

7. Report Day: Fri. | 8. Date: 12/9/2022 | 9. Report Time: 1245 | Occurred On/From: [] | 10. Day: | 11. Date: | 12. Time: | Occurred To: [] | 13. Day: | 14. Date: | 15. Time:

16. Incident Type: Suspicious - Suspicious Incident | 17. Business Name: | 18. Weapon(s): | A.

19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.): | 20. City, State, Zip (C T V): Hamlin, NY, 14464 | 21. Location Code: 2855 | B.

22. OFF. NO.	LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS	23. No. of Victims	C.
1										0	
2										0	D.
3										0	

25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim | 26. Victim also complainant Y N | E.

TYPE/NO	NAME (LAST, FIRST, MIDDLE, TITLE)	Date of Birth	STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP	TELEPHONE NO.	F.
CO1				BUSINESS	
				BUSINESS	G.
				RESIDENCE	
				BUSINESS	H.
				RESIDENCE	
				BUSINESS	I.
				RESIDENCE	

27. Date of Birth: | 28. Age: | 29. Sex: M F U | 30. Race: White Black Other Indian Asian Unk. | 31. Ethnic: Hispanic Unk. Non-Hispanic | 32. Handicap: Yes No | 33. Residence Status: Resident Tourist Student Other Commuter Military Homeless Unk. Temp. Res. - Foreign Nat. | J.

34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law YES NO | K.

35. Type/No: TABLEO | 36. Name (Last, First, Middle): | 37. Alias/Nickname/Maiden Name (Last, First, Middle): | 38. Apparent Condition: Impaired Drugs Mental Dis Unk. Impair/Intox Alco Inj / Ill App Norm | L.

39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip): | 40. Phone No.: Home Work | 41. Social Security No.: | M.

42. Date of Birth: | 43. Age: | 44. Sex: M F U | 45. Race: White Black Other Indian Asian Unk. | 46. Ethnic: Hispanic Unk. Non-Hispanic | 47. Skin: Light Dark Unk. Medium Other | 48. Occupation: | N.

49. Height: ft. in. | 50. Weight: | 51. Hair: | 52. Eyes: | 53. Glasses: Yes No Contacts | 54. Build: Small Large Medium | 55. Employer/School: | 56. Address: |

57. Scars/Marks/Tattoos (Describe): | 58. Misc.: |

59. Victim or Suspect No.	Property Status	Property Type	Quantity/Measure	Make or Drug Type	Model	Serial No.	Description	Value
	TABLE S	TABLE T	TABLE U	TABLE V				

60. Vehicle Status: TABLE W | 61. License Plate No.: | Full Partial | 62. State: | 63. Exp. Yr.: | 64. Plate Type: | 65. Value: |

66. Veh. Yr.: | 67. Make: | 68. Model: | 69. Style: | 70. VIN: |

71. Color(s): | 72. Towed By: _____ To: _____ | 73. Vehicle Notes: |

74. (CO1) [REDACTED] contacted HBSP Office regarding an unusual object she observed in the sky from her residence the past 2 nights and wanted to speak to an Officer with the Park Police. Park operations transferred the info to RPHQ and I contacted (CO1) via phone. (CO1) stated the past 2 nights a UFO was observed in a southerly direction from her residence and had multiple lights emitting from it. The object remained in the sky for approximately 6 hours. (CO1) wanted to speak with an Officer and verify that the object was in the air. I was on patrol the evenings of 12/07/2022 and 12/08/2022 and did not observe any unusual objects in the sky. (CO1) stated she contacted multiple news outlets in the area with no response. (CO1) was provided with contact info for RPHQ/911 by Operations staff who advised her to call only if it was an emergency.

75. Inquiries (Check all that apply): DMV Want/Warrant Scofflaw Crim. History Stolen Property Other | 76. NYSPIN Message No.: | 77. Complainant Signature: |

78. Reporting Officer Signature (Include Rank): PO Travis Praller | 79. ID No.: 266 | 80. Supervisor's Signature (Include Rank): LT. James Hy | 81. ID No.: 140 |

82. Status: Open Closed (if Closed, check box below) Unfounded Victim Refused to Coop. Arrest Pros Declined Warrant Advised CBI Juv. - No Custody Arrest - Juv Offender Dead Extrad. Declin Unk. | 83. Status Date: 12/9/2022 | 84. Notified/TOT: |

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