

Agency Name Camillus Police Department		A		New York State Domestic Incident Report		ORI: NY0335000	Incident # 17-260380	Related DR Number -	Incident Type DOMV	Location Code 3450	
Incident	Reported Date / Time 04/30/2017 10:22		Occurred Date/ Time 04/30/2017 10:22		<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: () -		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 #	Prefix	Street Name		Street Type	Suffix	Bldg #	Apt #	Suspect Phone Number [REDACTED]		Language: English
	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) <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? My son was not dropped off by his mother.										
	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 Access to Guns? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes describe: <input type="checkbox"/> Other 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 checked="" type="radio"/> No If yes, describe:
SUSPECT	What did the SUSPECT say (Before and After Arrest): No arrest was made.										
	710.30 completed? <input type="radio"/> Yes <input checked="" type="radio"/> No										
Witnesses	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.) [REDACTED] () -										
Inc. Narrative	Briefly describe the circumstances of this incident: Michael Rotondo wanted to make a report because his son [REDACTED] was not dropped off during his normal visitation time.										
	DIR Repository checked? <input checked="" type="radio"/> Yes <input 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 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:										
	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:										
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 Adam Rivers 0086 Electronically Signed Sgt M J Schreyer ID# APPROVED DATE APPROVED BY SIGNATURE Page 1 0056 04/30/2017 Approved Electronically of 2										

Agency Name Camillus Police Department	B	New York State Domestic Incident Report	ORI: NY0335000	Incident # 17-260380	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): There has been an ongoing history of custody related domestics.	
	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: Needs approval by a supervisor.		Was Victim Rights Notice given to the Victim? <input type="radio"/> Yes <input checked="" type="radio"/> No if NO, Why: Only wanted report for family court.

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 05		
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 \$		
	1. Code	2. Plate #	3. State	4. Expiration / /	5. Reg. Type	6. Imp. Plate	7. VIN/HULL #		8. # Occ.		
Vehicle	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:

Patrol, 3102B, was dispatched to a verbal domestic complaint at 408 Weatheridge in regards to a custody dispute.

Upon arrival, I spoke to Michael Rotondo who stated that he would like to make a complaint because there is a family court order in regards to the joint custody of there shared son, [REDACTED]. According to the family court order, [REDACTED] is supposed to go to Michael's house on Sundays from 1000 Hrs to 1800 Hrs and he was not dropped off. Michael stated that he was concerned because Angela Gasparini has not been following the family court order.

Michael stated that Angela made contact with him earlier in the week in order to make arrangements so that [REDACTED] could be present during his soon to be sibling's baby shower. Although Angela attempted to make arrangements with Michael to have her son present during the baby shower, Michael was unwilling to be flexible. Michael stated that Angela's actions were in disregard of the family court order, therefore, he wanted a report to bring to court with him.

Angela stated that the arrangements for the baby shower were last minute, however, she attempted to make arrangements with Michael so that [REDACTED] could be present. Angela stated that Michael was unwilling to cooperate, therefore, she did not drop [REDACTED] off at Michael's house on this date.

No further investigation, matter of record.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY PRINT NAME Adam Rivers	ID# 0086	SIGNATURE Electronically Signed	Administrative Use Only SUPERVISOR NAME (PRINT) Sgt M J Schreyer	ID# 0056	APPROVED DATE 04/30/2017	APPROVED BY SIGNATURE Approved Electronically	Page 2 of 2
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