLESS THEM. I think THAT other officers would follow their example.

What outcome are you seeking?

TO SEE these officers Commendated

The information provided in this statement is true and factual to the best of my knowledge and will become public record once filed.

I understand I may be required to appear in the Civilian Police Oversight Agency office for an interview or to provide other investigative assistance, as necessary.

I understand that if I file a complaint, it is unlawful and against APD Policies for anyone to retaliate against me for the filing of this complaint.

Signature

Date

4-26-2017

OFFICE USE ONLY: APD Personnel who receive misconduct complaints must notify a supervisor immediately. Supervisor shall submit complaint to Internal Affairs by the end of the shift following the shift in which the complaint was received.

APD Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time Received: \_\_\_\_\_ AM / PM

03-30-17 P04:00 RCVD

JWD114-11

Official Use ONLY: Date/Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_ CPE #: \_\_\_\_\_ Assigned to: \_\_\_\_\_

### Albuquerque Police Department Complaint or Commendation Form



This form must be delivered to the CPOA office via the following ways:  
Hand-Delivered: Plaza Del Sol Building, 600 2nd St. NW Room 813, Albuquerque, NM 87102  
Office: 505-924-3770  
Fax: 505-924-3775  
Email: cpoa@cabq.gov  
Mail: CPOA, P.O. Box 1293  
Albuquerque, NM 87103  
TTY (800) 659-8331

Please complete as much information as possible below. The CPOA only accepts complaints and commendations for the Albuquerque Police Department. In order to make sure your accessibility needs are being met, such as sign language interpretation or help completing this form; please contact the CPOA at 505-924-3770.

I want to file a:  Complaint  Commendation Interested in Mediation?  Yes  No  I need more information

What outcome are you seeking? (Please describe what happened on the back of this page) \_\_\_\_\_

*Just want to tell you how pro-APD I am (AFTER) having attended the Community Police Council Meeting. I'm in the ACLU in NM. I saw the intense pressure you have to deal with from outside APD while simultaneously*

Information about you:  
First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_  
Home: (505) \_\_\_\_\_ Cell/Work ( ) \_\_\_\_\_ Best time to Call? *early evening*  
Email: \_\_\_\_\_ Preferred Language: *Eng* Date of Birth: \_\_\_\_\_  
Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: *ABQ* State: *NM* Zip Code: *87114*

Information about the Incident:  
Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Address/Location: \_\_\_\_\_  
Street Apt. City State Zip Code

Information about the Albuquerque Police Department employee(s) involved:  
Name: \_\_\_\_\_ Man/I.D. #: \_\_\_\_\_  
Name: \_\_\_\_\_ Man/I.D. #: \_\_\_\_\_

Are you submitting this form for someone else?  Yes  No  
Did you witness this incident?  Yes  No  
Name of the person you are submitting this form for: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Additional Witness:  
Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Apt. City State Zip Code

JWD114-11

STATEMENT

**Briefly summarize what happened (attach additional pages or documents if needed).**  
It is important to provide as much information as possible describing the incident in full detail including:  
location, date, time, officer/employee(s) involved, and witnesses.  
If names are not known, please include a detailed description of the officer(s) involved.

---

---

---

---

---

---

---

---

→ ... Dealing w the daily policing work that is extremely stressful, demanding and dangerous. I don't really care how long it takes to get in 100% compliance with the agreement APD made w the DOJ in <sup>SEPT</sup> 2014. Please know that I sincerely appreciate all that you do. I could + would never do what you signed up for. Thank you ALL! Sincerely,

**Optional:** The Department of Justice and the Civilian Police Oversight Agency are requesting this information for statistical purposes. It is optional to answer these demographic questions. We value your participation; please help our Agency track any biases or trends within the Albuquerque Police Department.

Do you speak and understand English?  Yes  No  
Sex/Gender Expressed: Male/ Female/ Transgender/ Other: \_\_\_\_\_  
Sexual Orientation: Heterosexual/ Homosexual/ Bisexual/ Asexual/ Other \_\_\_\_\_  
Race: Asian/Black/Mixed Race/ Native American/ Pacific Islander/White/ Other \_\_\_\_\_ Ethnicity: Hispanic/ Non-Hispanic \_\_\_\_\_  
Do you have a Mental Illness?  Yes  No  
Do you struggle with homelessness?  Yes  No Were you homeless at the time of the incident?  Yes  No

The information provided in this statement is true and factual to the best of my knowledge and will become public record once filed.  
I understand I may be required to appear in the Civilian Police Oversight Agency office for an interview or to provide other investigative assistance, as necessary.  
I understand that if I file a complaint, it is unlawful and against APD Policies for anyone to retaliate against me for the filing of this complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY: APD Personnel who receive misconduct complaints must notify a supervisor immediately. Supervisor shall submit complaint to Internal Affairs by the end of the shift following the shift in which the complaint was received.  
APD Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time Received: \_\_\_\_\_ AM / PM