Agency: STPD | DIC: CSST | NEW YORK STATE DOMESTIC INCIDENT REPORT | Sprint # (NYC): | Incident #:

DATES

	Month	Day	Year	Time (24 hour)
Occurred	7	19	10	1400
Report	7	19	10	1500

Address of Occurrence: [redacted] | Apt #: | Precinct: 62 | Radio Code: | Complaint #: 10-17615

How can we safely contact you? (e.g. name, Phone): [redacted]

○ Officer-initiated ● Radio Run ○ Walk-In

VICTIM/PARTY (P1)

Name (Last, First, M.I.) (include aliases): MABLE KAMRYN | Phone: [redacted] | DOB: Month 11 | Day 16 | Year 80 | Age 37 | ○ Male ● Female

Street & City: [redacted] | Apt #: | Zip: 11576 | If non-English language: ○ Spanish ○ Chinese ○ Other:

Injured? ○ No ● Yes — Describe: SWELLING TO LIP / PAIN TO SHOULDER | Removed to Hospital? ● No ○ Yes (if yes, what hospital?) | ● White ○ Black ○ Asian ○ Native American ○ Other | ○ Hispanic ○ Non-Hispanic ○ Unknown | Notes (e.g. special needs, disability, requests):

SUSPECT/PARTY (P2)

Name (Last, First, M.I.) (include aliases): LEMAN MICHAEL | Phone: [redacted] | DOB: Month 4 | Day 25 | Year 66 | Age 50 | ● Male ○ Female

Street & City: [redacted] | Apt #: | Zip: 11576 | If non-English language: ○ Spanish ○ Chinese ○ Other:

Injured? ○ No ○ Yes — Describe: | Removed to Hospital? ○ No ○ Yes (if yes, what hospital?) | ● White ○ Black ○ Asian ○ Native American ○ Other | ○ Hispanic ○ Non-Hispanic ○ Unknown

SUSPECT/P2 present? ○ Yes ● No

LIVING SITUATION

Do parties currently live together? ● Yes ○ No

IF NO, have they lived together in the past? ○ Yes ○ No

Do the parties have a child-in-common? ○ Yes ● No

RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1)

○ Married ● Intimate Partner/Dating ○ Child of victim/party 1 ○ Relative: _____ ○ Formerly Married ○ Former Intimate/Dating ○ Parent of victim/party 1 ○ Other: _____

Prior DV History? ● Yes ○ No
Prior DV police report? ● Yes ○ No
Victim fearful? ● Yes ○ No
Access to weapons? ● Yes ○ No
Suspect Drug/Alc History? ● Yes ○ No
Suspect Hx suicide threat? ○ Yes ● No
Suspect Probation/Parole? ○ Yes ● No

ASSOCIATED PERSONS

	Name (Street / APT# / City if needed)	Phone	DOB: Month	Day	Year	Relationship to victim / P1
1.						
2.						
3.						

SUSPECT ACTIONS (Check all that apply)

○ Biting
○ Destroyed Property (Estimated $ _____)
○ Forced Entry
○ Forcible Restraint
○ Hair Pulling
○ Homicide
○ Impaired Alcohol/Drugs
○ Injury to Child
○ Injury to Other Persons
○ Injury to Pet/Animal
○ Interference with Phone
○ Intimidation/Coercion
● Kicking
○ Punching
○ Pushing
○ Sexual Assault
○ Shooting
○ Slapping
○ Slamming Body
○ Stabbing
○ Strangulation/"Choking"
○ Suicide or Attempt
● Threw Items
○ Unwanted Contact
○ Verbal Abuse
○ Violated Visitation/Custody Conditions
○ OTHER Suspect Actions:

○ Threats: (specify)
○ Injure/Kill Person(s)
● Injure/Kill Self
○ Injure/Kill Pet/Animal
○ Take Child
○ Destroy/Take Property
○ Other:

○ Threat with weapon
○ Weapons used: (specify)
○ Blunt Object
○ Gun
○ Motor Vehicle
○ Sharp Instrument
○ Other:

ARREST

Arrest Made? ○ Yes ● No | Arrest #:

Reasons arrest not made on-scene: ○ No Offense Committed ○ No Probable Cause ○ Suspect Off-Scene ○ Warrant/Criminal Summons to be requested ● Violation level, not in police presence (no citizen arrest) ○ Other:

OFFENSES & OP

	Offenses	Law (e.g. PL)	Section (Sub)	Charges Filed
1.	HARA 3rd DEGREE	PL	240.26	○
2.				○
3.				○

Offenses Involved: (check all that apply) ○ Felony ○ Misdemeanor ○ Violation ○ Other (Specify):

Registry Checked? ○ Yes ● No
Order of Protection? ○ Yes ● No
Stay Away Order? ○ Yes ● No
Order Violated? ○ Yes ● No
Any PRIOR orders? ○ Yes ● No

OP Court Name: ○ Family ○ Criminal ○ Supreme ○ Out of State ○ Tribal

Expiration Date: Month | Day | Year

STOP! ********** COMPLETE STATEMENT ON PAGE 2 NEXT **********

Photos Taken? ○ Yes ○ No (IF YES, photos taken of: ○ Scene ○ Damaged Property ○ Victim Injuries ○ Suspect Injuries ○ Other: _____)

Other evidence collected? ○ Yes ○ No (IF YES, describe)

Results of investigation and basis of action taken (Were excited utterances, spontaneous admissions or spontaneous statements made? ○ Yes ○ No (Complete 710.30 or other form when applicable).

ON THE ABOVE DATE AND TIME (P1) REPORTS (P2) DID TURN OVER A SOFA CHAIR WHILE (P1) WAS SEATED IN SAID CHAIR CAUSING (P1)'S LEFT SHOULDER. (P1) STATES AFTER OVERTURNING SAID CHAIR (P2) TOOK OFF HIS SHOE, THREW IT AT (P1)'S FACE THEN KICKED (P1) IN THE FACE WHILE SHE WAS DOWN. MINOR SWELLING OBSERVED TO (P1)'S LIP. (P1) REFUSED MEDICAL ATTENTION. (P1) STATES SHE IS FEARFUL AND WISHES TO PURSUE INCIDENT. (P1) STATES SHE WILL RESPOND TO ST.P.D HQ TO SIGN COMPLAINT. X [signature]

OTHER AGENCIES involved with the parties or incident (e.g. advocates, hospital, probation):

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ○ Yes ● No (IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522)

○ Guns in House ○ Guns Seized ○ Has Permit ○ Permit Seized Issuing County:
Permit #(s): _____ Name on Permit(s): _____

CONTACTS INITIATED BY POLICE: ○ Adult Protective Services ○ Child Protective Services (or ACS) ○ Domestic Violence Services ○ Firearms Licensing ○ Mental Health ○ Parole ○ Probation ○ Rape Crisis ○ Other Agency: _____ Date _____ Who was notified? _____ Notified by (initial): _____

Officer's Signature (& Rank) [signature] (PRINT and SIGN) | ID: 244 | Month 7 | Day 19 | Year 10

Supervisor's Signature (& Rank) [signature] (PRINT and SIGN) | Month 7 | Day 20 | Year 10

○ Was DIR given to the victim at the scene? ● Yes ○ No
○ Was Victim Rights Notice given to victim? ● Yes ○ No
IF NO, give reason:

Rec'd

POLICE COPY (Please make ...)

PAGE 01

[redacted]

ORI	Sprint # (NYC)	Incident #	Precinct # (NYC TV)	Added # (NYC)	Complaint #
05158					10-17615

Page 2 of the NYS Domestic Incident Report:
STATEMENT OF ALLEGATIONS / SUPPORTING DEPOSITION

Suspect Name (Last, First, M.I.): LOMAN, MICHAEL (DOB) 4/25/60

I, KATHRYN MAJOR (victim/deponent name), state that on 7/19/10 (date) at 2:00pm
Yo, _____ (nombre de victima/deponente), declaro que en tal fecha ___/___/___ en _____

(location of incident), in the County/City/Town/Village of _____, of the state of New York, the following did occur:
(donde el incidente ocurrio), el condado/ciudad/aldea/pueblo de _____, del estado de Nueva York, lo siguiente occurio:

ON JULY 19, 2010 AT ABOUT 2:00PM MY FIANCE MICHAEL LOMAN CAME HOME WHILE I WAS SLEEPING IN A SOFA CHAIR. HE WOKE ME UP YELLING "WHY DIDN'T YOU PICK UP YOUR CELL PHONE YOU STUPID CUNT!" HE THEN TURNED OVER THE CHAIR WHILE I WAS STILL IN IT, TOSSING ME TO THE FLOOR. I CRAWLED TO THE OTHER SIDE OF THE ROOM TO GET AWAY FROM HIM. HE WALKED OVER TO ME, TOOK MY SHOE (JD) (MS) (SD) OFF AND KICKED ME IN MY FACE WHILE I WAS ON THE GROUND. HE STOOD OVER ME AND SAID "I'm going TO GO BACK TO JAIL CAUSE OF YOU, CAUSE I WILL KILL YOU." (HE) (SD) HE SAID ALL OF THIS TO ME CAUSE HE IS AFRAID I'm GOING TO LEAVE HIM. I AM VERY AFRAID OF HIM. I GIVE THIS STATEMENT TO P.O. J. DARCE #244/4 OF THE SOUTHAMPTON TOWN POLICE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS FREELY GIVEN.

KM

(Use additional pages as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.
Declaraciones falsas hechas aqui son castigables como una clase de delito menor, de acuerdo con la seccion 210.45 de la ley penal.

X _____ 7/19/10
Victim/Deponent Signature **Date**
Firma de victima/deponente **Fecha**

_____
Interpreter **Date**

_____ 7/19/10
Witness or Officer **Date**
D'ARCE 244

Note:
Whether or not this form is signed, this DIR form will be filed with law enforcement.

Nota:
Si esta forma esta firmada, o no, esta DIR forma sera registrada con la policia.

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