

Agency Name <b>Camillus Police Department</b>		<b>A</b>		<b>New York State Domestic Incident Report</b>		ORI: <b>NY0335000</b>	Incident # <b>17-188871</b>	Related DR Number <b>-</b>	Incident Type <b>DOMI</b>	Location Code <b>3450</b>	
<b>Incident</b>	Reported Date / Time <b>03/08/2017 15:15</b>	Occurred Date/ Time <b>03/08/2017 14:26</b>		<input type="radio"/> Officer-Initiated <input type="radio"/> Radio Run <input checked="" type="radio"/> Walk-In							
	Occur Addr # <b>400</b>	Prefix	Occurrence Street Name <b>Sanderson</b>		Street Type <b>DR</b>	Suffix	Bldg.	APT#	City <b>Camillus</b>	State <b>NY</b>	Zip <b>13031</b>
<b>VICTIM (P1)</b>	Name - Last <b>Rotondo</b>		First <b>Michael</b>		Middle <b>J</b>	Alias/Nickname/Maiden Name <b>None</b>		DOB <b>07/08/1987</b>	Age: <b>29</b>	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
	Address # <b>408</b>	Prefix	Street Name <b>Weatheridge</b>		Street Type <b>DR</b>	Suffix	Bldg #	Apt #	Victim Phone Number: <b>[REDACTED]</b>		Language: <b>English</b>
	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) <b>[REDACTED]</b>										
<b>SUSPECT (P2)</b>	Name - Last <b>Gasparini</b>		First <b>Angela</b>		Middle	Alias/Nickname/Maiden Name <b>Sadie</b>		DOB <b>[REDACTED]</b>	Age: <b>32</b>	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
	Address # <b>[REDACTED]</b>	Prefix	Street Name <b>[REDACTED]</b>		Street Type <b>[REDACTED]</b>	Suffix	Bldg #	Apt #	Suspect Phone Number <b>[REDACTED]</b>		Language: <b>English</b>
	City <b>[REDACTED]</b>		State <b>[REDACTED]</b>	Zip <b>[REDACTED]</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:	
	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"/> Parole <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"/> Parent of Victim (P1) <input type="radio"/> Child of Victim <input type="radio"/> Relative <input type="radio"/> Other											Do the suspect and victim have a child in common? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Victim Interview</b>	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>My ex girlfriend is refusing to allow me to see our son. Wednesdays are not covered in the custody agreement but we've had a verbal agreement for quite a while now.</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 checked="" 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:											
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 checked="" type="radio"/> No    If yes, describe:											
<b>SUSPECT</b>	What did the SUSPECT say (Before and After Arrest): <b>I was unable to speak with the suspect regarding this incident.</b>										
	710.30 completed? <input type="radio"/> Yes <input checked="" type="radio"/> No										
<b>Witnesses</b>	Child/Witness (1) Name (Last, First, M. I.) Last:    First:    M.I.:    DOB:    Addr # Prefix    Street Name    Type    Suffix    City    State    Zip    Phone # <b>[REDACTED]</b>										
	Child/Witness (2) Name (Last, First, M. I.) <b>[REDACTED]</b>										
<b>Inc. Narrative</b>	Briefly describe the circumstances of this incident: <b>Mr. Rotondo(P1) responded to the Police Department today to report that his ex girlfriend, Angela Gasparini(P2), is refusing to allow him to see their son, [REDACTED] (OI). Rotondo advised his visitation today was not part of a court order. He advised that it was part of a verbal agreement between he and his ex girlfriend that he be allowed to see their son on Wednesdays.</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										
<b>Evid</b>	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:    Records Use Only										
<b>Offense</b>	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    ID#    SIGNATURE    Administrative Use Only <b>Sean Edwards    0046    Electronically Signed    Sgt S Pigula</b> ID#    APPROVED DATE    APPROVED BY SIGNATURE    Page 1 <b>0066    03/10/2017    Approved Electronically    of 2</b>											

Agency Name <b>Camillus Police Department</b>	<b>B</b>	<b>New York State Domestic Incident Report</b>	ORI: <b>NY0335000</b>	Incident # <b>17-188871</b>	Related DR Number <b>-</b>	Incident Type <b>DOMI</b>	Location Code <b>3450</b>
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<b>Prior History</b>	Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <b>The victim is reporting that he has reported to the Police on approximately five occasions instances where the suspect has refused to allow the victim to see their son.</b>	
	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: <b>Requires a Supervisor Approval</b>		Was Victim Rights Notice given to the Victim? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why: <b>The victim stated that he is familiar with the form and he does not need it.</b>

INCIDENT	Weapon 1 A <b>77</b>	Weapon 2 B <b>77</b>	Weapon 3 C <b>77</b>	Incident Location Type D <b>08</b>	Larceny Type E <b>77</b>	Bias Crime F <b>77</b>	Burglary Force G <b>77</b>	Burglary Entry H <b>77</b>	Domestic Relationship I <b>05</b>	
<b>Property</b>	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 \$	
<b>Vehicle</b>	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:**

Mr. Rotondo(P1) responded to the Police Department today to report that his ex girlfriend, Angela Gasparini(P2), is refusing to allow him to see their son, [REDACTED] (OI). Mr. Rotondo advised that he has had a verbal agreement with Ms. Gasparini for quite a while now and that verbal agreement allows him to pick up [REDACTED] at Stonehedge Elementary on Wednesdays after school dismissal. Rotondo advised on today's date at approx 1426 hrs he received a text message from Gasparini advising him that she was picking up [REDACTED] from school.

Mr. Rotondo furthered that prior to his son's school dismissal he contacted to Stonehedge Elementary to see if [REDACTED] was still in school and needed to be picked up. He stated that a school official advised him that [REDACTED] had already been picked up from school. Mr. Rotondo stated that after learning this he decided to come to the Camillus Police Department to report today's events.

Mr. Rotondo advised that he is aware that visitation for his son for Wednesdays is not covered in the custody agreement but since they had a prior verbal agreement he wanted to report what happened today. I asked Rotondo to see the custody agreement however he advised that he did not have a copy with him.

I attempted to contact Gasparini by telephone to advise that a report was being written today but there was no answer at the telephone number that was provided by Rotondo.

No further information. End of report.

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

PRINT NAME  
**Sean Edwards**

ID# SIGNATURE  
**0046 Electronically Signed**

Administrative Use Only

SUPERVISOR NAME (PRINT)  
**Sgt S Pigula**

ID# APPROVED DATE APPROVED BY SIGNATURE  
**0066 03/10/2017 Approved Electronically**

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