



Town of Crawford

Police Department

Serving with Honor, Professionalism and Dedication Since 1971

121 State Route 302

Pine Bush, NY 12566

T: 845-744-5000

F: 845-744-6908

www.townofcrawford.org

Dominick L. Blasko
Chief of Police

MEMO

To: File

From: Chief Dominick L Blasko

Date: October 12, 2020

Ref: Personnel Complaint ref blotter 3934-20

Member spoke on phone to caller, [REDACTED]

- [REDACTED] stated that she believed that a report was completed with false information.
 - She stated that the report stated there was violence when there was none
 - Officers told her brother in law a former member and current Woodbury officer
 - She called and spoke to officer who did not engage in conversation and she believed he was rude.
- Domestic incident report was read to caller and advised that domestic was documented as verbal in nature
- Caller was unhappy that former member was spoken to and the officer wouldn't speak to her on phone
- Caller did not want anything further, just to ensure that there was no physical domestic report because her ex-fiancé has a parole hearing.
- Member spoke with Officer Timothy Lee and he advised that the report is accurate
- Spoke with Officer Robert Colon and he stated that he spoke with [REDACTED] because the [REDACTED] subject repeatedly dropped his name. Some of [REDACTED] comments caused Officer Colon some concern and he advised [REDACTED]. He did advise [REDACTED] that there was a domestic and no further information was shared.
- Sgt. John Avery reviewed Impact files and no other agencies accessed the reports.

Findings

The caller's main concern is that the report was false because it stated it was a violent domestic. After reviewing the report with her she was made aware that the report did not state that. She was happy for that because [REDACTED] had a parole hearing coming up.

After speaking with Officer Colon he articulated that [REDACTED] made several comments in regards to [REDACTED] that raised concern. Colon advised [REDACTED] of the comments and





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simply stated that there was a domestic incident. As far as the phone call, [REDACTED] was becoming aggressive on the phone and he believed that the termination of the call was best.

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In conclusion the caller was under the impression that the report contained something it didn't. The termination of the call was appropriate and the speaking to former [REDACTED] was appropriate based on the comments of [REDACTED]

The complaint is unfounded/exonerated



TOWN OF CRAWFORD POLICE DEPARTMENT PERSONNEL COMPLAINT

The Town of Crawford Police Department encourages citizens to report legitimate complaints against employees of this Department. As a result, a thorough, impartial and confidential investigation will be conducted. If this complaint leads to a formal charge against the employee, you will be asked to participate in the hearing and/or arbitration process.

Date of Report: <u>10/5/2020</u> Time:		Event No.: <u>3934.20</u> Case No.: ^{D.V.} (If Applicable) <u>86.20</u>
Type of Complaint:	<input checked="" type="radio"/> External <input type="radio"/> Internal <input type="radio"/> Other	If Other, please explain:
How Received:	<input checked="" type="radio"/> Phone <input type="radio"/> Walk-In <input type="radio"/> Other	If Other, please explain:
Date of Incident: <u>9/26/2020</u>	Day of Incident: <u>Saturday</u>	Time of Incident: <u>0957</u>
Location of Incident: <u>[REDACTED]</u>	Nature of Complaint: <u>FALSE REPORT</u>	
Complainant: <u>[REDACTED]</u>		Date of Birth: <u>04-27-1984</u>
Address: <u>[REDACTED]</u>	City: <u>Bullville</u>	State: <u>Ny</u> Zip Code: <u>/</u>
Home Phone #: <u>N/A</u>	Work Phone#: <u>N/A</u>	Other Phone #: <u>[REDACTED]</u>
Employer: <u>[REDACTED]</u>	Occupation: <u>[REDACTED]</u>	
Employer's Address: <u>[REDACTED]</u>	Employer Telephone No.:	

Details of Incident: (ADDITIONAL SPACE AVAILABLE ON BACK OF FORM, IF NEEDED) CALLER INVOLVED IN DOMESTIC WITH EX-FRAME [REDACTED] 5/16/84 OFFICERS RESPONDED AND COMPLETED A D.V. REPORT. CALLER STATED THAT THE REPORT CONTAINS FALSE INFO. SHE STATED NO VIOLENCE OCCURRED AND REPORT STATED IT DID. ADDITIONALLY SHE COMPLAINED THAT OFFICERS SPOKE TO [REDACTED] BROTHER IN-LAW AND ADVISED HIM OF THE INCIDENT. SHE WAS UPSET THAT HER BUSINESS WAS DISCUSSED

Personnel Complained Of: (NAME OR PHYSICAL DESCRIPTION, BADGE#, CAR#, ETC.)
OFFICER ROBERT COLON 119

Witness Info: (NAME, D.O.B., ADDRESS, TELEPHONE NUMBERS, ETC.)
OFFICER TIM LOP
[REDACTED]

NOTE: PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK, ANY INCORRECT OR FALSE STATEMENT ATTRIBUTED TO YOU AND CONTAINED HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR.

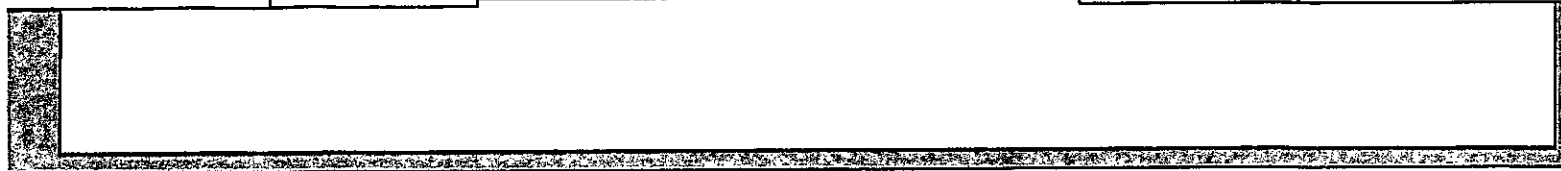
[Signature]

Reporting Officer's Signature	Location Report Taken	Complainant's Signature	Date
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ADMINSTRATIVE USE ONLY Reviewed by <u>Chief Blacko</u> <div style="display: flex; justify-content: space-around;"> Name Rank 763 Shield No. </div> Date Reviewed: _____ TCPD#: _____	No Further Action Needed: ___ Investigation Assigned To: _____
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Agency		NEW YORK STATE DOMESTIC INCIDENT REPORT				Sprint # (NYC)	Incident #
TOWN OF CRAW							CP-00086-20
DATES	Month	Day	Year	Time (24 hrs)	Address of Occurrence	APT #	Precinct (NYC) / Aided # (NYC) / Complaint #
	09	26	2020	0957		1	3653
VICTIM/PARTY (P1)	Name (Last, First, M.I.) / (include aliases)					DOB	Month / Day / Year / Age / Sex
							04 / 21 / 1984 / 36 / Male
VICTIM/PARTY (P2)	Name (Last, First, M.I.) / (include aliases)					DOB	Month / Day / Year / Age / Sex
							05 / 16 / 1984 / 36 / Male
SUSPECT / PARTY (P2)	Name (Last, First, M.I.) / (include aliases)					DOB	Month / Day / Year / Age / Sex
							05 / 16 / 1984 / 36 / Male
ASSOCIATED PERSONS	Name (Last, First, M.I.) / (include aliases)					DOB	Month / Day / Year / Age / Sex
SUSPECT ACTIONS	<input type="checkbox"/> Check all that apply <input type="checkbox"/> Biting <input type="checkbox"/> Destroyed Property (Estimated \$ _____) <input type="checkbox"/> Forced Entry <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Impaired Alcohol/Drugs <input type="checkbox"/> Injury to Child <input type="checkbox"/> Injury to Other Persons <input type="checkbox"/> Injury to Pet/Animal <input type="checkbox"/> Interference with Phone <input type="checkbox"/> Intimidation/Coercion <input type="checkbox"/> Kicking <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Shooting <input type="checkbox"/> Slapping <input type="checkbox"/> Slamming Body <input type="checkbox"/> Stabbing <input type="checkbox"/> Strangulation/Choking <input type="checkbox"/> Suicide or Attempt <input type="checkbox"/> Threw Items <input type="checkbox"/> Unwanted Contact <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Violated Visitation/Custody Conditions <input type="checkbox"/> OTHER Suspect Actions: _____ <input type="checkbox"/> Threats: (specify) <input type="checkbox"/> Injure/Kill Persons <input type="checkbox"/> Injure/Kill Self <input type="checkbox"/> Injure/Kill Pct/Animal <input type="checkbox"/> Take Child <input type="checkbox"/> Destroy/Take Property <input type="checkbox"/> Other: _____ <input type="checkbox"/> Threat with weapon <input type="checkbox"/> Weapons used: (specify) <input type="checkbox"/> Blunt Object <input type="checkbox"/> Gun <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Sharp Instrument <input type="checkbox"/> Other: _____						
	Arrest Made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reasons arrest not made on-scene: <input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> No Probable Cause <input type="checkbox"/> Suspect Off-Scene <input type="checkbox"/> Warrant/Criminal Summons to be requested <input type="checkbox"/> Violation level: not in police presence (no citizen's arrest) <input type="checkbox"/> Other: _____						
OFFENSES & OP	Offenses		Law (e.g. PL)	Section (Sub)	Charges Filed	Offenses Involved: (check all that apply) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation <input type="checkbox"/> Other (Specify)	
	1.				<input type="checkbox"/>	Registry Checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Stay Away Order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order Violated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any PRIOR orders? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OP Court Name: _____ <input type="checkbox"/> Family <input type="checkbox"/> Criminal <input type="checkbox"/> Supreme <input type="checkbox"/> Out of State <input type="checkbox"/> Tribal Expiration Date: _____ Month _____ Day _____ Year _____	
INVESTIGATION	STOP! ***** COMPLETE STATEMENT ON PAGE 2 NEXT *****						
	Photos Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, photos taken of: <input type="checkbox"/> Victim Injuries <input type="checkbox"/> Suspect Injuries <input type="checkbox"/> Scene <input type="checkbox"/> Damaged Property <input type="checkbox"/> Other: _____ Other evidence collected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, describe: _____ Results of investigation and basis of action taken. (If there excited utterances, spontaneous admissions or spontaneous statements made?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Complete 710.30 or other form when applicable). DIR: continued on additional page.						
Any Guns in House? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any Guns Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Household Member Has Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Permit Seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Permit #(s): _____ Issuing County: _____ Name on Permit(s): _____ Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522 IS SUSPECT ON PAROLE OR PROBATION? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown CONTACTS INITIATED BY POLICE: <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Child Protective Services (or ACS) <input type="checkbox"/> Other Agency: _____ Officer's Signature (& Rank) (PRINT and SIGN) I.D. _____ Month _____ Day _____ Year _____ Supervisor's Signature (& Rank) (PRINT and SIGN) I.D. _____ Month _____ Day _____ Year _____ 1. Was DIR given to the victim at the scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Was Victim Rights Notice given to victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF NO, give reason: _____							
POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC VIOLENCE HOTLINE ENGLISH 1-800-942-6906 SPANISH 1-800-942-6908 3/21-05/2011 DCJS Copyright © 2011 by NYS DCJS							

Agency	URI	NEW YORK STATE DOMESTIC VIOLENCE REPORT	Sprint # (NYC)	Incident #
OWN OF CRAWFORD PD	NY0357600			CP-00086-20



Officer's Signature (& Rank)	ID No.	Month	Day	Year		Page
						3
Supervisor's Signature (& Rank)						of
						3

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How Received: <u>Phone</u> Walk-In Other		If Other, please explain: <u>^</u>					
Date of Incident: <u>9/26/2020</u>		Day of Incident:			Time of Incident: <u>0957</u>		
Location of Incident:				Nature of Complaint: <u>D.V.</u>			
Complainant:					Date of Birth: <u>4-21-1984</u>		
Address:			City: <u>Bullville</u>		State:		Zip Code:
Home Phone #:			Work Phone#:		Other Phone #:		
Employer:				Occupation:			
Employer's Address:				Employer Telephone No.:			

Details of Incident: (ADDITIONAL SPACE AVAILABLE ON BACK OF FORM, IF NEEDED)

VERBAL DOMESTIC

Personnel Complained Of: (NAME OR PHYSICAL DESCRIPTION, BADGE#, CAR#, ETC.)

ROBERT COLON 119

TIM LEE 105

Witness Info: (NAME, D.O.B., ADDRESS, TELEPHONE NUMBERS, ETC.)

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Reporting Officer's Signature

Location Report Taken B

Complainant's Signature

Date

ADMINISTRATIVE USE ONLY

Reviewed by: B/1160

Name Rank

763

Shield No.

No Further Action Needed: ___

Investigation Assigned To:

Date Reviewed:

TCPD#: