

Agency Name <b>Camillus Police Department</b>	<b>A</b>	<b>New York State Domestic Incident Report</b>	ORI: <b>NY0335000</b>	Incident # <b>17-202597</b>	Related DR Number -	Incident Type <b>DOMV</b>	Location Code <b>3450</b>
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<b>Incident</b>	Reported Date / Time <b>03/19/2017 11:08</b>	Occurred Date/ Time <b>03/19/2017 11:00</b>	<input type="radio"/> Officer-Initiated <input checked="" type="radio"/> Radio Run <input type="radio"/> Walk-In						
	Occur Addr # <b>408</b>	Prefix	Occurrence Street Name <b>Weatheridge</b>	Street Type <b>DR</b>	Suffix	Bldg.	APT#	City <b>Camillus</b>	State <b>NY</b>

<b>VICTIM (P1)</b>	Name - Last <b>Rontondo</b>	First <b>Michael</b>	Middle <b>J</b>	Alias/Nickname/Maiden Name	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: [REDACTED]	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) Phone: [REDACTED]											

<b>SUSPECT (P2)</b>	Name - Last <b>Gasparini</b>	First <b>Angela</b>	Middle <b>C</b>	Alias/Nickname/Maiden Name	DOB [REDACTED]	Age: <b>32</b>	<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: <b>English</b>			
	City	State	Zip					<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)  Married     Intimate Partner/Dating     Formerly Married     Former Intimate/Dating  
 Parent of Victim (P1)     Child of Victim     Relative     Other

Do the suspect and victim have a child in common?  Yes     No

<b>Victim Interview</b>	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: <b>Normal</b>										
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? "My son was supposed to be dropped of by now but he's not here."										
	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:				

<b>SUSPECT</b>	What did the SUSPECT say (Before and After Arrest): <b>Suspect not present at scene.</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: [REDACTED] First: [REDACTED] M.I.: [REDACTED] DOB: [REDACTED] Addr # Prefix Street Name Type Suffix City State Zip Phone #									
	Child/Witness (2) Name (Last, First, M. I.) / / ( ) -									

<b>Inc. Narrative</b>	Briefly describe the circumstances of this incident: <b>Ongoing custody dispute involving Angela and Michael over their child in common [REDACTED] According to a custody agreement set by Salvatore Pavone from the Town of Onondaga Court, Michael is granted parenting time every Sunday from 10:00 a.m. until 6:00 p.m. Angela had not dropped off [REDACTED] at Michael's house when he reported the incident at 11:08 a.m.</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    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"/> Other: <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:    If yes describe:									
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<b>Offense</b>	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> Records Use Only									
	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				Administrative Use Only			
PRINT NAME <b>Harold Gonzalez</b>		ID# SIGNATURE <b>0085 Electronically Signed</b>		SUPERVISOR NAME (PRINT) <b>Afarian K</b>		ID# APPROVED DATE APPROVED BY SIGNATURE Page 1 <b>0029 03/20/2017 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>17-202597</b>	Related DR Number -	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):  
**Mr. Rontondo stated that he has had many previous custody disputes with Ms. Gasparini regarding parenting time. Mr. Rontondo stated that he was able to maintain a verbal agreement with Ms. Gasparini for many years but has recently started to have problems with sharing parenting time with her.**

**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? <input type="radio"/> Yes <input checked="" type="radio"/> No if N O, Why: <b>Supervisor approval required.</b>	Was Victim Rights Notice given to the Victim? <input checked="" type="radio"/> Yes <input type="radio"/> No if N O, Why:
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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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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 \$

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:**  
 On 03/19/2017 at 11:08 hours while working as unit 3102B along with Officer Sauer we were dispatched to 408 Weatheridge Drive regarding a civil dispute.  
 Upon arrival we met with the complainant, Michael J. Rontondo, who stated that he was supposed to have parenting rights of his child, [REDACTED] at 10:00 a.m. but his ex-girlfriend, Angela C. Gasparini, had not dropped [REDACTED] off yet. Mr. Rontondo stated that he had previously been able to maintain a verbal agreement with Ms. Gasparini for years but that now she has been giving him a hard time with sharing parenting times. Mr. Rontondo provided me with a custody agreement set forth by Salvatore Pavone from the Town of Onondaga Court stating that Mr. Rontondo shall have parenting rights to [REDACTED] with one of the times being every Sunday from 10:00 a.m. until 6:00 p.m. Mr. Rontondo called 911 at 11:00 a.m. because he wanted to document Ms. Gasparini's deviation from the Family Court agreement.  
 Mr. Rontondo also requested for officers to conduct a status check on his son [REDACTED] Officer Sauer and I responded to [REDACTED] and confirmed that [REDACTED] was present at the residence. Per Mr. Rontondo's request, I informed Mr. Rontondo about [REDACTED] being present at the residence. This officer provided Mr. Rontondo with a victim's rights notice form as well as the DR number.  
 No further action was taken. This report was requested for documentation purposes.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME <b>Harold Gonzalez</b>	ID# SIGNATURE <b>0085 Electronically Signed</b>	Administrative Use Only SUPERVISOR NAME (PRINT) <b>Afarian K</b>	ID# APPROVED DATE APPROVED BY SIGNATURE <b>0029 03/20/2017 Approved Electronically</b>
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# CNYLEADS Narrative Page 1

Agency Name <b>Camillus Police Department</b>		DR# -	
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Last Name	First	Middle	
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*[This area is intentionally left blank for the narrative report.]*

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PRINT NAME ID# SIGNATURE

Administrative Use Only  
SUPERVISOR NAME (PRINT)

ID# APPROVED DATE APPROVED BY SIGNATURE

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