



July 25, 2014

Lawrence Folz
1250 Yeomans Rd #7206
Abilene TX 79602

Re: Taxi Cab Driver Permit Denial – Appeal to Abilene City Council

Dear Mr. Folz:

This letter is to notify you that your appeal to the Abilene City Council will be heard at the Regular City Council meeting to be held August 14, 2014 at 8:30 a.m. as provided in **Chapter 31. Taxi Cabs, Sec. 31-66. (Ord. No. 6-1985, pt. 2, 1-24-85)**

Sincerely,

Tiffni Hererra, TRMC
Assistant City Secretary

cc: Larry Gilley, City Manager; Stan Standridge, Chief of Police; Danette Dunlap, City Secretary



July 21st, 2014

RE: REFUSAL TO ISSUE TAXI CAB
PERMIT FOR LAWRENCE FOLTZ

1. THE CHIEF of Police, ABILENE POLICE DEPARTMENT HAS RECOMMENDED THAT MY PERMIT TO DRIVE A TAXI BE DISAPPROVED BASED ON TWO "INCIDENT / INVESTIGATION REPORTS."
2. IN THE FIRST INCIDENT REPORT THE VICTIM CLAIMED TO HAVE BEEN HIT BY MY VEHICLE. OFFICERS RESPONDING TO VICTIM'S COMPLAINT STATED THAT ~~THERE~~ WERE "NO VISIBLE INJURIES."
3. I NEVER HIT THIS PERSON WITH MY CAR, I WAS NOT CITED, ARRESTED, CHARGED OR CONVICTED ON THE BASIS OF THIS "INCIDENT" CASE # 12-021574
4. THE SECOND "INCIDENT, CASE # 13-022291 ~~INVOLVED~~ INVOLVED A YOUNG WOMEN WHO RAN FROM CAB WITHOUT PAYING ME. SHE TRIPPED ON THE CURB AND GOT UP CURSING ME. I TRIED CALLING HER PHONE # TO LET HER KNOW THAT I WOULD CALL POLICE IF SHE DIDN'T PAY. HER BOY-FRIEND GOT ON PHONE AND SAID I THREW HER OUT OF CAB INJURING HER AND HE CALLED POLICE.

July 21, 2014

RE. REFUSAL TO ISSUE TAXI CAB
PERMIT FOR LAWRENCE FOLZ

5. IN BOTH OF THESE CASES I MET WITH RESPONDING OFFICERS: AGAIN I WASN'T CITED, ARRESTED, CHARGED OR CONVICTED. ~~NEVER~~
6. UNDER ARTICLE IV. DRIVERS PERMITS SEC. 31-60 GROUNDS FOR REFUSAL TO ISSUE, THE STATUTE STATES THAT THE CHIEF OF POLICE SHALL RECOMMEND FOR DISAPPROVAL IF APPLICANTS PAST CRIMINAL OR TRAFFIC RECORD INDICATES UNFITNESS.
7. I AM APPEALING THE DECISION OF REFUSAL TO ISSUE TAXI CAB PERMIT BASED ON THE FACT THAT AN "INCIDENT / INVESTIGATION REPORT DOES NOT CONSTITUTE A "CRIMINAL RECORD" AND THAT SAID "VICTIMS NEVER PURSUED CHARGES AGAINST ME.

ARTICLE IV. DRIVER'S PERMITS

Sec. 31-60. Grounds for refusal to issue.

The chief of police shall recommend approval or disapproval of the application. Recommendation for disapproval shall be made if the applicant's past criminal or traffic record indicates unfitness for driving a taxicab or limousine.

(Ord. No. 6-1985, pt. 2, 1-24-85)

Driver Information



Driver's First Name: LAWRENCE Middle STEWART Last Folz
Current Address: 1750 YEOMANS RD # 7306
City Abilene State TX Zip code 79602
Phone: 325-829-7948

(If less than 3 years at the above address, list previous addresses for the past 3 years:)

Address: _____ City _____ State _____ Zip code _____
Address: _____ City _____ State _____ Zip code _____
Address: _____ City _____ State _____ Zip code _____

Attach copy of Driver's License

- Have you been previously issued an Abilene taxi drivers permit? Yes No Last year issued?
1. Have you ever had a City of Abilene taxi driver permit revoked?..... Yes No
 2. Has your Driver's License been suspended or revoked?..... Yes No
 3. Are there any chargers pending or warrants outstanding against you?..... Yes No
 4. Have you been involved in any accidents in the last 3 years?..... Yes No
 5. Have you been convicted of a felony?..... Yes No

If any questions were answered "Yes" above, please provide a complete explanation, include dates, locations, and the current status of each item in the question below.

Empty box for explanation of "Yes" answers.

LAWRENCE S. FOLZ

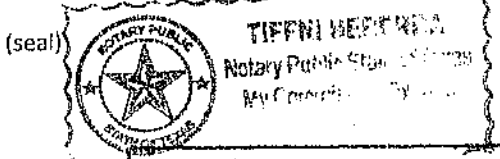
Acknowledgement of Driver

I, [Signature], do affirm that the above information is true and correct to the best of my knowledge. I authorize the City of Abilene to check my driving record and criminal history.

[Signature]
Signature of Driver

BEFORE ME, the undersigned authority, A Notary Public in and for said Taylor County, Texas, on this day personally appeared Lawrence Folz, known to me to be the person whose name is subscribed to the foregoing application and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this 25th day of February, 2014.



[Signature]
Notary Public, State of Texas
My Commission expires: 4-1-17

City of Abilene Only

DPS - Criminal History Date run: 3-7-14 Passed: Failed: _____
 Police Department: _____ Approved: _____ Disapproved: _____
 Driver Permit # _____ Fee Rec'd: 15.00 Issue Date: _____
 Expires (date) _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, Laurence S. Folz, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

[Signature]
Signature of Applicant or Employee

2/25/2014
Date

City of Abilene
Agency Name (Please print)

Tiffni Hernandez
Agency Representative Name (Please print)

[Signature]
Signature of Agency Representative

3-17-14
Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/> <u>CFH</u> initial
Purpose of CCH:	<u>Licensing</u>
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	

Rev. 02/2011

DPS Fast Pass Fingerprint Location

(Where to be fingerprinted?)

Safran MorphoTrust USA (New Company Name)

L-1Enrollment Services (Old Company Name)

Call: 888-467-2080

Or do electronically online: www.L1enrollment.com

ABILENE POLICE DEPARTMENT

Incident/Investigation Report

Case Number: 12-021574

Incident Information

Date/Time Reported 11/26/2012 18:22	Date/Time Occur From 11/26/2012 18:15	Ending Date 11/26/2012 18:20	Officer (949) BROWN, JORDAN LUKE
Incident Location 161 S PIONEER DR APT. 44, ABILENE, TX 79605			

Charges

1	Charge Type State	Description ASSAULT - CITIZEN AM	Statute PC22.01	UCR 13B	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com
Alcohol, Drugs or Computers Used <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computers		Location Type OTHER RESIDENCE...	Premises Entered	Forced Entry <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Weapons 1. Personal Weapons...		2.			
3.					
Entry	Exit	Criminal Activity			Hate Group
Bias Motivation		Bias Target	Bias Circumstances		

Victims

1	Type INDIVIDUAL	Injuries None	Residency Status		Ethnicity Hispanic
Name (Last, First, M) CONTRERAS, EDWARD CRUZ RESTRICTED			Race H	Sex M	DOB
Address					Age 19
Employer Name/Address					Home Phone
Victim of Crimes 1					Business Phone
					Cell Phone

Victim Details HAIR: EYE: HEIGHT: WEIGHT: APD#: DL#:

ABILENE POLICE DEPARTMENT

Incident/Investigation Report

Case Number: 12-021574

Witnesses

Seq. # 1	Name (Last, First, M) WOOLAM, PAULA DEANN	Race W	Sex F	DOB	Age 17
Address				Home Phone	
Employer Name/Address				Business Phone	
Witness Type				Cell Phone	

Witness Details HAIR: EYE: HEIGHT: WEIGHT: APD#: DL#:

Witness Notes

Property

Seq. # 1	Description PHOTOS ON P-DRIVE	Serial Number	Make/Model	
Owner		License / State	Color	
Status EVIDENCE	Status Officer (949) BROWN, JORDAN LUKE	Quantity 1.00	Units of Measure	Value

ABILENE POLICE DEPARTMENT

Incident/Investigation Report

Case Number: 12-021574

Notes/Narratives

NARRATIVE

Public Narrative

Narrative was taped: Yes

Victim taken to:

Transported by:

Condition: Stable

Describe Injuries: No visible injuries

The victim claimed to have been hit by a vehicle after a verbal altercation. The victim wants to press charges. The victim was given an APD312 and a victim's pamphlet. A report was taken for Assault. The victim claims he felt pain.

ABILENE POLICE DEPARTMENT

Incident/Investigation Report

Case Number: 13-022291

Incident Information

Date/Time Reported	Date/Time Occur From	Ending Date	Officer
11/16/2013 03:01	11/16/2013 02:50	11/16/2013 03:00	(951) COAPLAND, CLINTON LANCE
Incident Location			
5600 STEFFENS ST, ABILENE, TX 79605			

Charges

1	Charge Type	Description	Statute	UCR	<input type="checkbox"/> Alt <input checked="" type="checkbox"/> Com
	State	ASSAULT - CITIZEN AM	PC22.01	13B	
Alcohol, Drugs or Computers Used		Location Type	Premises Entered	Forced Entry	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computers		OTHER/UNKNOWN		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Entry		Exit	Criminal Activity		
Bias Motivation		Bias Target	Bias Circumstances		Hate Group
Weapons					
1. Personal Weapons (hands,					
2.					
3.					

Victims

Seq. #	Type	Injuries	Residency Status		Ethnicity
1	INDIVIDUAL	None			Non-Hispanic
Name (Last, First, M)			Race	Sex	DOB
BLACK, LINDSEY MICHELLE RESTRICTED			W	F	
Address					Home Phone
Employer Name/Address					Business Phone
Victim of Crimes					Cell Phone
1					

Victim Details HAIR: EYE: HEIGHT: WEIGHT: APD#: DL#:

**ABILENE POLICE DEPARTMENT
Incident/Investigation Report**

Case Number: 13-022291

Property				
Seq. # 1	Description PHOTOS ON P-DRIVE	Serial Number	Make/Model	
Owner		License / State	Color	
Status EVIDENCE	Status Officer (951) COAPLAND, CLINTON LANCE	Quantity 1.00	Units of Measure	Value

Notes/Narratives

NARRATIVE

Public Narrative

Narrative was taped: Yes

Victim taken to: Not transported.

Transported by:

Condition: Stable.

Describe Injuries: Small cut on victims knee.

A 27 year old female alleged that a local taxi driver assaulted her during the nighttime. The female had minor injury. The cab driver denied any allegations and also said the female ran away from him without paying. A report was taken for assault. Victim was given APD case number and victim rights paperwork.