

IN THE MATTER OF: Commission of Inquiry into the Circumstances Surrounding
the Death of Phoenix Sinclair

AFFIDAVIT OF KALYN BOMBACK

GANGE GOODMAN & FRENCH

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File No. 15737 WSG

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the Death of Phoenix Sinclair

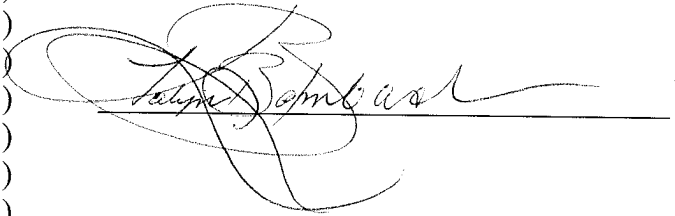
AFFIDAVIT OF KALYN BOMBACK

I Kalyn Bomback, of the City of Winnipeg, Manitoba, lawyer, make oath and
say that:

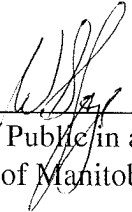
1. I make this Affidavit based upon personal knowledge, except where same is stated to be based on information and belief, in which case I do verily believe the information and belief to be true.
2. I am a lawyer with the firm of Gange Goodman & French. I have provided legal services to various clients that the law firm has represented in the Phoenix Sinclair Inquiry.
3. I have reviewed Commission Disclosure #1660. I attach a redacted copy of excerpts of Commission Disclosure #1660 as Exhibit A. The unredacted copy of Exhibit A makes reference to the name of Doe #3 as having made a phone call to a Child and Family Services worker named Randy Murdock on March 6, 2006.

4. I make this Affidavit in good faith.

SWORN BEFORE ME at the)
)
City of Winnipeg in the Province)
)
of Manitoba this 13th day of)
)
February, 2013)
)
)
)
)
)



A large, stylized handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to read 'John Campbell'.



A handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to read 'W. J. ...'.

A Notary Public in and for the
Province of Manitoba.

****Bold Fields are mandatory. **Fields in Italics are answered using drop down lists**

REFERRAL SOURCE INFORMATION

Referral Date: 06.03.06 Time: 11:50 AM PM
(yy/mm/dd)

Referral Source Name: [REDACTED] Referral Type: _____

Method: Phone call Client Aware of Referral: Yes ___ No ___ Unknown

REFERRAL SOURCE LOCATION ADDRESS:
Address Note (and location may be entered here): [REDACTED]

Unit/Apt/ House no./ Street Suite #: _____ Building no.: _____ Name: _____ Street Type: _____ Street Direction: _____
City/Town/Municipality: Winnipeg Province: MB
Postal Code: _____

IF mailing address is different then location address please fill out mailing address

MAILING STREET ADDRESS:
Address Note: same

Unit/Apt/ House no./ Street Suite #: _____ Building no.: _____ Name: _____ Street Type: _____ Street Direction: _____
City/Town/Municipality: _____ Province: _____
Postal Code: _____

RURAL MAILING ADDRESS:
Other Address Text: _____
Route: _____
Station information: _____
City/Town/Municipality: _____
Postal Code: _____

Number 1660 **"This is Exhibit A"** referred to in the Affidavit of Katyn Bombeck
Province: MB

sworn before me this 13 day of February 2013

REFERRAL SOURCE CONTACT INFORMATION:
Area Code [REDACTED] Phone number [REDACTED] Extension _____ Type home

Email address: _____

A NOTARY PUBLIC
IN AND FOR THE PROVINCE OF MANITOBA
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Category	Identified Issues	Recommended Response Time
<u>Abuse</u>	<u>Physical</u>	<u>24 hr.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

INTAKE ASSIGNMENT:
 Supervisor: Randy Muxbode Intake Worker: Clemene Idornbrook
 SERVICE AREA:
 Region: _____ Service Area: _____

FAMILY GROUP

PERSON INVOLVED IN INTAKE:

Name	Family Role	Household Status	PCC Completed	Prior Involvement yes <input type="checkbox"/> no <input type="checkbox"/>
1.) <u>Carl Wesley McKay</u>	<u>C/L</u>	_____	<input checked="" type="checkbox"/>	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> File # <u>10099</u>
2.) <u>Samantha Kemelich</u>	<u>C/L</u>	_____	<input checked="" type="checkbox"/>	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> File # <u>10099</u>
3.) _____	_____	_____	<input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> File # _____
4.) _____	_____	_____	<input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> File # _____
5.) _____	_____	_____	<input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> File # _____
6.) _____	_____	_____	<input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> File # _____
7.) _____	_____	_____	<input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> File # _____
8.) _____	_____	_____	<input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> File # _____
9.) _____	_____	_____	<input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> File # _____
10.) _____	_____	_____	<input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/> File # _____

GEOGRAPHIC SERVICE LOCATION OF THE FAMILY:
 Region: unknown Area: unknown Neighbourhood: _____

ABUSE INFORMATION (IF an abuse issue has been identified in this intake, this page must be completed)

Alleged victim(s): 5 yr old female as reported

Alleged offender(s): Carl Wesley McKay as reported

CPS INVESTIGATION

Primary Type of Investigation: Abuse

Status of Investigation: _____

Conclusion of Investigation: _____

MEDICAL INFORMATION

Medical Intervention: Yes _____ No IF yes, then: Medical Intervention Date: _____

Health Care Facility Name: _____ (dd/mmm/yy)

Physician's Name: _____

Medical Findings:

- Abuse Confirmed
- Inconclusive
- Unsubstantiated

POLICE INFORMATION

Reported to Police: Yes No _____ Pending _____

Date reported: 6.3.06
(dd/mmm/yy)

Charges Laid: Yes _____ No _____ Unknown

Police Organization Name: WPS

Phone #: 986-6222

Police Officer's Name: _____

Incident, badge, car #: _____

Police Intervention: information only investigation pending _____ investigation complete _____

Information forwarded to WPS

INTAKE MANAGEMENT

INTAKE ASSIGNMENT LIST

Current Worker: U/A Date Assigned: _____
Current Supervisor: Randy Muddoch Date Assigned: Mar. 4, 2006
Alternate Worker: _____ Date Assigned: _____
Alternate Supervisor: Clarence Herbison Date Assigned: Mar 6, 2006

Confidential Intake: Yes No _____ Reason: Abuse

Physical File #: _____ Physical File Location: _____

Intake Status: _____ Date: _____
Reason: _____ (yy/mm/dd)

READY FOR INTAKE CONCLUSION:

Outcome of Intake: _____

Action Required: _____

INTAKE CONCLUDED (for Supervisors and Administrative Support)

Intake Status: _____ Date: _____
Reason: _____ (yy/mm/dd)

Was a field visit required? Yes _____ No _____

Time Expended on Non-child welfare matter _____

Is transfer accepted? Yes _____ No _____ Date: _____
(yy/mm/dd)

Has written agreement to accept transfer been received? Yes _____ No _____ Date: _____
(yy/mm/dd)

March 6, 2006, Monday 11:50 a.m.

Phone call from [redacted] of [redacted] Winnipeg, Manitoba. Phone number: [redacted]

Her two sons, [redacted], made a gruesome disclosure to her. They witnessed physical abuse to a five year female. They called it choking the chicken. Who was choking the chicken? According to [redacted], her sons said it was Carl Wesley Mckay. The two boys also said Carl Wesley Mckay threw the five year girl down the stairs ..the fall down down the stairs broke her skull open.

When did this incident take place? According to [redacted] it was in August 2005.

The two boys said the five year old female was buried in the back yard.

What house did this happen at? According to the boys, it is the house across ^{from} [redacted] ~~from~~

Did the boys witness where the grave is? [redacted] said the boys are aware of the location.

The five year old girl was the daughter to Carl's common law, Samantha Kematch.

What was her name? [redacted] said she did not know the name of the five year old female.

What is the name of your sons, date of births.

[redacted] . DOB: [redacted] [redacted] , DOB: [redacted]

The boys are 13 & 15 years old states [redacted]

The boys said she was a rat, (quote) [redacted]

I acknowledged that she is taking the proper steps to address this situation.
End of conversation

As recorded by Randy Mudock

Randy Mudock

* [redacted] [redacted] [redacted]
[redacted] [redacted] [redacted]
[redacted] [redacted] [redacted]

[scribbles]

R Mudock

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