

BRUNETTI

FORMER Pgs 11
ACS

ACS
1 (1) A B C P G 7 Pgs 7 - 12 TOP (SEE CRIMES?)
GIOVANNI, SAENZ @ nypd.org HUH??

New York City Police Department
Omniform System - Complaints

Report Cmd: 069	Jurisdiction: N.Y. POLICE DEPT	ICAD#:	Record Status: Final, No Arrests	Complaint #: 2018-077-005024	No Other Legacy Blue Versions	No Other Complaint Revisions
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Occurrence INSIDE OF 19 Location: ROGERS AVENUE Name Of Premise: Premises Type: RESIDENCE - APT. HO Location Within Premise: Visible By Patrol?: NO	NYC Parks Dept. Property Did this offense occur on NO NYC Parks Dept. Property? Command: NYC Parks Dept. Property Name:	Precinct: 077 Sector: B Beat: 9 Post:
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Occurrence From: 2018-08-07 18:00 TUESDAY Occurrence thru: 2018-08-09 11:45 Reported: 2018-08-09 23:15 Complaint Received: WALK-IN	Aided # 00000999 Accident # O.C.C.B. #
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Classification: ENDAN WELFARE CHILD Attempted/Completed: COMPLETED Most Serious Offense Is: MISDEMEANOR PD Code: 681 CHILD, ENDANGERING WELFARE PL Section: 26010 Keycode: 233 SEX CRIMES	Case Status: OPEN Unit Referred To: P.D.U. Clearance Code: Log/Case #: 0 Clearance Arrest Id: Clearance AO Cmd: File #: 28 Prints Requested? NO
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Is This Related To Stop And Frisk Report NO	SQF Number: 0000-000-00000	Was The Victim's Personal Information Taken Or Possessed? NO	Was The Victim's Personal Information Used To Commit A Crime? NO
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Gang Related? NO	Detective Borough Wheel Log #:	Name Of Gang:	Child Abuse Suspected? YES
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DIR Required? YES	Child in Common? NO	Intimate Relationship? NO	Officer Body Worn Camera: NO
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If Burglary: Forced Entry? Structure: Entry Method: Entry Location:	Alarm: Bypassed? Comp Responded?: Company Name/Phone: -- Crime Prevention Survey Requested?: Complaint/Reporter Present?:	If Arson: Structure: Occupied?: Damage by:	Taxi Robbery: Partition Present: Amber Stress Light Activated: Method of Conveyance: Location of Pickup:
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Supervisor On Scene - Rank / Name / Command :	Canvas Conducted: NO	Translator(if used):
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NARRATIVE:
 AT T/P/O REPORTER STATES THAT WHILE VISITING HIS DAUGHTER AT LISTED LOCATION, HE OBSERVED BRUISING AND SOME SCRATCHES ON HER FOREHEAD. WHEN HE ASKED HIS DAUGHTER WHAT HAPPENED, SHE TOLD REPORTER THAT HER STEP BROTHER HAD PUSHED HER AND CAUSED THE INJURY AS A RESULT, REPORTER ADVISED PD THAT THERE IS AN ON GOING ACS CASE, INVOLVING HIS DAUGHTER, IN WHICH HE IS THE SUBJECT AND HAS VISITATION WITH HIS DAUGHTER ONLY AT ACS FACILITIES. DUE TO OPEN ACS INVESTIGATION, REPORTER IS NOT ALLOWED TO KNOW WHERE HIS DAUGHTER RESIDES AND THEREFORE DOES NOT KNOW WHERE DEFT RESIDES AND HAS NO CONTACT WITH THE MOTHER OF HIS CHILD. REPORTER FURTHER STATES THAT DEFT HAS BEEN PHYSICALLY AGGRESSIVE WITH C/V IN THE PAST. 1-DOES NOT WORK 2-DOES NOT DRIVE 3- UNKNOWN WHERE HANGS OUT 4-NO SOCIAL MEDIA.

No NYC TRANSIT Data for Complaint # 2018-077-005024

Total Victims: 1	Total Witnesses: 0	Total Reporters: 1	Total Wanted: 1
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VICTIM: # 1 of 1	Name: MALEK, MARGARET	Complaint#: 2018-077-005024
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Nick/AKA/Maiden:	Gang/Crew Affiliation:
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UMOS:NO Sex/Type:FEMALE Race:WHITE Age:3 Date Of Birth:10/29/2014 Disabled:NO Is this person not Proficient in English?: If Yes, Indicate Language: N.Y.C.H.A Resident:NO Is Victim fearful for their safety / life?YES Escalating violence / abuse by suspect?YES Were prior DIR's prepared for CIV?NO	Name: Identifiers: Will View Photo:YES Will Prosecute:YES Notified Of Crime:YES Victim Comp. Law:
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<u>LOCATION</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE/COUNTRY</u>	<u>ZIP</u>	<u>APT/ROOM</u>
HOME-PERMANENT			NEW YORK		

Phone #: HOME: Not Provided/Unavailable CELL: Not Provided/Unavailable BUSINESS:Not Provided/Unavailable BEEPER: Not Provided/Unavailable E-MAIL: Not Provided/Unavailable

Action against Victim:	Actions Of Victim Prior To Incident: AT HOME
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Victim Of Similar Incident:	If Yes, When And Where
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REPORTER: # 1 of 1	Name: MALEK,ROBERT	Complaint #: 2018-077-005024
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Nick/AKA/Maiden: Sex/Type:MALE Race:WHITE Age:049 Date Of Birth:04/06/1969 Is this person not Proficient in English?:NO If Yes, Indicate Language:	Gang/Crew Affiliation:NO Name: Identifiers: Relationship To Victim:FATHER
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<u>Location</u>	<u>Address</u>	<u>City</u>	<u>State/Country</u>	<u>Zip</u>	<u>Ap/Room</u>
HOME-PERMANENT	1110 EAST 101 STREET	BROOKLYN	NEW YORK	11236	

Phone #: HOME: 718-614-2860 CELL: 929-441-8429 BUSINESS: - - BEEPER: - - E-MAIL: ABC75AVC@GMAIL.COM

WANTED: # 1 of 1	Name: PAI OMINO	Complaint#: 2018-077-005024	Arrested: NO
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Other/Gun Specify: Discharged: NO									
Used Transit System: Station Entered: Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:									
CRIME DATA MODUS OPERANDI ACTIONS TOWARD VICTIM CLOTHING CLOTHING CLOTHING CLOTHING CHARACTERISTICS BODY MARKS IMPERSONATION	DETAILS UNKNOWN INJURY USING PHYSICAL FORCE ACCESSORIES -UNK -UNKNOWN COLOR FOOTWEAR -UNK -UNKNOWN COLOR HEADGEAR -UNK -UNKNOWN COLOR OUTERWEAR -UNK -UNKNOWN COLOR UNKNOWN -UNKNOWN UNKNOWN								
No IMEI Data for Complaint # 2018-077-005024									
NOTIFICATIONS / ADDITIONAL COPIES:									
Complaint # 2018-077-005024									
Notifications to: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Rank/Title</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Unit/Agency</th> <th style="text-align: left;">Log #</th> </tr> </thead> <tbody> <tr> <td>CPS</td> <td>KEN MANTIA</td> <td>ACS</td> <td></td> </tr> </tbody> </table>		Rank/Title	Name	Unit/Agency	Log #	CPS	KEN MANTIA	ACS	
Rank/Title	Name	Unit/Agency	Log #						
CPS	KEN MANTIA	ACS							
Reporting/Investigating M.O.S. Name: POM AGOSTO BRANDON	Tax #: 958220	Command: 069 PCT	Rep.Agency: NYPD						
Supervisor Approving Name: SGT DESRAVINE CARNE	Tax #: 943161	Command: 069 PCT	Rep.Agency: NYPD						
Complaint Report Entered By: PAA ANDERSON	Tax #: 314613	Command: 069 PCT	Rep.Agency: NYPD						
Signoff Supervisor Name: SGT SAGISTANO	Tax #: 939402	Command: 077 PCT	Rep.Agency: NYPD						
END OF COMPLAINT REPORT # 2018-077-005024									

72

NYPD Enterprise Case Management System
INDEX SHEET

PD-113-140(190-95)-h2

COMPLAINT #: 2018-077-005024


CASE #: 2018-1856 **CASE COMMAND:** 297-DET SQD. BKLYN NORTH-077 **UNIT:** SQUAD

CASE OWNER: DT3 JOSEPH BRUNETTI **CASE TITLE:**


ITEM NO.	DATE	ITEM (Include brief description of item/subject matter)	New DD5 Approved since last DA Download
<u>1</u>	08/11/2018	CONFERRAL WITH ACS WORKER MRS. KHABIR	
<u>2</u>	08/11/2018	INTERVIEW ATTEMPT OF ROBERT MALEK	
<u>3</u>	08/11/2018	(INTERVIEW TELEPHONE) INTERVIEW OF ROBERT MALEK	
<u>4</u>	08/17/2018	ACS FOLLOW UP ATTEMPT	
<u>5</u>	08/23/2018	FOLLOW-UP WITH ACS MR. FORTUNE	
<u>6</u>	08/23/2018	(CLOSING) CLOSING CASE 1856 B-4	


Companion Case(s)								
Case Num	Command	Date Opened	Opened By	Case Title	UF61 Num	Kite Num	Case Type	Pattern
2018-2518	077-077 PRECINCT	08/10/2018	POM GIOVANNY SAENZ		2018-077- 005024		DOMESTIC VIOLENCE	

74

 GENERAL INVESTIGATION				Crime/Condition SEX CRIMES	Command 077-77TH PRECINCT Date of This Report 08/11/2018
Date of UF61 08/09/2018	Complaint No. 2018-077-05024	Date Case Assigned 08/11/2018	Case No. 2018 - 1856	Unit Reporting SQUAD	Follow-Up No. 1
Complainant's Name MALEK, MARGARET			Address NY		Apt No.
Nickname/Alias/Middle Name					
Sex FEMALE	Race WHITE	Date of Birth 10/29/2014	Age 3		
Home Telephone	Business Telephone	Cell Phone	Beeper #	E-Mail Address	
Activity Address Location OFFICE		Street	City	State	Zip
Cross Street		Intersection of and			Apt #
Activity Date 08/11/2018		Activity Time 14:00			
Topic/Subject: CONFERRAL WITH ACS WORKER MRS. KHABIR					
Summary of Investigation: 1. On August 11, 2018, at approximately 1400 hours I contacted ACS and spoke to Mrs. Khabir. Mrs. Khabir reports that ACS workers responded to location and interviewed suspect Joseph Palomino who denies any physical contact with victim Margaret Malek. Victim in this case is 3 years old and suspect is her stepbrother who is 14 years old. Mrs. Khabir reports that mother Margaret Ingoglia was interviewed who reports that there was no physical contact between her two children. ACS workers report that the house was clean and in order. There were no signs of abuse.					
2. Submitted for your information.					
Reporting Officer:	Rank DT3	Name JOSEPH BRUNETTI		Tax Reg. No. 918633	Command 297-77 DET SQUAD
Reviewing Supervisor:	Manner of Closing -	Date Reviewed 08/11/2018	Date of Next Review	Name PATRICK HAMILTON	Supv. Tax No. 930310

75

		GENERAL INVESTIGATION			Crime/Condition SEX CRIMES	Command 077-77TH PRECINCT Date of This Report 08/11/2018
Date of UF61 08/09/2018	Complaint No. 2018-077-05024	Date Case Assigned 08/11/2018	Case No. 2018 - 1856	Unit Reporting SQUAD	Follow-Up No. 2	
Complainant's Name MALEK, MARGARET			Address NY		Apt No.	
Nickname/Alias/Middle Name						
Sex FEMALE	Race WHITE	Date of Birth 10/29/2014	Age 3			
Home Telephone	Business Telephone	Cell Phone	Beeper #	E-Mail Address		
Activity Address Location OFFICE		Street	City	State	Zip	Apt #
Cross Street		Intersection of and			Premise Type	
Activity Date 08/11/2018			Activity Time 17:20			
Topic/Subject: INTERVIEW ATTEMPT OF ROBERT MALEK						
Summary of Investigation: 1. On August 11, 2018, at approximately 1720 hours I attempted to interview victim Robert Malek via phone. I called and there was no answer. I left my contact information. 2. Submitted for your information.						
Reporting Officer:	Rank DT3	Name JOSEPH BRUNETTI		Tax Reg. No. 918633	Command 297-77 DET SQUAD	
Reviewing Supervisor:	Manner of Closing -	Date Reviewed 08/11/2018	Date of Next Review	Name PATRICK HAMILTON	Supv. Tax No. 930310	

 INTERVIEW TELEPHONE				Crime/Condition SEX CRIMES	Command 077-77TH PRECINCT Date of This Report 08/11/2018
Date of UF61 08/09/2018	Complaint No. 2018-077-05024	Date Case Assigned 08/11/2018	Case No. 2018 - 1856	Unit Reporting SQUAD	Follow-Up No. 3

Topic/Subject (INTERVIEW TELEPHONE) INTERVIEW OF ROBERT MALEK	Activity Date 08/11/2018	Activity Time 21:00
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Complainant's Name MALEK, MARGARET		Address NY		Apt No.	
Nickname/Alias/Middle Name					
Sex FEMALE	Race WHITE	Date of Birth 10/29/2014	Age 3		
Home Telephone	Business Telephone	Cell Phone	Beeper #	E-Mail Address	


Person Interviewed Last Name, First M.I. MALEK, ROBERT		Address 1110 EAST 101 STREET BROOKLYN NY 11236		Apt No.	
Nickname/Alias/Middle Name					
Position/Relationship FATHER	Sex MALE	Race WHITE	Date of Birth 04/06/1969	Age 49	
Home Telephone 718-614-2860	Business Telephone	Cell Phone 929-441-8429	Beeper #	E-Mail Address ABC75AVC@GMAIL.COM	

Details
<p>Summary of Investigation:</p> <p>1. On August 11, 2018, at approximately 2100 hours I contacted reporter Robert Malek regarding case. Mr. Malek reports that on while visiting his daughter on 8/9/2018 at 1130 hours at 19 Grant Square ACS Field Office for visitation with his daughter, he noticed that his 3 year old daughter Margaret Malek had bruises and scratches on her forehead. When he asked his daughter what happened, she had stated that her step brother Joe, threw her in which she hit her head on the bed and injured herself. He then brought it to the attention of ACS staff Mr. Fortune. Mr. Fortune interviewed the mother Margaret Ingoglio who informed him that the baby had just banged her head on the bed. Mr. Malek did not believe that and filed a report with the police. The incident occurred from 8/7/2018 1800 hours to 8/9/2018 at 1130 hours.</p> <p>2. Mr. Malek reports that he does not know the whereabouts of his daughter and wife because they are at an undisclosed location as per ACS. Mr. Malek reports that he had been with Mararet since 2014 where he fathered a child with her. They have been living together on and off. In 2018 Margert's son Joe Palomino moved in with her because he had been arrested for assaulting his father. He then went to go live with his mother Margert. Mr. Malek lived together with his daughter, wife and Joe from 2/15/2018 to 7/31/2015 where Margeret left him.</p> <p>3. Submitted for your information.</p>


Activity Address Location OFFICE	Street	City	State	Zip	Apt #
Cross Street	Intersection of and			Premise Type	


Reporting Officer:	Rank DT3	Name JOSEPH BRUNETTI		Tax Reg. No. 918633	Command 297-77 DET SQUAD
Reviewing Supervisor:	Manner of Closing -	Date Reviewed 08/11/2018	Date of Next Review	Name JOHN CASCONO	Supv. Tax No. 925037

77

 GENERAL INVESTIGATION				Crime/Condition SEX CRIMES	Command 077-77TH PRECINCT Date of This Report 08/17/2018
Date of UF61 08/09/2018	Complaint No. 2018-077-05024	Date Case Assigned 08/11/2018	Case No. 2018 - 1856	Unit Reporting SQUAD	Follow-Up No. 4
Complainant's Name MALEK, MARGARET			Address NY		Apt No.
Nickname/Alias/Middle Name					
Sex FEMALE	Race WHITE	Date of Birth 10/29/2014	Age 3		
Home Telephone	Business Telephone	Cell Phone	Beeper #	E-Mail Address	
Activity Address Location OFFICE		Street	City	State	Zip
Cross Street		Intersection of and		Apt #	
Activity Date 08/17/2018		Activity Time 14:00			
Topic/Subject: ACS FOLLOW UP ATTEMPT					
Summary of Investigation: 1. On August 17, 2018, at approximately 1400 hours I contacted ACS to obtain a follow up on the case. I obtained voicemail and left a message with Supervisor Mrs. Payne [REDACTED]					
2. Submitted for your information.					
Reporting Officer:	Rank DT3	Name JOSEPH BRUNETTI		Tax Reg. No. 918633	Command 297-77 DET SQUAD
Reviewing Supervisor:	Manner of Closing -	Date Reviewed 08/17/2018	Date of Next Review	Name PATRICK HAMILTON	Supv. Tax No. 930310

78

 GENERAL INVESTIGATION				Crime/Condition SEX CRIMES	Command 077-77TH PRECINCT Date of This Report 08/23/2018
Date of UF61 08/09/2018	Complaint No. 2018-077-05024	Date Case Assigned 08/11/2018	Case No. 2018 - 1856	Unit Reporting SQUAD	Follow-Up No. 5
Complainant's Name MALEK, MARGARET			Address NY		Apt No.
Nickname/Alias/Middle Name					
Sex FEMALE	Race WHITE	Date of Birth 10/29/2014	Age 3		
Home Telephone	Business Telephone	Cell Phone	Beeper #	E-Mail Address	
Activity Address Location OFFICE		Street	City	State	Zip
Cross Street		Intersection of and		Premise Type	
Activity Date 08/23/2018			Activity Time 14:00		
Topic/Subject: FOLLOW-UP WITH ACS MR. FORTUNE					
Summary of Investigation: 1. On August 23, 2018, at approximately 1400 hours I followed up with ACS Supervisor Mr. Fortune regarding their findings of the case. Mr. Fortune reports that both suspect (Joe Palomino) and mother (Margaret Incognito) were interviewed by Mr. Fortune. Mr. Fortune reports that both parties were consistent with their stories as to how victim sustained injuries. They both report that she was running around the room and bumped into furniture, sustaining injury to head. Mrs. Incognito reports that she did not observe Joe throw his sister and strike her in any anyway. Instead she observed Margaret running around, bumping into furniture. She reports that Mr. Malek does not reside with them so he does not know what happened. Mr. Fortune reports that he observed Mr. Malek coaching victim when he was recording her speak about incident. He then informed Mr. Malek that he is not supposed to interview child in that manner. 2. Submitted for your information.					
Reporting Officer:	Rank DT3	Name JOSEPH BRUNETTI		Tax Reg. No. 918633	Command 297-77 DET SQUAD
Reviewing Supervisor:	Manner of Closing -	Date Reviewed 08/23/2018	Date of Next Review	Name JOHN CASCOE	Supv. Tax No. 925037

 CLOSING				Crime/Condition SEX CRIMES	Command 077-77TH PRECINCT Date of This Report 08/23/2018
Date of UF61 08/09/2018	Complaint No. 2018-077-05024	Date Case Assigned 08/11/2018	Case No. 2018 - 1856	Unit Reporting SQUAD	Follow-Up No. 6
Complainant's Name MALEK, MARGARET			Address NY		Apt No.
Nickname/Alias/Middle Name					
Sex FEMALE	Race WHITE	Date of Birth 10/29/2014	Age 3		
Home Telephone	Business Telephone	Cell Phone	Beeper #	E-Mail Address	
Activity Address Location OFFICE		Street	City	State	Zip
Cross Street		Intersection of and		Premise Type	
Activity Date 08/23/2018			Activity Time 14:20		
Topic/Subject: (CLOSING) CLOSING CASE 1856 B-4					
Summary of Investigation: 1. On August 23, 2018, at approximately 1420 hours I am closing case 1856 B-4. 2. Case 1856 closed B-4. 3. Submitted for your information.					
Reporting Officer:	Rank DT3	Name JOSEPH BRUNETTI		Tax Reg. No. 918633	Command 297-77 DET SQUAD
Reviewing Supervisor:	Manner of Closing B-4 - B-4 NON-CRIMINAL INVESTIGATION	Date Reviewed 08/23/2018	Date of Next Review	Name JOHN CASCONI	Supv. Tax No. 925037

80

Agency:

069

B

ORI:

Incident #

Complaint #

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

Prior History

JOE WAS LEFT ALONE IN APARTMENT WITH OUR 3 YR. OLD. WHEN WE GOT BACK, OUR DAUGHTER WAS NAKED IN THE BATH TUB EVEN THOUGH WE NEVER GAVE HER BATHS, ONLY SHOWERS. WE TOOK HER OUT + SHE KEPT SAYING PENS, PENS, Y. LATER THAT NIGHT SHE WAS SAYING IT AGAIN + MOVING HER HAND UP + DOWN. JOE HAD ALSO THROWN MY DAUGHTER IN OUR BEDROOM. PREVIOUSLY THIS MOTHER SCREAMED THAT SHE COULD HA

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 PISEN KILL Local Domestic Violence Service Provider: () MY DAUGHTER WAS CRUEL + INJURED.

Has Suspect ever:

Threatened to kill you or your children? Yes No ITSELF
Strangled or "choked" you? Yes No
Beaten you while you were pregnant? Yes No

Is suspect capable of killing you or children? Yes No
Is suspect violently and constantly jealous of you? Yes No
Has the physical violence increased in frequency or severity over the past 6 months? Yes 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:

Signatures:

Reporting Officer (Print and Sign Include Rank and ID#)

PO AGUSTO [Signature] #958220

Supervisor (Print and Sign Include Rank and ID#)

Sgt. Deshpande Sgt. [Signature]

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

JOE PALOMENO INGOLLIA

ROBERT MALEK, FATHER OF MARGARET MALEK (Victim/Deponent Name) state that on 8/19/18, (Date at 19 ROGERS AVE., BROOKLYN, N.Y. (Location of incident) in the County/City/Town/Village KINGS of the State of New York, the following did occur: I SAW MY DAUGHTERS HEAD WAS INJURED. SHE SAID JOE WAS A MAD MAN AND THREW HER CAUSING THE INJURY. (STEP BROTHER)

I HAVE A VIDEO OF HER STATEMENT.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law

Victim/Deponent Signature

PO [Signature]
Business or Officer Signature

Date 8/10/18

Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested Yes No Interpreter Used Yes No

Date

Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page 2 of 2

POLICE COPY (Please make a copy for DA's office if appropriate)

Agency: 069		New York State DOMESTIC INCIDENT REPORT		ORI:	Incident # # - 2022
Reported Date (mm/dd/yyyy) 08/09/2018	Time (24 hours) 2315	Occurred Date (mm/dd/yyyy) 08/09/2018	Time (24 hours) 1145	<input type="checkbox"/> Officer Initiated <input type="checkbox"/> ICAD (NYC)	<input type="checkbox"/> Radio Run <input checked="" type="checkbox"/> Walk-in
Address (Street No., Street Name, Bldg. No., Apt No.) 19 Rogers Ave			City, State, Zip Brooklyn NY 11216		
Name (Last, First, M.I.) (Include Aliases) MALEK, Margaret		DOB (mm/dd/yyyy) 10/29/14	Age: 3	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) UNK		Victim Phone Number: UNK		Language: English	
City, State, Zip		<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	
How can we safely contact you? (i.e. Name, Phone, Email)		<input checked="" type="checkbox"/> Other Identifier:			
Name (Last, First, M.I.) (Include Aliases) Palomino, Joe		DOB (mm/dd/yyyy) 03/15/04	Age: 14	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) UNK		Suspect Phone Number: UNK		Language: English	
City, State, Zip		<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	
Do suspect and victim live together? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input checked="" type="checkbox"/> Relative: Step-brother <input type="checkbox"/> Other:			Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Emotional condition of VICTIM? <input 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?					
Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:					
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:			Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					
Injured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: bruise to forehead		Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Visible Marks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: bruising			
What did the SUSPECT say (Before and After Arrest): Suspect not on scene					
710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child/Witness (1) Name (Last, First, M.I.) MALEK, ROBERT		DOB: 4/16/09	Child/Witness(1) Address (Street No., Name, Bldg./Apt) 1110 E 101 St	City, State, Zip Brooklyn NY 11236	Phone: 929-411-842
Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:
Briefly describe the circumstances of this incident: At TPO P1's Father states that while visiting his 3 year old daughter he observed bruising and some scratches on her head and when he asked her what happened she said, "Joe is a bad man," and stated that P2 had thrown her causing her injury. Due to an open ACS case P1's Father does not have custody of P1 therefore P1 was not on scene to observe physical injury so Father of P1 has provided photos of the injury. ACS notified. Unknown where P1 or P2 live due to open ACS case Father of P1 does not know where P1 or P2 reside.					
① P1 does not work ② P2 does not drive ③ Unknown where P2 hangs out ④ P2 does not have social media					
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away	
Evidence Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos taken: <input checked="" 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
Offense Committed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: Not on scene	Offense 1 Endangering welfare of child	Law (e.g. PL)	Offense 2	Law (e.g. PL)