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|---|---|----------|--|--|--|----------------------------|--|--|---|---|---|
| Agency Name Camillus Police Department | | A | | New York State Domestic Incident Report | | ORI: NY0335000 | Incident # 17-183434 | Related DR Number - | Incident Type DOMV | Location Code 3450 | |
| Incident | Reported Date / Time 03/04/2017 11:05 | | Occurred Date/Time 03/04/2017 11:00 | | <input type="radio"/> Officer-Initiated <input checked="" type="radio"/> Radio Run <input type="radio"/> Walk-In | | | | | | |
| | Occur Addr # 408 | Prefix | Occurrence Street Name Weatheridge | | Street Type DR | Suffix | Bldg. | APT# | City Camillus | State NY | Zip 13031 |
| VICTIM (P1) | Name - Last Rotondo | | First Michael | | Middle J | Alias/Nickname/Maiden Name | | DOB 07/08/1987 | Age 29 | <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified: | |
| | Address # 408 | Prefix | Street Name Weatheridge | | Street Type DR | Suffix | Bldg # | Apt # | Victim Phone Number: [REDACTED] | | Language: |
| | City Camillus | | State NY | Zip 13031 | | | | | | <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) | | | | | | | | | | |
| SUSPECT (P2) | Name - Last Gasparini | | First Angela | | Middle C | Alias/Nickname/Maiden Name | | DOB [REDACTED] | Age 32 | <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified: | |
| | Address # | Prefix | Street Name | | Street Type | Suffix | Bldg # | Apt # | Suspect Phone Number [REDACTED] | | Language: |
| | 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 type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown | | |
| 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"/> Other | | | | | | | | | | Do the suspect and victim have a child in common? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Victim Interview | 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? We have an agreement that I get my son on Saturday's and his mother will not let me see him. | | | | | | | | | | |
| | 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: | | | | | | | Suspect Threats? <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other 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: | | | | | | | 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): No arrest, no offense. Person 2 (Angela Gasparini) stated, "Thank you for coming." "I don't feel safe letting him go skiing." | | | | | | | | | | |
| | 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] () - | | | | | | | | | | |
| Inc. Narrative | Briefly describe the circumstances of this incident: Dispute between M. Rotondo and A. Gasparini regarding visitation of their son. Parties have made a verbal agreement outside of the Family Court Order regarding [REDACTED] spending time with M. Rotondo on Saturdays. Today A. Gasparini refused to bring him to the 408 Weatheridge Dr address because she stated in a text message to M. Rotondo that she did not want him going skiing. There is no violation of the written Family Court custody order. | | | | | | | | | | |
| | 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 <input type="checkbox"/> Other: | | Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other: | | Destruction of Property? <input type="radio"/> Yes <input checked="" type="radio"/> No 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: No offense | | | | | | | | |
| Offense | Offense 1 Law Art/Sec Sub Cat. Class Degree Attempt Desc Count | | | | | | | | | | Offense 2 Law Art/Sec Sub Cat. Class Degree Attempt Desc Count |
| | False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME: Stephen Watkins ID# 0083 Electronically Signed Administrative Use Only SUPERVISOR NAME (PRINT) Sgt M J Schreyer ID# 0056 APPROVED DATE 03/04/2017 APPROVED BY SIGNATURE Approved Electronically Page 1 of 2 | | | | | | | | | | |

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| Agency Name Camillus Police Department | | B | New York State Domestic Incident Report | | ORI NY0335000 | Incident # 17-183434 | Related DIR Number - | Incident Type DOMV | Location Code 3450 | | | | | | | | | | |
| Prior History | Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): Custody disputes reported to police. | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | |
| | Has Suspect ever: 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 | | | | | | | | | | | | | |
| | Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522. | | | | | | | | | | | | | | | | | | |
| | Was DIR given to the Victim at the scene? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why: Awaiting Supervisor's approval | | | | | Was Victim Rights Notice given to the Victim? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why: No victim. | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>INCIDENT</td> <td>Weapon 1 A 77</td> <td>Weapon 2 B 77</td> <td>Weapon 3 C 77</td> <td>Incident Location Type D 01</td> <td>Larceny Type E 77</td> <td>Bias Crime F 77</td> <td>Burglary Force G 77</td> <td>Burglary Entry H 77</td> <td>Domestic Relationship I 07</td> </tr> </table> | | | | | | | | | | INCIDENT | Weapon 1 A 77 | Weapon 2 B 77 | Weapon 3 C 77 | Incident Location Type D 01 | Larceny Type E 77 | Bias Crime F 77 | Burglary Force G 77 | Burglary Entry H 77 | Domestic Relationship I 07 |
| INCIDENT | Weapon 1 A 77 | Weapon 2 B 77 | Weapon 3 C 77 | Incident Location Type D 01 | Larceny Type E 77 | Bias Crime F 77 | Burglary Force G 77 | Burglary Entry H 77 | Domestic Relationship I 07 | | | | | | | | | | |
| 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: <p>Michael Rotondo called police regarding a child custody dispute with his son's mother Angela Gasperini.</p> <p>M. Rotondo stated that the two of them have had a verbal agreement over the past couple years regarding visitation arrangements on Saturday's. M. Rotondo produced a Family Court custody order. The order made no mention of visitation on Saturday's. He told me that A. Gasperini had refused to bring their son to his home today because he planned on taking him skiing and she did not want the child to go skiing. He showed me a text message conversation between them where she told him that she did not feel it was safe for the child to go skiing and would not be bringing him over.</p> <p>I explained that the situation was not a breach of the Family Court Order. I explained that I would be documenting the incident on a DIR and that no further police action would be taken in the matter.</p> <p>I responded to [REDACTED] where I discussed the situation with her and explained that there was no police action that would be taken beyond documentation in a report.</p> <p>Both parties were advised to adhere to and follow the stipulations set forth in the Court Order.</p> <p>RECOMMENDED ACTION:</p> <p>Close case.</p> | | | | | | | | | | | | | | | | | | | |
| False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME Stephen Watkins ID# 0083 SIGNATURE Electronically Signed | | | | | Administrative Use Only SUPERVISOR NAME (PRINT) Sgt M J Schreyer ID# 0056 APPROVED DATE 03/04/2017 APPROVED BY SIGNATURE Approved Electronically | | | | | | | | | | | | | | |