

6 DAYS PRIOR

Agency N.Y. POLICE DEPT	ORI NY03030002	NYPD DOMESTIC INCIDENT REPORT			Incident # 2018-077-003411	Complaint #	
Date of Report 10/11/2018	Time of Report 1218	Date of Occur 10/05/2018	Time of Occur 1730	Response Type RADIO RUN	ICAD # D18101112572	ICAD N/A Reason:	Other Reason:
Unfounded NO	Address of Occurrence 19 ROGERS AVENUE BROOKLYN NY			Pct 77	PSA	Name of Development	Sector B Body Worn Camera No

Victim: MALEK, MARGARETTE

Victim's Last Name, First M.I. MALEK, MARGARETTE	Alias	Address	Pct	PSA
Sex: FEMALE Self-identified: Race: WHITE Ethnicity: Language: ENGLISH	Date of Birth: 10/29/2014 Age: 3	Home Phone: Other Phone:	Member of Service: NO	
SAFE# or way to contact			Other Identifier	

Suspect

Suspect's Last Name, First M.I.	Alias	Address	Pct	PSA
Self-identified: Race: Ethnicity: Language:	Date of Birth: Age:	Home Phone: Other Phone:	Member of Service:	
Do suspect and victim live together?	Suspect (P2) Relationship to Victim (P1):	Suspect/P2 Present?	Was suspect injured?	
Do the suspect and victim have a child in common?	Possible drug or alcohol use? NO	Suspect supervised? Status Unknown		

Victim Interview

Emotional condition of VICTIM?  
CALM

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?

Did suspect make victim fearful?	Weapon Used?	Gun:	Access to Guns?	Injured? YES - UNK	In Pain? YES - UNK
Suspect Threats?		Strangulation? NO		Visible Marks? NO	

Suspect

65

What did the SUSPECT say (Before and After Arrest) :

710.30 completed?

**Child/Witness**

Person's Last Name, First M.I.	Alias	Address	Relationship	Date of Birth	Phone
MALEK, ROBERT		1110 EAST 101 STREET BROOKLYN NY		04/06/1969	[REDACTED]
INGOGLIA, MARGETTE		[REDACTED]		10/22/1979	[REDACTED]

**Incident Narrative**

Briefly Describe the circumstances of this incident:  
 AT TPO REPORTER (FATHER) STATES HE WAS VISITING HIS DAUGHTER MARGARETTE + NOTICED A BUMP ON HER HEAD. DAUGHTER TOLD HER [REDACTED] THREW SOMETHING AT HER HEAD. UNK TIME/DATE OF THIS OCCURENCE. UNK IF INTENTIONAL. UNK ADDRESS OF JOSEPH OR ANY FURTHER INFO ON [REDACTED] SPOKE W/ MOTHER MARGETTE. SHE IS UNSURE HOW INJURY OCCURED. ACS ON SCENE + NOTIFIED [REDACTED]

DIR Repository checked NO	Order of Protection Registry checked? NO	Order of Protection in effect? YES	Order of Protection Type?
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**Evidence**

Evidence Present NO	Photos Taken: <input checked="" type="checkbox"/> YES Victim Injuries.	Other Evidence:	Destruction of Property? NO
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**Prior History**

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

**Has Suspect ever:**

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.					Local Domestic Violence Service Provider Phone No.
Threatened to kill you or your children? NO	Strangled or "choked" you? NO	Beaten you while you were pregnant? NO	Is suspect capable of killing you or children? NO	Is suspect violently and constantly jealous of you? NO	Has the physical violence increased in frequency or severity over the past 6 months? NO

**Interpreter**

Interpreter Used	Interpreter Requested	Interpreter's Last Name, First	Internet Service Provider
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**Statement of Allegations/Supporting Desposition**

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment?

← NO ANSWER!

Was DIR given to the victim at scene? YES	If No. Why?:	Was Victim Rights Notice given to victim YES	If No. Why?:	Entered By TaxID 364246	Entered By Date 10/12/2018
Reporting Officer:	Jurisdiction	Name GIGLIO, MICHELLE	Rank POF	Tax ID 964862	Date 10/12/2018
Detective Assigned:	Name		Rank	Tax ID	Date
Supervisor Sign-off:	Name SINNER, MICHAEL		Rank SGT	Tax ID 934187	Date 10/12/2018

Sinner 934-187  
nypd.org

BRUNETTE NEVER HAD CASE  
SIGNED OFF NEXT DAY  
WITH NO  
INVESTIGATION!