

STERLING HEIGHTS POLICE DEPARTMENT  
WITNESS STATEMENT

NO. 14-6822

NAME: [REDACTED] DATE OF BIRTH: [REDACTED]  
ADDRESS: [REDACTED] HOME PHONE: [REDACTED] WORK PHONE: [REDACTED]  
CITY, STATE: [REDACTED] DATE AND TIME: [REDACTED] 6:25

The doctor was rubbing <sup>my</sup> thighs and told me to  
lay down and he said im just going to put my finger  
inside you im smaller than your boyfriend  
when the female doctor walk out I thought he  
was going to follow so I ask if I can get  
dress and he said no stay like that....  
that's when I ask if I can have my boyfriend  
in the room he said what's his name I said  
[REDACTED] they let him come back the doctor  
~~explains~~ explain ~~what~~ why I was having the  
pain to us. he then walk out when I  
went to take off the sheet to get dress  
he did not knock to come back in he  
just open up the door and said something  
to us and then closed the door and  
[REDACTED] and I left the office

[REDACTED]  
SIGNATURE [REDACTED]

# REQUEST FOR WARRANT AUTHORIZATION

TEN: \_\_\_\_\_

PART 1 TO BE FILLED OUT BY POLICE AGENCY

PA NO. \_\_\_\_\_

Def. Name: First <b>JACOB</b> Middle <b>(NMN)</b> Last <b>KALO</b>			P.A. Special Unit		
CoDefendant(s)			Police Agency <b>Sterling Heights P.D.</b>		
School		MI SID#		District Court: <b>41 -A</b>	
Driver's Lic.#: [REDACTED]		Sex: <b>M</b>	Complaint # (Same as Livescan#): <b>14-6822</b>		Crime Date: <b>2/12/2014</b>
D.O.B. [REDACTED]	Race: <b>W</b>	Location: Upon <b>11474 15 MILE RD</b>		Twp./City/Vill. <b>Sterling Heights</b>	
Alias:			<b>Requested Charges</b>		
Address [REDACTED]		1 <b>CSC</b>	3		
City/St/Zip: [REDACTED]		2	4		

**Summary of Offense:**  
 Dr Jacob Kalo examined patient [REDACTED] at the Macomb Womens Health office. During the exam [REDACTED] claims that Kalo stroked her inner thighs.

PART 2 TO BE FILLED OUT BY SCREENING ATTORNEY

Charges:	Charge Codes:	Yrs	Days	Denial / Reason:
1				F M <i>Insufficient evidence</i>
2				F M <i>insufficient evidence</i>
3				F M <i>insufficient evidence</i>
4				F M <i>insufficient evidence</i>
Screen Date:	A. Name:	for		

Comments / Warrant Variables:

4/30/14

*OK 5/9/14 GMR*

OFFICER IN CHARGE: <b>Detective Paul Reno</b>	Yes <input checked="" type="checkbox"/> <b>HABITUAL</b> No <input type="checkbox"/>
COMPLAINING WITNESS: <b>Detective Paul Reno</b>	INFORMATION & BELIEF Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>