





COMPLAINT REPORT WORKSHEET
PD 313-152A (Rev. 06-07)

Cmd./Pct. Taking Report 071		Jurisdiction Of Complaint: <input checked="" type="checkbox"/> NYPD (Unless One Of The Following):																							
<input type="checkbox"/> NYPD Transit Bureau		<input type="checkbox"/> Amtrak Police		<input type="checkbox"/> U.S. Park Police																					
<input type="checkbox"/> NYPD Housing Bureau		<input type="checkbox"/> Conrail Police		<input type="checkbox"/> Health & Hospitals Corp. Police																					
<input type="checkbox"/> Port Authority Police		<input type="checkbox"/> Staten Island Rapid Transit Police		<input type="checkbox"/> Metro North M.T.A.																					
<input type="checkbox"/> Triborough Bridge And Tunnel Police		<input type="checkbox"/> N.Y. State Police		<input type="checkbox"/> Other																					
<input type="checkbox"/> N.Y. State Park Police		<input type="checkbox"/> Long Island Railroad M.T.A.																							
Location Of Occurrence <input type="checkbox"/> Inside <input checked="" type="checkbox"/> In Front Of <input type="checkbox"/> Rear Of <input type="checkbox"/> Opposite Of		Address 770 Eastern Parkway			County Kings		Zip Code		Apt#/Room#																
Cross Streets &		OR		Intersection Of &		Corner <input type="checkbox"/> N/E <input type="checkbox"/> N/W <input type="checkbox"/> S/E <input type="checkbox"/> S/W																			
Military Time And Date Of This Report:	Time 1945	Date 12/30/07	Occurrence On Or From 1600	Date 12/30/07	Day Of Week	Occurrence Through	Time	Date	Day Of Week																
Pct. Of Occ.	Complaint #	O.C.C.B. #	Aided #	Accident #	Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	Unit Referred To Patrol	Log/Case #	File #																	
Report Classification (If Offense, List Most Serious First): Harassment								<input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed																	
Was The Victim's Personal Information Taken Or Possessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Was The Victim's Personal Information Used To Commit A Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
Comp. Recd. <input checked="" type="checkbox"/> Walk-In <input type="checkbox"/> Written	<input type="checkbox"/> Radio <input type="checkbox"/> Phone <input type="checkbox"/> Pick-Up	Visible By Patrol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pct. Sector Of Occ.	Beat Of Occ.	Post Of Occ.	Prints Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Possibly Gang Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Gang Intel. Log #	Name Of Gang	If Arson: <input type="checkbox"/> Building <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Property	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	Damage Caused By: <input type="checkbox"/> Fire <input type="checkbox"/> Unk	<input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Unk	Domestic Incident Report Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Child Abuse Suspected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Premises Type (Must Choose One)																									
Residential: <input type="checkbox"/> Residence - Private House <input type="checkbox"/> Residence - Apt. Building <input type="checkbox"/> Residence - Public Housing		House Of Worship: <input type="checkbox"/> Church <input checked="" type="checkbox"/> Synagogue <input type="checkbox"/> Mosque <input type="checkbox"/> Other		School: <input type="checkbox"/> Public (NYC Dept Of Ed) <input type="checkbox"/> Private/Parochial <input type="checkbox"/> College/University <input type="checkbox"/> Other		Public Transportation: <input type="checkbox"/> Airport Terminal <input type="checkbox"/> Bus Terminal <input type="checkbox"/> Bus (NYC Transit) <input type="checkbox"/> Bus (Other) <input type="checkbox"/> Bus Stop				<input type="checkbox"/> Taxi/Livery (Unlicensed) <input type="checkbox"/> Tramway <input type="checkbox"/> Taxi (Yellow Licensed) <input type="checkbox"/> Taxi (Livery Licensed) <input type="checkbox"/> Transit - NYC Subway <input type="checkbox"/> Transit Facility (Other)															
Commercial: <input type="checkbox"/> ATM <input type="checkbox"/> Bank <input type="checkbox"/> Bar/Night Club <input type="checkbox"/> Beauty & Nail Salon <input type="checkbox"/> Book/Card Store		<input type="checkbox"/> Candy Store <input type="checkbox"/> Chain Store <input type="checkbox"/> Check Cashing Business <input type="checkbox"/> Clothing/Boutique <input type="checkbox"/> Commercial Building <input type="checkbox"/> Department Store		<input type="checkbox"/> Doctor/Dentist <input type="checkbox"/> Drug Store <input type="checkbox"/> Dry Cleaner/Laundry <input type="checkbox"/> Factory/Warehouse <input type="checkbox"/> Fast Food <input type="checkbox"/> Gas Station		<input type="checkbox"/> Grocery/Bodega <input type="checkbox"/> Gym/Fitness Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Jewelry Store <input type="checkbox"/> Liquor Store		<input type="checkbox"/> Loan Company <input type="checkbox"/> Photo/Copy Store <input type="checkbox"/> Restaurant/Diner <input type="checkbox"/> Shoe Store <input type="checkbox"/> Small Merchant <input type="checkbox"/> Social Club/Policy Location		<input type="checkbox"/> Storage Facility <input type="checkbox"/> Store Unclassified <input type="checkbox"/> Supermarket <input type="checkbox"/> Telecomm. Store <input type="checkbox"/> Variety Store <input type="checkbox"/> Video Store															
Indicate Name Of Business																									
Other: <input type="checkbox"/> Abandoned Building <input type="checkbox"/> Bridge		<input type="checkbox"/> Cemetery <input type="checkbox"/> Construction Site <input type="checkbox"/> Highway/Parkway		<input type="checkbox"/> Marina/Pier <input type="checkbox"/> Open Lot/Area <input type="checkbox"/> Park/Playground		<input type="checkbox"/> Parking Lot/Garage <input type="checkbox"/> Private <input type="checkbox"/> Public		<input type="checkbox"/> Public Building <input type="checkbox"/> Street <input type="checkbox"/> Tunnel		<input type="checkbox"/> Other															
Indicate Name If Known: <u>Service Lane</u>																									
Exact Location Within Premises Type, If Known (Choose One).																									
<input type="checkbox"/> Apartment	<input type="checkbox"/> Basement	<input type="checkbox"/> Commercial Establishment	<input type="checkbox"/> Community Center	<input type="checkbox"/> Driveway	<input type="checkbox"/> Elevator	<input type="checkbox"/> Elevator Equipment Room	<input type="checkbox"/> Freight Elevator	<input type="checkbox"/> Garage	<input type="checkbox"/> Hallway	<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Lobby/Door/Vestibule	<input type="checkbox"/> Maintenance/Storage Area	<input type="checkbox"/> Management Offices/	<input type="checkbox"/> Other Offices	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Play/Park Area	<input type="checkbox"/> Public Sidewalk	<input type="checkbox"/> Rest Room	<input type="checkbox"/> Roof	<input type="checkbox"/> Roof Top Landing	<input type="checkbox"/> Stairway	<input type="checkbox"/> Terrace	<input type="checkbox"/> Walkways	<input type="checkbox"/> Other	<input type="checkbox"/> Motor Vehicle: <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck
If Burglary: Forcible Entry? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Att. Forcible Entry <input type="checkbox"/> Unknown (If Yes, Explain In Details)					If Burglary, Describe: <input type="checkbox"/> Vehicle <input type="checkbox"/> Bldg. Commercial <input type="checkbox"/> Bldg. Residential <input type="checkbox"/> Building Other					Location of Entry: <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Roof <input type="checkbox"/> Unknown <input type="checkbox"/> Other															
Point of Entry: <input type="checkbox"/> Window <input type="checkbox"/> Security Gate <input type="checkbox"/> Door <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Skylight <input type="checkbox"/> Vent/Duct <input type="checkbox"/> Other			Alarm Bypassed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Alarm Company Responder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Alarm Company Name And Telephone #			Crime Prev. Survey Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
Supervisor On Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Was Interpreter Used: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Indicate Name, Address And Phone #																				
Rank _____ Name (Print) _____ Cmd. _____					Name _____																				
Canvass Conducted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Indicate Interviews And Results)					Address _____ Phone # _____																				
DETAILS Reconstruct Incident And Results Of Preliminary Investigation	<p>Compl. states he was confronted by "unk perp @ above location and perp said he would finish confrontation from yesterday and we will finish you". perp drove away afterward.</p>																								

Total # Of Perps./ Suspects	Number Wanted	Number Arrested	Order Of Protection In Effect	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Issuing Court	Docket #	Exp. Date Of Order Of Protection	
Wanted Suspect #	Last Name, First, M.I.		Hers h kop Loli					
Nickname/ Alias/ Maiden Name	Sex	Date Of Birth	Age	Height	Weight	Race:	White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Am. Ind./ Alaskan Native <input type="checkbox"/> Asian/ Pacific Is. <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black <input type="checkbox"/>	
Eye Color:	Hair Color:	Hair Length:	U.S. Citizen		State/ Country Of Birth			
Address		<input checked="" type="checkbox"/> NYC <input type="checkbox"/> NYS <input type="checkbox"/> Other	<input type="checkbox"/> Homeless	Apt# / Room#	City	State/ Country	Zip Resident Pct.	
Business Name and Address		Business # () - () - ()		Home Phone # () - () - ()		Beeper # () - () - ()		
E-Mail Address		Cell Phone # () - () - ()						
SUSPECT	Is Interpreter Needed For Further Investigation:	If Yes, Indicate Language	Accent	Victim and Suspect Living Together:		Can Identify Suspect:		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Formerly Lived Together	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Victim Status Suspect is:	<input type="checkbox"/> Mother <input type="checkbox"/> Uncle <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Fiance/ Fiancee <input type="checkbox"/> Employer <input type="checkbox"/> Unk/ None	<input type="checkbox"/> Daughter <input type="checkbox"/> In-Law <input type="checkbox"/> Boyfriend <input type="checkbox"/> Co-Worker	<input type="checkbox"/> C/L Wife <input type="checkbox"/> Guardian <input type="checkbox"/> Aunt <input type="checkbox"/> Nephew <input type="checkbox"/> Same Sex Partner <input type="checkbox"/> Girlfriend <input type="checkbox"/> Friend/ Acquaintance	<input type="checkbox"/> C/L Husband <input type="checkbox"/> Divorced <input type="checkbox"/> Grandfather <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Niece <input type="checkbox"/> Other Relative <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Stranger	<input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Sister		
	N.Y.C.H.A. Resident	If Yes, Name Of Development	N.Y.C.H.A. Employee	If Yes	<input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Unknown	N.Y.C. Transit Employee	If Yes	<input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Unknown
	Physical Force:	Weapon:	Gun: <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Other Gun (Specify)	<input type="checkbox"/> Zip Gun <input type="checkbox"/> Toy Gun <input type="checkbox"/> Shot Gun <input type="checkbox"/> Machine Gun	Gun Discharged			
	<input type="checkbox"/> Used <input type="checkbox"/> Possessed <input checked="" type="checkbox"/> Threatened <input type="checkbox"/> None	<input type="checkbox"/> Used/ Displayed <input type="checkbox"/> Possessed <input checked="" type="checkbox"/> Simulated <input type="checkbox"/> None	Make	Color	Calibre	Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Cutting Instrument		Blunt Instrument		Poison/ Chemical Agents	Bomb/ Incendiary Device	Other Weapon (Describe)	
	<input type="checkbox"/> Knife <input type="checkbox"/> Other		<input type="checkbox"/> Blunt Instrument		<input type="checkbox"/> Poison/ Chemical Agents	<input type="checkbox"/> Bomb/ Incendiary Device	<input type="checkbox"/> Other Weapon (Describe)	
	Gang Affiliation:	If Yes, Indicate Name Of Gang	Gang Identifiers (Colors, Beads, Tattoos, Etc.)					
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Used Subway System	If Yes, Station Entered And Time	Metro Card: <input type="checkbox"/> Used <input type="checkbox"/> Possessed Only	Type: <input type="checkbox"/> Student <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Transit Employee <input type="checkbox"/> Police					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Serial #						
Statement Made By Suspect During Commission Of Offense				Method Of Flight				
I will finish confrontation and we will finish you				Drove off				
M.O. (Check All That Apply)				Transit M.O.				
<input type="checkbox"/> Asked Questions/ Offered Assistance <input type="checkbox"/> Bag Opener <input type="checkbox"/> Bicycle Used <input type="checkbox"/> Car Jack <input type="checkbox"/> Con Game <input type="checkbox"/> Deception Used <input type="checkbox"/> Entry Through Window/ Fire Escape				<input type="checkbox"/> Escaped Between Train Cars <input type="checkbox"/> Escaped By Track/ Tunnel <input type="checkbox"/> Followed Victim From Street To Subway <input type="checkbox"/> Held Train Doors <input type="checkbox"/> Victim Sleeping <input type="checkbox"/> Reached From Moving Train <input type="checkbox"/> Removed Victim From Subway System				
<input type="checkbox"/> Followed Victim Along Street <input type="checkbox"/> Followed Victim To/ From ATM/ Bank <input type="checkbox"/> Hijack <input type="checkbox"/> Jewelry/ Neck Chain Snatch <input type="checkbox"/> Jumped From Vehicle <input type="checkbox"/> Motorcycle Used <input type="checkbox"/> Note Was Passed <input type="checkbox"/> Opened Safe <input type="checkbox"/> Payroll				<input type="checkbox"/> Perp Made Statement <input type="checkbox"/> Perp Offered Sex <input type="checkbox"/> Pick Pocket <input type="checkbox"/> Property Snatched From Hand <input type="checkbox"/> Push-In <input type="checkbox"/> Purse/ Wallet Snatch <input type="checkbox"/> Took Victim To Isolated Area <input type="checkbox"/> Other				
<input type="checkbox"/> Action Toward Victim: (Check All That Apply) <input type="checkbox"/> Fired Shot At <input type="checkbox"/> Injury Using Physical Force <input type="checkbox"/> Made Victim Strip <input type="checkbox"/> Pepper/ Chemical Spray <input type="checkbox"/> Stabbed/ Slashed/ Cut <input type="checkbox"/> Struck With Object <input type="checkbox"/> Tied/ Handcuffed <input type="checkbox"/> Tortured <input type="checkbox"/> Used/ Threat With Flame <input type="checkbox"/> Unk/ None <input checked="" type="checkbox"/> Other (Threats)				<input type="checkbox"/> Special Characteristics: (Check All That Apply) <input checked="" type="checkbox"/> Beard <input type="checkbox"/> Arm (Amputee) <input type="checkbox"/> Eyebrows <input type="checkbox"/> Goatee <input type="checkbox"/> Left Handed <input type="checkbox"/> Limp <input type="checkbox"/> Mustache <input type="checkbox"/> Odor <input type="checkbox"/> Teeth <input type="checkbox"/> Sideburns <input type="checkbox"/> Very Muscular <input type="checkbox"/> Tracks <input type="checkbox"/> Eye Glasses <input type="checkbox"/> Sun Glasses <input type="checkbox"/> Unk/ None <input type="checkbox"/> Skin Condition <input type="checkbox"/> Other				
Head Gear: <input type="checkbox"/> Baseball Cap <input type="checkbox"/> Beret/ Military Hat <input type="checkbox"/> Cowboy Hat <input type="checkbox"/> Mask <input type="checkbox"/> Ski Cap/ Watch Cap <input checked="" type="checkbox"/> Skull Cap <input type="checkbox"/> Stocking Cap <input type="checkbox"/> Straw Hat/ Fedora <input type="checkbox"/> Turban <input type="checkbox"/> Unk/ None <input type="checkbox"/> Other				Foot Wear: <input type="checkbox"/> Barefoot <input type="checkbox"/> Boots <input type="checkbox"/> Dress Shoes <input type="checkbox"/> High Heels <input type="checkbox"/> Loafers/ Moccasins <input type="checkbox"/> Roller Blades <input type="checkbox"/> Sandals <input type="checkbox"/> Sneakers <input type="checkbox"/> Workboots <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Other				
Outer Wear: <input type="checkbox"/> Gang, Team, School Jacket <input type="checkbox"/> Leather, Suede, Fur Trim <input type="checkbox"/> Military Clothing <input type="checkbox"/> Overcoat/ Top Coat <input type="checkbox"/> Snorkel/ Ski Hooded Jacket <input type="checkbox"/> Sport/ Dress Jacket <input type="checkbox"/> Sweater/ Vest <input type="checkbox"/> Sweat Shirt/ Jogging Jacket <input type="checkbox"/> T-Shirt/ Tank Top <input type="checkbox"/> Waist Length Jacket <input checked="" type="checkbox"/> Unk/ None <input type="checkbox"/> Other				Color				
Hairstyle: <input type="checkbox"/> Afro <input type="checkbox"/> Bald <input type="checkbox"/> Bald (Partial) <input type="checkbox"/> Braids <input type="checkbox"/> Caesar <input type="checkbox"/> Close Cut <input type="checkbox"/> Corn Rows <input type="checkbox"/> Crew <input type="checkbox"/> Curly/ Wavy				Skin Tone: <input checked="" type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Unk				
Complexion: <input type="checkbox"/> Blotchy <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Flushed/ Ruddy <input type="checkbox"/> Pimpled <input type="checkbox"/> Pocked <input type="checkbox"/> Tan <input type="checkbox"/> Yellow				Other Clothing/ Accessories: <input type="checkbox"/> Bag/ Briefcase <input type="checkbox"/> Dirty/ Torn/ Messy <input type="checkbox"/> Gloves <input type="checkbox"/> Jeans <input type="checkbox"/> Jewelry <input type="checkbox"/> Radio Used <input type="checkbox"/> Scarf/ Bandana/ Sweatband <input type="checkbox"/> Shorts <input type="checkbox"/> Skirt/ Dress <input type="checkbox"/> Slacks <input type="checkbox"/> Sweat/ Jogging Clothes <input type="checkbox"/> Tools/ Keys <input type="checkbox"/> Uniform <input type="checkbox"/> Well Dressed <input type="checkbox"/> Work Clothes <input checked="" type="checkbox"/> Unk/ None <input type="checkbox"/> Other				
Distinguished Body Marks:				Body Mark Location				
#1 #2 <input type="checkbox"/> Birthmark <input type="checkbox"/> Body Piercing <input type="checkbox"/> Scar <input type="checkbox"/> Tattoo (Can't Describe) <input type="checkbox"/> Tattoo Picture <input type="checkbox"/> Tattoo Word <input type="checkbox"/> Tattoo Word & Picture <input checked="" type="checkbox"/> Unk/ None <input type="checkbox"/> Other				#1 #2 <input type="checkbox"/> Arm <input type="checkbox"/> Face/ Head <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Torso				
Describe Tattoo				Impersonation Of:				
Words: #1 _____ #2 _____				<input type="checkbox"/> Customer/ Client <input type="checkbox"/> Employee <input type="checkbox"/> Female <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Male <input type="checkbox"/> Security Officer <input type="checkbox"/> Public Servant <input type="checkbox"/> Utility Worker <input checked="" type="checkbox"/> Unk/ None <input type="checkbox"/> Other				
Picture: #1 _____ #2 _____								



CRIME INCIDENT DATA (MUST BE COMPLETED FOR CRIMES) INCLUDE ANY ADDITIONAL DATA IN THE "DETAILS" SECTION

N.Y.C. DEPT. OF ED. SCHOOLS	N.Y.C. Dept. Of Ed. School <input type="checkbox"/> On School Property <input type="checkbox"/> Travelling <input type="checkbox"/> School Sponsored Event <input type="checkbox"/> School Safety Division Operations
	Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> During School Hours <input type="checkbox"/> To School <input type="checkbox"/> From School <input type="checkbox"/> Yes <input type="checkbox"/> No Control # _____
	Victim Status: <input type="checkbox"/> General Ed. Student <input type="checkbox"/> Special Ed. Student <input type="checkbox"/> Resource Room/Related Services <input type="checkbox"/> Teacher <input type="checkbox"/> School Safety Agent <input type="checkbox"/> Other Staff _____ <input type="checkbox"/> Other (Specify) _____
	Type of School: <input type="checkbox"/> Elementary <input type="checkbox"/> I.S. <input type="checkbox"/> JHS <input type="checkbox"/> HS <input type="checkbox"/> SP. ED. School Number: _____ School Name: _____
	Exact Location On School Property: <input type="checkbox"/> Hall _____ <input type="checkbox"/> Floor _____ <input type="checkbox"/> Classroom # _____ <input type="checkbox"/> Cafeteria <input type="checkbox"/> Staircase # _____ <input type="checkbox"/> Gym/Locker Room <input type="checkbox"/> Bathroom # _____ <input type="checkbox"/> Playground/Field <input type="checkbox"/> On School Grounds <input type="checkbox"/> Auditorium <input type="checkbox"/> Other _____
NYC TRANSIT SUBWAY SYSTEM	N.Y.C. Transit Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No Station Of Occurrence _____ Line (# Or Letter) _____ Transit Post # _____ Transit District _____ Transit CN _____
	Victim's Time And Station Of Entry Into Transit System, If Known: Metro Card: Type: <input type="checkbox"/> Student <input type="checkbox"/> Standard <input type="checkbox"/> Lost <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Handicapped <input type="checkbox"/> Stolen <input type="checkbox"/> Transit Employee <input type="checkbox"/> Police Metro Card: Serial # _____
	<input type="checkbox"/> N/B Train <input type="checkbox"/> S/B Train (Location On Train: <input type="checkbox"/> Front <input type="checkbox"/> Middle <input type="checkbox"/> Rear Train Car # _____)
	<input type="checkbox"/> N/B Platform <input type="checkbox"/> S/B Platform <input type="checkbox"/> Booth # _____ <input type="checkbox"/> Turnstile Area <input type="checkbox"/> Mezzanine <input type="checkbox"/> Stairs/Ramp/Escalator
	<input type="checkbox"/> Elevator <input type="checkbox"/> Tunnel/Track Area <input type="checkbox"/> Passage Way <input type="checkbox"/> Toilet Facility <input type="checkbox"/> Street Stairway/St. Escalator <input type="checkbox"/> Other _____
N.Y.C.H.A.	N.Y.C. Housing Authority Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No Name Of Development _____ PSA # _____ Housing Report # _____
	Total # Of Victims <u>1</u> Victim # <u>1</u> Of <u>1</u> Victims Is Victim: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female (Disabled <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) Is Victim N.Y.C.H.A. Resident <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Business/Organization <input type="checkbox"/> PSNY
VICTIM	If Business/Organization, List Name _____ Address _____ City _____ State _____ Zip _____ Room # _____
	If Person, Last Name <u>Rotem Hershtok</u> First <u>Schnear Loti</u> M.I. _____ Is Interpreter Needed For Further Investigation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Indicate Language _____
	Nickname/Alias/Maiden Name _____ Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Date Of Birth <u>1/8/86</u> Age <u>22</u> Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black
	Permanent Residence Address (<input checked="" type="checkbox"/> NYC <input type="checkbox"/> NYS <input type="checkbox"/> Other <input type="checkbox"/> Homeless) <u>749 Eastern Parkway</u> City <u>Bklyn</u> State/Country <u>N.Y.</u> Zip <u>11213</u> Apt.# / Room # <u>108</u>
	Temporary Residence Address _____ City _____ State _____ Zip _____ Apt. # _____ For How Long? _____
	Business Address _____ City _____ State _____ Zip _____ Apt.# / Room # _____
	Home Phone # <u>(347) 546 - 0646</u> Business # () _____ - _____ Beeper # () _____ - _____ Cell Phone # () _____ - _____
	E-Mail Address _____
	Gang Affiliation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Indicate Name Of Gang _____ Gang Identifiers (Colors, Beads, Tattoos, Etc.) _____
	Victim Was: <input type="checkbox"/> Shot <input type="checkbox"/> Cut/Slashed/Stabbed <input type="checkbox"/> Other <u>Learning in classes</u> Actions Of Victim Prior To Incident (Be Specific) _____
Victim Of Similar Incident (EXCEPT SEX OFFENSE) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, When And Where _____	
Will View Photo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will Prosecute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Victim/Relative Notified Of Crime Victim Comp. Law <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
REPORTER/WITNESS	Reporter /Witness # <u>1</u> of <u>1</u> <input checked="" type="checkbox"/> Reporter <input type="checkbox"/> Witness
	Last Name, <u>Habner</u> First, <u>Levi</u> M.I. _____ Is Interpreter Needed For Further Investigation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Indicate Language _____
	Nickname/Alias/Maiden Name _____ Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Date Of Birth <u>12/12/160</u> Age <u>47</u> Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black
	Permanent Residence Address (<input checked="" type="checkbox"/> NYC <input type="checkbox"/> NYS <input type="checkbox"/> Other <input type="checkbox"/> Homeless) <u>478 Malbone St</u> City <u>Bklyn</u> State/Country <u>N.Y.</u> Zip <u>11225</u> Apt.#/Room# <u>PH</u>
	Temporary Residence Address _____ City _____ State _____ Zip _____ Apt. # _____ For How Long? _____
	Business Address _____ City _____ State _____ Zip _____ Apt. # / Room # _____
	Home Phone # <u>(917) 701 - 5432</u> Business # () _____ - _____ Beeper # () _____ - _____ Cell Phone # () _____ - _____
	E Mail Address _____
	Gang Affiliation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Indicate Name Of Gang _____ Gang Identifiers (Colors, Beads, Tattoos, Etc.) _____ Position/Relationship To Victim <u>Friend</u>

		New York City Police Department Omniform System - Complaints			
Report Cmd: 071		Jurisdiction: N.Y. POLICE DEPT		Record Status: Ready for Signoff, No Arrest	
				Complaint # 2007-071-10032	
Occurrence Location: FRONT OF 478 MALBONE STREET Name Of Premise: Premises Type: STREET Location Within Premise: PUBLIC SIDEWALK Visible By Patrol?: YES				Precinct: 071 Sector: B Beat: 2 Post:	
Occurrence From: 2007-12-30 19:00 SUNDAY Occurrence thru: 2007-12-30 19:20 Reported: 2007-12-30 19:20 Complaint Received: WALK-IN				Aided # Accident # O.C.C.B. #	
Classification: HARASSMENT Attempted/Completed: COMPLETED Most Serious Offense Is: VIOLATION PD Code: 638 HARASSMENT,SUBD 3 PL Section: 24026 Keycode: 578 HARRASSMENT 2				Case Status: CLOSED Unit Referred To: Clearance Code: PATROL Log/Case #: 0 File #: 51 Prints Requested? NO	
Was The Victim's Personal Information Taken Or Possessed? NO			Was The Victim's Personal Information Used To Commit A Crime? NO		
Gang Related? NO		Gang Intel Log #:		Name Of Gang: DIR Required? NO	
				Child Abuse Suspected? NO	
If Burglary: Forced Entry? Structure: Entry Method: Entry Location:		Alarm: Bypassed? Comp Responded?: Company Name/Phone: Crime Prevention Survey Requested?:		If Arson: Structure: Occupied?: Damage by:	
Supervisor On Scene - Rank / Name / Command :			Canvas Conducted: NO		Interpreter(if used):
NARRATIVE: AT T/P/O C/V STATES ABOVE PERP W/INTENT TO ANNOY AND HARASS DID VERBALLY ABUSE AND THREATENED THE C/V WITH HIS HAND BY STATING "I AM GOING TO FUCK YOU UP, I AM GOING TO MESS YOU UP, SMEAR YOU NAME ONLINE, WHY ARE YOU COMPLAINING AGAINST ME", IN THE 71 PCT. C/V REPORTED FOR A SEPERATE INCIDENT PRIOR.					
No NYC TRANSIT Data for Complaint # 2007-071-10032					
Total Victims: 1		Total Witnesses: 0		Total Reporters: 0	
				Total Wanted: 1	
VICTIM: # 1 of 1		Name: HUEBNER,PAUL		Complaint#: 2007-071-10032	
Nick/AKA/Maiden: Sex/Type: MALE Race: WHITE Age: 47 Date Of Birth: 07/12/1960 Disabled? NO			Gang Affiliation: NO Name: Identifiers:		
			Will View Photo: YES		

PAA KENDALL	352182	071 PCT	NYPD
Signoff Supervisor Name:	Tax #: 000000	Command:	Rep. Agency:
	END OF COMPLAINT REPORT # 2007-071-10032		

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		<h1 style="margin: 0;">New York City Police Department</h1> <h2 style="margin: 0;">OmniForm System - Complaints</h2>				
Report Cmd: 077	Jurisdiction: N.Y. POLICE DEPT	Record Status: Final, Initial Arrests made	Complaint # 2007-077-10800			
Occurrence Location: FRONT OF 749 EASTERN PARKWAY Name Of Premise: Premises Type: STREET Location Within Premise: PUBLIC SIDEWALK Visible By Patrol?: YES				Precinct: 077 Sector: H Beat: 8 Post: 62		
Occurrence From: 2007-12-29 21:00 SATURDAY Occurrence thru: 2007-12-29 21:10 Reported: 2007-12-29 22:34 Complaint Received: RADIO				Aided # 000002120 Accident # O.C.C.B. #		
Classification: ASSAULT Attempted/Completed: COMPLETED Most Serious Offense Is: MISDEMEANOR PD Code: 101 ASSAULT 3 PL Section: 12000 Keycode: 344 ASSAULT 3 & RELATED OFFENSES				Case Status: CLOSED Unit Referred To: Clearance Code: UNIFORM ARREST Log/Case #: 0 File #: 38 Prints Requested? NO		
Was The Victim's Personal Information Taken Or Possessed? NO		Was The Victim's Personal Information Used To Commit A Crime? NO				
Gang Related? NO	Gang Intel Log #:	Name Of Gang:	DIR Required? NO	Child Abuse Suspected? NO		
If Burglary: Forced Entry? Structure: Entry Method: Entry Location:		Alarm: Bypassed? Comp Responded?: Company Name/Phone: Crime Prevention Survey Requested?:		If Arson: Structure: Occupied?: Damage by:		
Supervisor On Scene - Rank / Name / Command : SGT MANGAN 077		Canvas Conducted: NO	Interpreter(if used):			
NARRATIVE: AT T/P/O C/V STATES HE WAS RESPONDING TO A DISPUTE WHEN THE TWO PERPS WITH INTENT TO CAUSE A PI DID PUNCH C/V CAUSING CUTS TO FACE AND HAND. C/V ALSO HAS BRUISES AND SWELLING AND COMPLAINED OF CHEST PAINS. C/V REFUSED MEDICAL TREATMENT.						
No NYC TRANSIT Data for Complaint # 2007-077-10800						
Total Victims: 1	Total Witnesses: 0	Total Reporters: 0	Total Wanted: 0			
VICTIM: # 1 of 1		Name: LIFSHITZ, BENJAMIN		Complaint#: 2007-077-10800		
Nick/AKA/Maiden: Sex/Type: MALE Race: WHITE Age: 21 Date Of Birth: 06/07/1986 Disabled? NO Need Interpreter: NO Language: N.Y.C.H.A Resident? NO			Gang Affiliation: NO Name: Identifiers: Will View Photo: NO Will Prosecute: YES Notified Of Crime NO Victim Comp. Law:			
LOCATION	ADDRESS	CITY	STATE/COUNTRY	ZIP	APT/ROOM	
HOME-PERMANENT	383 KINGSTON AVENUE	BROOKLYN	NEW YORK	11213		
Phone #: HOME: 718-908-8132						
Action against Victim:		Actions Of Victim Prior To Incident:				
Victim Of Similar Incident: NO		If Yes, When And Where				
ARRESTS:		Complaint # 2007-077-10800				
Arrest ID	Status	Defendant Name	Sex	Race	AGE Arrest Date	
K07714703	ACTIVE	GORICHNICK, JONATHAN	MALE	WHITE	20 12/29/2007	
K07714700	ACTIVE	COHEN, MORDECAI	MALE	WHITE	23 12/29/2007	
Reporting/Investigating M.O.S. Name:			Tax #:	Command:	Rep.Agency:	

POM WONG PETER	940945	077 PCT	NYPD
Supervisor Approving Name: SGT KELCH TIMOTHY	Tax #: 930462	Command: 077 PCT	Rep.Agency: NYPD
Complaint Report Entered By: PAA REYNOLDS	Tax #: 325751	Command: 077 PCT	Rep.Agency: NYPD
Signoff Supervisor Name: LT SHARKEY	Tax #: 918319	Command: 077 PCT	Rep.Agency: NYPD



END OF COMPLAINT REPORT

2007-077-10800



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