

**REQUEST FOR LEGISLATIVE ACTION**  
**EXECUTIVE OFFICE**

**Version 6/10/19**

Completed by County Counselor **0671**

Res/Ord No.: 20283

Sponsor(s): **Charlie Franklin**

Date: **October 14, 2019**

SEP 30 2019

<p><b>SUBJECT</b></p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: Transfer from salary savings to cover boarding of three horses (\$15,000).</p>																		
<p><b>BUDGET INFORMATION</b>  <i>To be completed By Requesting Department and Finance</i></p>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$15,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$15,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$15,000</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td></td> </tr> <tr> <td>From:</td> <td></td> </tr> <tr> <td>002-1500-55010 Health Fund – Health Services – Regular Salaries</td> <td>\$15,000</td> </tr> <tr> <td>To:</td> <td></td> </tr> <tr> <td>002-1500-56790 Health Fund – Health Services – Other Contractual Services</td> <td>\$15,000</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p><b>OTHER FINANCIAL INFORMATION:</b></p> <p><input type="checkbox"/> No budget impact (no fiscal note required)  <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:  Department: _____ Estimated Use: _____</p> <p>Prior Year Budget (if applicable):  Prior Year Actual Amount Spent (if applicable):</p>	Amount authorized by this legislation this fiscal year:	\$15,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$15,000	Amount budgeted for this item * (including transfers):	\$15,000	Source of funding (name of fund) and account code number:		From:		002-1500-55010 Health Fund – Health Services – Regular Salaries	\$15,000	To:		002-1500-56790 Health Fund – Health Services – Other Contractual Services	\$15,000
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<p><b>PRIOR LEGISLATION</b></p>	<p>Prior ordinances and (date):  Prior resolutions and (date):</p>																		
<p><b>CONTACT INFORMATION</b></p>	<p>RLA drafted by (name, title, &amp; phone): Deb Sees, Environmental Health Administrator 816-847-7070</p>																		
<p><b>REQUEST SUMMARY</b></p>	<p>Transfer monies to Other Contractual Services in the amount of \$15,000 to pay for boarding of 3 horses that were neglected and seized by the Sheriff's Department and the Jackson County Animal Control Officer on 6/7/19. Owner is awaiting state charges for animal neglect. \$15,000 would take us to the end of the year on boarding fees.</p>																		
<p><b>CLEARANCE</b></p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>																		
<p><b>COMPLIANCE</b></p>	<p><input type="checkbox"/> MBE Goals  <input type="checkbox"/> WBE Goals  <input type="checkbox"/> VBE Goals</p>																		
<p><b>ATTACHMENTS</b></p>	<p>McKellips Ranch Bill for Boarding of horses .  Jackson County Sheriff's Office Incident Report</p>																		

REVIEW	Department Director: <i>Deb Sees</i>	Date: <i>9/25/19</i>
	Finance (Budget Approval): <i>If applicable</i>	Date: <i>9/30/19</i>
	Division Manager: <i>[Signature]</i>	Date: <i>9-30-19</i>
	County Counselor's Office: <i>Bryan Conish</i>	Date: <i>10/2/19</i>

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the \_\_\_\_\_ Fund in \_\_\_\_\_.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # \_\_\_\_\_
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:
[Redacted]	[Redacted]	[Redacted]

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.



C. R. McKellips Rodeo Co., Inc.  
 28925 E. Katy Track Road  
 Harwood, MO 64750  
 417-876-2353  
 crmrodeo@gmail.com



# INVOICE

**BILL TO**

Jackson County Enviromental  
 Po Box 160  
 Grain Valley, MO 64029

**INVOICE # 1742**

**DATE 09/05/2019**

**DUE DATE 10/01/2019**

ACTIVITY	QTY	RATE	AMOUNT
<b>Dispatch Animal Control</b> June 7th pick up of 3 horses at 13604 S Harris RD, Greenwood, MO	1	150.00	150.00
<b>Capture</b> 3 horses	3	35.00	105.00
<b>Animal Boarding</b> Appy Horse June 7-Sept 5	90	25.00	2,250.00
<b>Animal Boarding</b> Brown Horse June 7 - Sept 5	90	25.00	2,250.00
<b>Animal Boarding</b> Grey Horse June 7-Sept 5	90	25.00	2,250.00
<b>Services</b> Worming of horses	3	20.00	60.00
<b>Services</b> Coggins test of horses	3	20.00	60.00
<b>Services</b> Hoof Trims of horses	3	25.00	75.00

We were instructed to hold these horses in conjunction of cruelty case per Tonya with Jackson County Animal Control. We have not been further contacted as to the time frame of this case. We will be billing for monthly charges from this point forward. Boarding of horses is thru Sept 5, 2019 on this invoice.

**BALANCE DUE**

**\$7,200.00**

# JACKSON COUNTY SHERIFF'S OFFICE

4001 N.E. Lakewood Court, Lee's Summit, MO 64064

## Offense / Incident Report

Report Date <b>06/07/2019 1413</b>	Type of Incident <b>ANIMAL NEG/ABANDON</b>	Complaint No. <b>19-03233</b>	Case Status <b>PATROL</b>
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Occurred on **05/27/2019 0800** to **06/07/2019 1734**

**Incident Location**

Street Address <b>13604 S HARRIS RD</b>		City <b>GREENWOOD</b>	State <b>MO</b>	Zip Code <b>64034</b>
Sector <b>4</b>	Precinct <b>4</b>	Geo	Ward	Latitude
Neighborhood		Jurisdiction <b>MO0480000</b>	Longitude	Primary Location
				Secondary Location

**Dispatch Information**

Received Date / Time <b>06/07/2019 1413</b>	Call Received Via <b>DISPATCHER</b>	Dispatched Date / Time	Call Dispatched As <b>AGENCY ASSIST</b>	
Arrived Date / Time <b>06/07/2019 1449</b>	Departed Date / Time <b>06/07/2019 1616</b>	Offense Category <b>B</b>	TTY Ref.#	TeleType Operator

**Officers**

ID	Name	Role	Primary	Arrived Scene	Departed Scene
0426	DEP. J. COX	INVESTIGATION	<input checked="" type="checkbox"/>	06/10/2019 1214	
0432	DEP. D. VANBIBER	REPORTING	<input checked="" type="checkbox"/>		
0354	DEP. W.A. TYE		<input type="checkbox"/>		
0426	DEP. J. COX		<input type="checkbox"/>		

**Offenses**

Charge	Cause Number	Local Code	Jurisdiction	State Statute	State Charge Code Type/Class	Category
ANIMAL NEG/ABANDON			MO0480000	578009	M	B

**Offense / Incident Narrative**

On Friday, June 7, 2019 I was dispatched to 13604 S Harris Rd in regards to a complaint of animal neglect.

Upon arrival, I made contact with Tonya with Jackson County Animal Control who advised their office had received numerous complaints about this address in regard to the neglect of horses. I observed on the east side of the property, a white in color horse housed in a semi round 15ft pen. The horse has numerous open wounds on its legs near the hooves and appeared not to have been washed in quite some time. The pen was completely filled with feces with no dry or clear areas available for the horse to lay down.

The second horse encountered was a brown horse secured in the driveway inside of a semi enclosed steel two stall horse trailer. The trailer was in direct sunlight with no shade provided. The

Reporting Officer    0432    DEP. D. VANBIBER	Approving Officer ( I )    0388    SGT. S. COLLINS
	( Cover Pages Only )

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Report Date **06/07/2019 1413** Type of Incident **ANIMAL NEG/ABANDON** Complaint No. **19-03233** Case Status **PATROL**

trailer was only around 15 ft in length and was only made for a single horse. The horse had no access to water but did have a bag of hay hanging off the door to access the inside. It should be noted that the ambient air temperature outside at the time of arrival was 86 degrees Fahrenheit. It was significantly hotter inside the trailer. I obtained a bucket of water and placed it inside of the trailer where the horse started drinking immediately. The horse was tied to the upper part of the trailer and could not reach the ground or scratch itself with its mouth. Its movement was drastically restricted due to being tied up. It was evident the horse had been living in the trailer for an extended period of time due to the feces piled up in the trailer and coming out from under rear door of the trailer onto the ground.

The third horse located on the North rear side of the residence. The horse was contained by a pen between 15 and 20 ft around. The only ground the horse had access to be mud and feces that went over its hooves approximately 6 inches or more. The horse had access to water hanging on the pin but did not have access to food. Due to the thick mud, the horse had a hard time moving around the pen. There was an abnormally large amount of insects around the horse due to the mud and feces that constantly agitating the horse.

Detective Cox was already on scene and photographed the deplorable conditions of the three horses.

The owner of the horses Uhrish, Benjamin C b/m 02-02-1984 arrived on scene and did not wish to cooperate with our investigation and had to be asked several times for his identification.

Tonya with animal control arranged for the three horses to be picked up and taken for safe care to a proper facility.

After the horses were safely removed, We cleared the scene and returned to service.

Det. Cox was going to explore possible state charges for animal neglect.

EOR.

### Suspect Information

Name (Last, First Middle Suffix)	Race	Sex	DOR	Age	Juvenile	SSN	Moniker
UHLRICH, BENJAMIN C	B	M		35	N		

Reporting Officer **0432 DEP. D. VANBIBER**

Approving Officer ( I ) **0388 SGT. S. COLLINS**

( Cover Pages Only )

# JACKSON COUNTY SHERIFF'S OFFICE

4001 N.E. Lakewood Court, Lee's Summit, MO 64064

## Offense / Incident Report

Report Date <b>06/07/2019 1413</b>	Type of Incident <b>ANIMAL NEG/ABANDON</b>	Complaint No. <b>19-03233</b>	Case Status <b>PATROL</b>
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### Addresses

Type	Street Address	City	State	Zip Code	Country
	<b>13604 S HARRIS RD</b>	<b>GREENWOOD</b>	<b>MO</b>	<b>64034</b>	<b>JACKSON</b>

### Phone Numbers

Type	Phone	Ext/PIN
<b>H</b>	<b>(816) 537-6820</b>	
<b>ALTERNATE</b>	<b>(816) 304-5949</b>	

### Email Addresses

Type	Email Address
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Drivers License	Type	State	Expires	Restrictions	Marital Status	Resident Status	Ethnicity	Language
<b>J112236004</b>	<b>DRIV LIC</b>	<b>MO</b>			<b>SNG</b>	<b>R</b>	<b>N</b>	

### Physical Description

Height	Weight	Build	Skin Color	Complexion	Eyes	Type of Eyewear	Place of Birth	
<b>5-9</b>	<b>144</b>				<b>BRO</b>		City	State
<b>Hair</b>	<b>Hair Length</b>	<b>Hair Style</b>	<b>Beard</b>	<b>Mustache</b>	<b>Side Burns</b>	<b>Mannerisms</b>	<b>Country</b>	
<b>BLK</b>								
<b>Voice</b>	<b>Teeth</b>	<b>Deformities</b>						

Drugs   
  Alcohol   
  Suspect Identified   
  Suspect Located   
  Suspect Near Scene   
  Serious Repeat Offender

### Identification Numbers

Local PD #	Local SO #	State #	Military ID #	Branch	Rank	
		<b>0</b>				
FBI #	NCIC #	DOC #	Passport ID #	Type	Issued By	Exp. Date
			Alien Req.	Type	Issued By	Exp. Date

### Charges

Charge	Type Class	Jurisdiction
<b>ANIMAL NEG/ABANDON</b>	<b>M</b>	<b>MO0480000</b>

### Other Person

Name (Last, First Middle Suffix)	Other Type	Race	Sex	DOB	Age	Juvenile	SSN	Moniker
<b>HAMPTON, TONYA</b>								

### Phone Numbers

Type	Phone	Ext/PIN
	<b>(913) 475-6164</b>	

### Email Addresses

Type	Email Address
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Reporting Officer    **0432    DEP. D. VANBIBER**

Approving Officer ( I )    **0388    SGT. S. COLLINS**

( Cover Pages Only )