

ONT-013

Ministry of the Solicitor General    ministère du Solliciteur général

Freedom of Information and  
Protection of Privacy Services  
200 First Avenue West  
North Bay ON P1B 3B9

Services d'accès à l'information et de la  
Protection de la vie privée  
200 First Avenue West  
North Bay ON P1B 3B9

Telephone (705) 494-3080  
Toll Free 1-855-273-3080  
Facsimile (705) 494-3081  
www.ontario.ca/mes4

Téléphone (705) 494-3080  
Sans Frais 1-855-273-3080  
Télécopieur (705) 494-3081  
www.ontario.ca/s199



August 7, 2019

Dennis R. Young  
1330 Ravenswood Drive S.E.  
Airdrie, Alberta T4A 0P8

Dear Dennis R. Young:

**SUBJECT: REQUEST NUMBER SOLGEN-A-2019-03536**

Your request dated July 24, 2019, under the Freedom of Information and Protection of Privacy Act (the Act) for access to copies of all police reports and Firearms Interest Police (FIP) events relating to a named individual and police reports of the results of any subsequent investigations regarding the status of the named individual's firearms license and ownership of firearms during the period of September 22, 2017 to February 23, 2018 investigated by the Ontario Provincial Police was completely received by this office on July 31, 2019.

This letter is to acknowledge receipt of your request. Please note the request number that has been assigned to your request. This number should be referred to in all future communications with our office.

Should you have any questions regarding your request, please do not hesitate to contact me at (705) 494-3196.

Sincerely,

A handwritten signature in black ink that reads "Karen Foster". The signature is written in a cursive, flowing style.

Karen Foster  
A/Senior Program Analyst & Advisor  
Freedom of Information and  
Protection of Privacy Services

**Type of Request**

- Access to general records
- Access to own personal information
- Correction of own personal information

**Name of Institution request made to:**  
Freedom of Information and Protection of Privacy Services  
Ministry of the Solicitor General  
200 First Avenue West  
North Bay ON P1B 3B9  
Tel: 705 494-3080 Fax: 705-494-3081

If request is for access to, or correction of, own personal information records:

Last name appearing on records:  same as below **or**

**Requester's Information**

Last Name <i>YOUNG</i>		First Name <i>DENNIS</i>		Middle Name <i>ROY</i>
Unit No.	Street No. <i>1330</i>	Street Name <i>RAVIENSWOOD DR. SE</i>		PO Box
City/Town <i>AIRDRIE</i>			Province <i>AB</i>	Postal Code <i>T4A0P8</i>
Day Telephone Number (include area code) <i>587-360-1111</i>		Evening Telephone Number (include area code) <i>587-360-1111</i>		

**Description of Records or Correction Requested**

Reference is being made to the fact that neither the RCMP nor the Office of the Ontario Chief Firearms Officer keep statistics on Firearms Interest Police (FIP) Events.

<https://dennisryoung.ca/2019/01/18/rcmp-has-no-statistics-on-firearms-interest-police-fip-events/>  
<https://dennisryoung.ca/2019/01/09/ontario-cfo-does-not-track-firearms-interest-police-fip-statistics/>

Reference is also being made to the news article below about the Almaquin triple murder-suicide:

**ALMAGUIN MURDER VICTIM'S SON TELLS PART OF HIS MOTHER'S STORY**

NEWS Feb 26, 2018 by Laurel J. Campbell [ljcampbell@live.ca](mailto:ljcampbell@live.ca)

<https://www.northbaynipissing.com/news-story/8155886-almaguin-murder-victim-s-son-tells-part-of-his-mother-s-story/>

Reference is also being made to Ontario Provincial Police Occurrence Summary NP17111078 Sexual assault @2017/09/22 11:13 by Complainant; Victim Ulla Theoret. Accused; Suspect Mark Jones.

For the period from September 22, 2017 to February 23, 2018 please provide copies of all records of all police reports and Firearms Interest Police (FIP) events regarding Mark Jones D.O.B. 1959/06/18 (58) and records and reports of the results of any subsequent investigations regarding the status of Mark Jones' firearms license and ownership of his firearms during this same period.

Preferred method of access to records <input checked="" type="checkbox"/> Receive Copy <input type="checkbox"/> Examine Original	Sig <i>ORIGINAL SIGNED BY</i>	Date (yyyy/mm/dd) <i>2019/07/24</i>
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**Payment**

Each separate request must be accompanied by the \$5.00 application fee. Cheque or money orders should be made payable to the **Minister of Finance**.

Amount \$	Payment Options <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>				
Credit Card Number	Expiry Date (mm/yy)	Authorization Number (For Ministry Use Only)			
Last Name		First Name		Middle Initial	
Signature			Date (yyyy/mm/dd)		