

Agency Name Camillus Police Department			A New York State Domestic Incident Report			ORI: NY0335000		Incident # 17-190414		Related DR Number -		Incident Type DOMV		Location Code 3450	
Incident	Reported Date / Time 03/09/2017 15:20		Occurred Date/Time 03/09/2017 14:30		<input type="radio"/> Officer-Initiated <input type="radio"/> Radio Run <input checked="" type="radio"/> Walk-In										
	Occur Addr # 4600	Prefix W	Occurrence Street Name Genesee			Street Type ST	Suffix	Bldg.	APT#	City Syracuse		State NY	Zip 13219		
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: English			
	City Camillus		State NY		Zip 13031					<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:			
	How can we safely contact you? (e.g. Name, Phone, Email) Phone [REDACTED]														
SUSPECT (P2)	Name - Last Gasparini		First Angela		Middle C	Alias/Nickname/Maiden Name			DOB [REDACTED]	Age: [REDACTED]		<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: English			
	City [REDACTED]		State [REDACTED]		Zip [REDACTED]					<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <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															
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? "I haven't been able to see my son for day's. His mother won't allow me to 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:														
SUSPECT	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:														
	What did the SUSPECT say (Before and After Arrest): No arrest made, no offense committed. Was not able to make contact with Gasparini.														
Witnesses	710.30 completed? <input type="radio"/> Yes <input checked="" type="radio"/> No														
	Child/Witness (1) Name (Last, First, M. I.) Last: [REDACTED] First: [REDACTED] M.I.: [REDACTED] DOB: [REDACTED] Addr # Prefix [REDACTED] Street Name [REDACTED] Type [REDACTED] Suffix [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED] Phone # [REDACTED]														
	Child/Witness (2) Name (Last, First, M. I.) [REDACTED] / / [REDACTED] () -														
Inc. Narrative	Briefly describe the circumstances of this incident: On going custody dispute over child in common of Rotondo and Gasparini's. The two have been to Family Court and have a custody agreement. They have not been following the agreement for the past 6 years but have a verbal agreement that has been in effect for several years. Rotondo stated that Gasparini is not allowing Rotondo to see [REDACTED] during the times he was typically allotted.														
	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 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 committed														
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 Alison Rachubka ID# 0084 SIGNATURE Electronically Signed Administrative Use Only SUPERVISOR NAME (PRINT) Sgt S M Edwards ID# 0046 APPROVED DATE 03/09/2017 APPROVED BY SIGNATURE Approved Electronically Page 1 of 2															

Agency Name Camillus Police Department	B	New York State Domestic Incident Report	ORI: NY0335000	Incident # 17-190414	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): Rotondo stated that the two have been on and off for years and never had an issue until recently. Rotondo has reported several of the custody disputes between Gasparini and him to the police.
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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
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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? <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.
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Was DIR given to the Victim at the scene? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why:	Was Victim Rights Notice given to the Victim? <input checked="" type="radio"/> Yes <input type="radio"/> No if NO, Why:
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Needs Supervisor Approval	
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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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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

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:

On Thursday March 9th, 2017 at approximately 1520 hours, while working as unit 3102C in a uniform capacity, I was dispatched to 4600 West Genesee Street regarding a walk in custody dispute.

Upon my arrival, I was met by the complainant Michael Rotondo who stated that his son's mother, Angela Gasparini, was not allowing Rotondo to see his child. Rotondo told police that he had been in previously to make a complainant of the same nature and there was still an issue. Rotondo has had visitation with on Wednesday, Thursday, and Saturday from 1100-2030 hours for years now. Although there is a custody agreement in effect, Rotondo informed me that the two have not followed the agreement for six years.

This week, Gasparini refused to allow Rotondo to see on the days he regularly has in the past. Rotondo did not make contact with Gasparini today regarding the issue, he came directly to the station instead. Rotondo believes that is staying with Gasparini's mother today while Gasparini is at work.

I explained Rotondo that this was an issue that would need to be resolved with Family Court. Rotondo understood and requested that this incident be documented.

I attempted to make contact with Gasparini regarding this issue with negative results.

No further information.

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

PRINT NAME
Alison Rachubka

ID# SIGNATURE
0084 Electronically Signed

Administrative Use Only
SUPERVISOR NAME (PRINT)
Sgt S M Edwards

ID# APPROVED DATE APPROVED BY SIGNATURE
0046 03/09/2017 Approved Electronically

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