

Agency Name Camillus Police Department		A		New York State Domestic Incident Report		ORI: NY0335000	Incident # 17-191731	Related DR Number -	Incident Type DOMV	Location Code 3450	
Incident	Reported Date / Time 03/10/2017 15:04		Occurred Date/ Time 03/10/2017 13:00		<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 07/08/1984	Age: 32	<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: English	
	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) [REDACTED]										
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 # [REDACTED]	Prefix	Street Name [REDACTED]		Street Type [REDACTED]	Suffix	Bldg #	Apt #	Suspect Phone Number [REDACTED]	Language: English	
	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		
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	
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? "Hello again."										
	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:										
SUSPECT	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										
	In Pain? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes describe: <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:										
Witnesses	What did the SUSPECT say (Before and After Arrest): No arrest made. No contact made with suspect.										
	710.30 completed? <input type="radio"/> Yes <input checked="" type="radio"/> No										
Inc. Narrative	Child/Witness (1) Name (Last, First, M. I.) Last: First: M.I.: DOB: Addr # Prefix Street Name Type Suffix City State Zip Phone # [REDACTED]										
	Child/Witness (2) Name (Last, First, M. I.) / / () -										
Offense	Briefly describe the circumstances of this incident: Custody dispute between former intimate partners, Michael Rotondo and Angela Gasparini, regarding their son, [REDACTED]										
	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 <input type="checkbox"/> Other: <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										
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 ID# SIGNATURE Administrative Use Only Matthew Cobb 0077 Electronically Signed Sgt S M Edwards ID# APPROVED DATE APPROVED BY SIGNATURE Page 1 0046 03/12/2017 Approved Electronically of 2										

Agency Name Camillus Police Department		B	New York State Domestic Incident Report		ORI: NY0335000	Incident # 17-191731	Related DR Number -	Incident Type DOMV	Location Code 3450
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Prior History

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Recently there have been multiple police reports filed regarding custody disputes between the victim and suspect regarding [REDACTED]. The most recent, prior domestic incident involving both parties occurred on March 9th, 2017.

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
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Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ 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? ☐ Yes ☒ No if NO, Why:
Needs supervisor approval.

Was Victim Rights Notice given to the Victim? ☐ Yes ☒ No if NO, Why:
Victim declined copy of Victim Rights Notice because he has been given several in the past.

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
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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. Vehicle Description / Damage				17. NCIC Ck			
19. Towed	20. Owner Notif	21. Hold	22. Reason		23. To/By Tow Company		24. Truck # / Tow Operator

Narrative:

On March 10th, 2017 at 1504 hours, I responded to 408 Weatheridge Drive for the reported complaint of a custody dispute. Upon arrival at said location, I spoke with Michael Rotondo.

Michael stated that he has legal visitation rights for his son, [REDACTED] beginning each Friday from 1300 hours-2100 hours. Michael stated that on this date, [REDACTED] grandfather, E [REDACTED] G [REDACTED] picked [REDACTED] up from school before Michael had an opportunity to do so. Michael stated that [REDACTED]'s mother, Angela Gasparini was refusing to turn [REDACTED] over to Michael on this date.

Michael provided me with a copy of a Custody Agreement from Onondaga County Family Court stating that Michael is to have custody of [REDACTED] every Friday between 1300 hours and 2100 hours.

Sergeant Edwards and I advised Michael that as long as he does not feel that [REDACTED] is in any immediate danger being in Angela's presence, police can not displace a child from one parent to another, regardless of a court order.

Michael was advised to contact his attorney, and Onondaga County Family Court for further actions.

RECOMMENDED ACTION:
 Case closed by investigation.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME Matthew Cobb ID# 0077 SIGNATURE Electronically Signed	Administrative Use Only SUPERVISOR NAME (PRINT) Sgt S M Edwards ID# 0046 APPROVED DATE 03/12/2017 APPROVED BY SIGNATURE Approved Electronically
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