

Agency Name <b>Camillus Police Department</b>		<b>A</b>		<b>New York State Domestic Incident Report</b>		ORI: <b>NY0335000</b>	Incident # <b>16-518564</b>	Related DR Number -	Incident Type <b>DOMV</b>	Location Code <b>3450</b>
Incident	Reported Date / Time <b>10/29/2016 11:02</b>		Occurred Date/Time <b>10/29/2016 11:00</b>		<input type="radio"/> Officer-Initiated <input checked="" type="radio"/> Radio Run <input type="radio"/> Walk-In					
	Occur Addr # [REDACTED]	Prefix [REDACTED]	Occurrence Street Name [REDACTED]		Street Type [REDACTED]	Suffix [REDACTED]	Bldg. [REDACTED]	APT# [REDACTED]	City [REDACTED]	State [REDACTED]
VICTIM (P1)	Name - Last <b>Rotondo</b>		First <b>Michael</b>		Middle <b>J</b>	Alias/Nickname/Maiden Name		DOB [REDACTED]	Age <b>29</b>	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:
	Address # <b>408</b>	Prefix [REDACTED]	Street Name <b>Weatheridge</b>		Street Type <b>DR</b>	Suffix [REDACTED]	Bldg # [REDACTED]	Apt # [REDACTED]	Victim Phone Number: [REDACTED]	Language: [REDACTED]
	City <b>Camillus</b>		State <b>NY</b>		Zip <b>13031</b>		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Other Identifier:			
	How can we safely contact you? (e.g. Name, Phone, Email) [REDACTED]									
SUSPECT (P2)	Name - Last <b>Gasparini</b>		First <b>Angela</b>		Middle <b>C</b>	Alias/Nickname/Maiden Name		DOB [REDACTED]	Age [REDACTED]	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:
	Address # [REDACTED]	Prefix [REDACTED]	Street Name [REDACTED]		Street Type [REDACTED]	Suffix [REDACTED]	Bldg # [REDACTED]	Apt # [REDACTED]	Suspect Phone Number [REDACTED]	Language: [REDACTED]
	City [REDACTED]		State [REDACTED]		Zip [REDACTED]		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Other Identifier:			
	Do suspect and victim live together? <input type="radio"/> Yes <input checked="" type="radio"/> No		SUSPECT / P2 present? <input type="radio"/> Yes <input checked="" type="radio"/> No		Was Suspect injured? <input type="radio"/> Yes <input checked="" type="radio"/> No    If yes describe:		Possible drug or alcohol use? <input type="radio"/> Yes <input checked="" type="radio"/> No		Suspect supervised? <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Probation <input type="checkbox"/> Status Unknown <input type="checkbox"/> Parole	
Victim Interview	Suspect (P2) Relationship to Victim (P1) <input type="radio"/> Married <input type="radio"/> Intimate Partner/Dating <input type="radio"/> Formerly Married <input checked="" type="radio"/> Former Intimate/Dating <input type="radio"/> Parent of Victim (P1) <input type="radio"/> Child of Victim <input type="radio"/> Relative <input type="radio"/> Other									
	Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:									
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? <b>How good are you at convincing someone to do something.</b>									
	Did suspect make victim fearful? <input type="radio"/> Yes <input checked="" type="radio"/> No    If yes describe: Weapons Used? <input type="radio"/> Yes <input checked="" type="radio"/> No    Gun: <input type="radio"/> Yes <input type="radio"/> No    If yes describe: Access to Guns? <input type="radio"/> Yes <input checked="" type="radio"/> No    If yes describe: Injured? <input type="radio"/> Yes <input checked="" type="radio"/> No    If yes describe: In Pain? <input type="radio"/> Yes <input checked="" type="radio"/> No    If yes describe: Strangulation? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks? <input type="radio"/> Yes <input type="radio"/> No    If Yes, describe:									
SUSPECT	What did the SUSPECT say (Before and After Arrest): [REDACTED]									
	710.30 completed? <input type="radio"/> Yes <input checked="" type="radio"/> No									
Witnesses	Child/Witness (1) Name (Last, First, M. I.) Last: [REDACTED] First: [REDACTED] M.I.: [REDACTED] DOB: [REDACTED] Addr # Prefix Street Name Type Suffix City State Zip Phone # [REDACTED] ( ) -									
	Child/Witness (2) Name (Last, First, M. I.) [REDACTED] ( ) -									
In c. Narrative	Briefly describe the circumstances of this incident: <b>Michael stated that he went to Angela's residence to pick up his son, [REDACTED]. Angela stated that their son, [REDACTED] was not feeling well and that he is staying home today. Michael has visitation every Saturday from 1100 HRS to 2000 HRS. Michael stated that he does not want a report if Angela will let him take [REDACTED] later today.</b>									
	DIR Repository checked? <input type="radio"/> Yes <input checked="" type="radio"/> No    Order of Protection Registry checked? <input checked="" type="radio"/> Yes <input type="radio"/> No    Order of Protection in effect? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away									
Evid	Evidence Present? <input type="radio"/> Yes <input checked="" type="radio"/> No    Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury    Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos    Destruction of Property? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:    If yes describe:									
	Offense Committed? <input type="radio"/> Yes <input checked="" type="radio"/> No    Was suspect arrested? <input type="radio"/> Yes <input checked="" type="radio"/> No    If no, explain: <b>No offense committed</b>									
Offense	Offense 1 Law Art/Sec Sub Cat. Class Degree Attempt Desc Count [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]									
	Offense 2 Law Art/Sec Sub Cat. Class Degree Attempt Desc Count [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]									
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL. AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME: <b>Scott Conway</b> ID# SIGNATURE: <b>0068 Electronically Signed</b> Administrative Use Only SUPERVISOR NAME (PRINT): <b>Sgt M J Schreyer</b> ID# APPROVED DATE: <b>0056 10/30/2016</b> APPROVED BY SIGNATURE: <b>Approved Electronically</b> Page 1 of 2										

Agency Name <b>Camillus Police Department</b>		<b>B</b>	<b>New York State Domestic Incident Report</b>		QRT: <b>NY0335000</b>	Incident # <b>16-518564</b>	Related DR Number <b>-</b>	Incident Type <b>DOMV</b>	Location Code <b>3450</b>
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**Prior History**

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):  
**Michael stated that they have not had any issues in some time.**

**If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider**

<b>Has Suspect ever:</b> Threatened to kill you or your children? <input type="radio"/> Yes <input checked="" type="radio"/> No Strangled or "choked" you? <input type="radio"/> Yes <input checked="" type="radio"/> No Beaten you while you were pregnant? <input type="radio"/> Yes <input checked="" type="radio"/> No	Is suspect capable of killing you or children? <input type="radio"/> Yes <input checked="" type="radio"/> No Is suspect violently and constantly jealous of you? <input type="radio"/> Yes <input checked="" type="radio"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="radio"/> Yes <input checked="" type="radio"/> No
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Is there reasonable cause to suspect a child may be the victim of abuse, neglected, maltreatment or endangerment? ☐ Yes ☒ No  
 If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-4522.

Was DIR given to the Victim at the scene? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why: <b>Pending Sergeants approval.</b>	Was Victim Rights Notice given to the Victim? <input checked="" type="radio"/> Yes <input type="radio"/> No if NO, Why:
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INCIDENT	Weapon 1 A 77	Weapon 2 B 77	Weapon 3 C 77	Incident Location Type D 02	Larceny Type E 77	Bias Crime F 77	Burglary Force G 77	Burglary Entry H 77	Domestic Relationship I 05
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**Property**

1. Owner	2. Status	3. Desc. Code	4. Quantity	5. Measure	6. Item
7. Make	8. Drug Type	9. Model	10. Serial Number		11. Gun Type
12. Gun Caliber	13. Value \$				

**Vehicle**

1. Code	2. Plate #	3. State	4. Expiration / /	5. Reg. Type	6. Imp. Plate	7. VIN/HULL #	8. # Occ.
9. Year	10. Make	11. Model	12. Style	13. Color	14. Vehicle Value	15. Damage Est.	16. Weapon in Veh
17. NCIC Ck							
18. Vehicle Description / Damage							
19. Towed	20. Owner Notif	21. Hold	22. Reason	23. To/By Tow Company		24. Truck # / Tow Operator	

**Narrative:**

I responded to 408 Weatheridge Dr for a custody dispute. Upon arrival I met with the victim, Michael Rotondo. Michael stated that he went to his son's mother's residence to pick up his son, [REDACTED]. When he entered the residence, Angela told Michael that he was not going to take [REDACTED] for visitation due to him not feeling well. Michael stated that when he tried to speak to his son, Angela interrupted him. Angela then asked Michael to leave. Michael and Angela had a verbal visitation agreement only. Michael gets to see [REDACTED] every Saturday from 1100 HRS till 2000 HRS. I attempted to make contact with Angela and she did not answer her phone. A message was left on the answering machine for her to call me.

**Recommended Action:**  
 No further police action, case closed

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

PRINT NAME  
**Scott Conway**

ID# SIGNATURE  
**0068 Electronically Signed**

Administrative Use Only

SUPERVISOR NAME (PRINT)  
**Sgt M J Schreyer**

ID# APPROVED DATE APPROVED BY SIGNATURE  
**0056 10/30/2016 Approved Electronically**

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