Agency	ORI		D	NEW OMESTIC II	YORK STAT		RT	Sprint # (	NYC)		Inciden	ıt#	
Month Da	y Year Time (24 hrs	Address of Occurrence	EXTENSION PROPERTY.				APT #	Precinct (NY CTV	cv Ai	ided# (NY	(C) Compla	aint#	
PALES Report Occur		How can we safely c	contact you? (e.g	g. Name, Phone)				O Offic	er-Initi	ated (	Radio R	un () Wal	lk-In
	M.I.) / (include aliases)					Phone			Month	Day	Yea	ır Age	OM <sub>a</sub>
					APT#	Zip		BOO M.	ion Eno	lish, lang	niaga:		O Fe
ž	Succe & City							1 "	_	_	Chinese (	Other:	
Street & City  Injured? Ol  Describe:	Injured? O No O Yes Removed O No O What hospita				O White O Black O Asian O Hispanic O Non-Hispanic O Other: U Unknown			. special nee	ds, disability, i	requests):			
900	M.I.) / (include aliases)				O other.	Phone		BOB	Month	Day	Yea	ır Age	OM <sub>8</sub>
Injured? On Describe:					APT#	Zip		If		dish, lang	nuage: Chinese (	Other:	O Fe
Injured? 🔿 🛚	No O Yes			ved to Hospital?			O Asian	O Hispanio		Prior DV	V History	? () \	Yes O N
Describe:			-	No O Yes If yes, What hospital? Other:			American O Non-Hi		panic n	Prior DV police report? O Yes O N Victim fearful? O Yes O N			
SUSPECT/I	21	IVING SITUATIO			TIONSH		PECT / P2 to	VICTIM / I	21)		eariui? to weapor	_	Yes ○ N Yes ○ N
present?	Do parties current	ty live together : ived together in the r	$\bigcirc$ Yes (	$\sim N_0$ O Intim	No O Married O Formerly Ma O Intimate Partner/Dating O Former Intim				nate/Dating Suspect: Drug/Alc History?				_
Yes O No		e a child-in-common		O Yes O No O Relative:			Parent of Other:	victim/part	y i	•		threat? \(\) \(\) \(\) \(\) \(\) \(\) \(\)	_
2000	t / APT# / City, if needed)	ou emu m common	. 0 163 (	J 140 O Relat		Phon		DOB	Month	Day		elationship to	_
1. Name (Street) 2. 3.								<u> ĕ</u>					
ERS													
<b>A</b> 3.													
(Check all that a	· · · · · · · · · · · · · · · · · · ·	paired Alcohol/Drug			O Three			Threats:	_		() Thr	eat with w	eapon
O Biting O Destroyed (Estimated		ury to Child ury to Other Persons	<ul><li>Sexual A</li><li>Shooting</li></ul>		_	anted Cont al Abuse	act	O Injure/			○ Wea	apons used	: (specify)
0 F 1 F	) O Inju	ury to Pet/Animal	<ul> <li>Slapping</li> </ul>		O Viola	ted Visitat		O Injure/	Kill Pe			) Blunt Obje ) Gun	ect
O Forcible R	. O III.	erference with Phone imidation/Coercion	○ Slammin ○ Stabbing			istody Con ER Suspect A		O Take C		roporty	_	) Motor Veh	nicle
☐ Forced En ☐ Forcible R ☐ Hair Pullir ☐ Homicide	ng O Kio	king	O Strangula	ation/"Choking"				O Destroy/Take Property			1 -	O Sharp Instrument	
5.0	O Pur		O Suicide o		N. 0.00			Other:				Other:	
Arrest Ma	de?   Arrest # No	MAT 1826 - FR1 3		e on-scene: O									
S 1	Offenses	Contract of the contract of th	Law (e.g. PL)	Section (Sub	) Charges		Involved: (c.					<i>y</i> onici	
1.							meanor (						
0					0		Checked?						
3.					0		Protection? y Order?		O No	O Fam	ily ○ C of State	riminal ○ ○ Triba	
3.						Order Vio	olated?	O Yes	O No	Expiration	Month	Day	Year
4-0				DE ESTEN COMA	O		OR orders?		O No	Date	S argat kineset ki		18779.28 <b>2</b> 8
STOP! —	? IF YES, photos ta	* * * * * * * * * * * * * * * * * * *	The second of th	Suspect Injuri		framework to be the	collected?			* * * *	* * * *	ETHECKE (E.)	
O Yes O N		amaged Property		Suspect injuri		ES, descri		0 163 (	) 110				
Results of invest	igation and basis of actio	n taken. (Were excited	utterances, spon	taneous admissio	ons or sponte	aneous state	ments made?	O Yes (	ON C	(Compl	ete 710.30	or other for	m when
applicable)													
		_						_					
									_				
OTHER AGEN	CIES involved with the	parties or incident											
(e.g. advocates	s, hospital, probation): ble cause to suspect a chil	•	ahuea										
24	we cause to suspect a citi	is may be the victili of	uouse,	(C) Guns in	House C	) Guns Sei	zed O Ha		_	mit Seize	ed Issuir	ng County:	
	tment or endangerment?  LD ABUSE HOTLIN			Permit #(s)	:		Name	on Permit	(s):				
the NYS CHII	LD ABUSE HOTLIN INITIATED BY PO	LICE: O Adult P	800-635-1522 rotective Servi	Permit #(s)	Protective S		r ACS) O	Domestic '	Violenc		_		_
the NYS CHII CONTACTS  Mental Hea	LD ABUSE HOTLIN	LICE: O Adult Probation Rape C	800-635-1522 rotective Servi	Permit #(s) ces O Child I	Protective S	ite:	r ACS) O Who wa	Domestic 'as notified?	violence	victim at t	Notified b	y (initial):	No Page
CONTACTS O Mental Hea Officer's Signa	LD ABUSE HOTLIN INITIATED BY POPulate O Parole O Parole	E REGISTRY # 1- LICE:	rotective Servi	Permit #(s)  ces	Protective S	ite:	Who way	Domestic Vas notified?	violence to the v	victim at t	Notified b	y (initial):	No Page

	ORI	Sprint # (NYC)	Incident #	Preeinct (NYC)CT	Aided # (NYC)	Complaint #								
		Page 2	- Ala NVC Dam	antia In aid ant	D am anda									
	ST	Page 2 of the NYS Domestic Incident Report: STATEMENT OF ALLEGATIONS / SUPPORTING DEPOSITION												
				Suspect Na	ne (Last, First, M.I.)	, , , ,								
I,		(victim/depone	ent name),	state that on		//_	, (date) at							
(location) (donde	on of incident), in the e el incidente ocurrio),	County/City/Town/, el condado/ciudad/	Village of aldea/pueblo de	, of the, del (	ne state of Ne estado de Nu	ew York, the eva York, le	e following o siguiente	did occur: occurio:						
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						(Use add	itional page	s as needed)						
	e Statements made h raciones falsas hecha						eccion 210							
icy per							<b>Note:</b> her or not th							
	/Deponent Signature de victima/deponente				Date Fecha		, this DIR fo with law enf							
Interpi	reter				Date	no, esta	Nota: forma esta a DIR forma ada con la p	sera regis-						
Witnes	ss or Officer	_			Date	_		Page						

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