

Agency Name <b>Camillus Police Department</b>		<b>A</b>		<b>New York State Domestic Incident Report</b>		ORI: <b>NY0335000</b>	Incident # <b>17-263436</b>	Related DR Number <b>-</b>	Incident Type <b>DOMV</b>	Location Code <b>3450</b>	
<b>Incident</b>	Reported Date / Time <b>05/02/2017 16:47</b>		Occurred Date/ Time <b>05/02/2017 16:40</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>	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		DOB <b>07/08/1984</b>	Age <b>32</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) [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) <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 type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input checked="" 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>She didn't drop my son off. I want her arrested.</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 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 type="radio"/> No If Yes, describe:					
<b>SUSPECT</b>	What did the SUSPECT say (Before and After Arrest): <b>No contact was made with the suspect party.</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: _____ M.I.: _____ DOB: _____ 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>Custody dispute between former intimate partners, Michael Rotondo and Angela Gasparini, regarding their son. [REDACTED]</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: <b>No offense committed</b>								
<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 <b>Erik Sauer</b> ID# <b>0069</b> SIGNATURE <b>Electronically Signed</b> Administrative Use Only SUPERVISOR NAME (PRINT) <b>Afarian K</b> ID# <b>0029</b> APPROVED DATE <b>05/04/2017</b> APPROVED BY SIGNATURE <b>Approved Electronically</b> Page <b>1</b> of <b>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>17-263436</b>	Related DR Number <b>-</b>	Incident Type <b>DOMV</b>	Location Code <b>3450</b>
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

**Both parties have generated numerous custody complaints over the course of the last two years. They are aware that road patrol officers are not authorized to enforce a family court custody order.**

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:		Is suspect capable of killing you or children?	
Threatened to kill you or your children?	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No
Strangled or "choked" you?	<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
Beaten you while you were pregnant?	<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? ☐ 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:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Needs supervisor approval

INCIDENT A	Weapon 1 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
18. Vehicle Description / Damage							17. NCIC Ck

19. Towed	20. Owner Notif	21. Hold	22. Reason	23. To/By Tow Company	24. Truck # / Tow Operator
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**Narrative:**

On May 2, 2017 at 1647 hours, I responded to 408 Weatheridge Drive in regards to 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 Tuesday from 1300 hours-2100 hours. Michael stated that earlier today, [REDACTED]'s mother, Angela Gasparini, picked [REDACTED] up from school and was refusing to turn [REDACTED] over to Michael for his scheduled visitation. 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 Tuesday between 1300 hours and 2100 hours. I advised Michael that as long as he does not feel that [REDACTED] is in any immediate danger being in Angela's presence, police cannot 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.

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  
**Erik Sauer**

ID# SIGNATURE  
**0069 Electronically Signed**

Administrative Use Only  
SUPERVISOR NAME (PRINT)  
**Afarian K**

ID# APPROVED DATE APPROVED BY SIGNATURE  
**0029 05/04/2017 Approved Electronically**

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