

Agency: B	Incident #	Complaint #
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Prior History
 Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
 No prior report.

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____.

Has Suspect ever:	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No
 If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:
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Signatures:
 Reporting Officer (Print and Sign include Rank and ID#): PO [Signature] 939146
 Supervisor (Print and Sign include Rank and ID#):

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)
 Zackary David Hal

I ~~Zackary David Hal~~ (Victim/Deponent Name) state that on 01 / 5 / 20, (Date)
 at 109 E 9th Street APT 2C, New York, NY (Location of incident) in the County/City/Town/Village
 of the State of New York, the following did occur:

My neighbor is stalking me. I've ask Zack to stop contacting me, @ I blocked his number and he still is knocking on my door and putting notes under my door.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature: Judy Sabin	Date: 01-9-20	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page: 2
Witness or Officer Signature:	Date: 1/9/20		Of: 2
Interpreter Signature and Interpreter Service Provider Name	Date:		

Incident	Agency: NYPD	A	New York State DOMESTIC INCIDENT REPORT				Incident #
	Reported Date (MM/DD/YYYY) 1/1/20	Time (24 hours) 1835	Occurred Date (MM/DD/YYYY) 1/1/20	Time (24 hours) 2100	<input type="checkbox"/> Officer Initiated	<input type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in
Address (Street No., Street Name, Bldg. No., Apt No.) 109 E 9 St unit 3C					City, State, Zip NY NY		
Complaint #							

Suspect (P2)	Name (Last, First, M.I.) (Include Aliases) Hall Zackary		DOB (MM/DD/YYYY) 2/17/82	Age: 37	<input type="checkbox"/> Female <input type="checkbox"/> Male
	Address (Street No., Street Name, Bldg. No., Apt No.) 109 E 9 St 4D		Suspect Phone Number: 646 416 2167		Language: English
	City, State, Zip NY NY		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown
	<input type="checkbox"/> American Indian <input type="checkbox"/> Other		Other Identifier:		
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner					Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:					

Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: Calm	
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?	
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:	Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Other Describe:
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation	
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing	
Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		

Suspect	What did the SUSPECT say (Before and After Arrest):	
	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Incident Narrative	Briefly describe the circumstances of this incident: At 11:10 PM states P2 she did tell P2 to stop texting her, but states P2 text her from a different number and states he did leave a note under her door. P1 states P2 is annoying her but P1 did block P2's phone number.	
	1. Unemployed.	
	2. No vehicle.	
	3. Vaselka, NYC Library	
4. Social - None.		
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away		

Evid	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos	Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Other:	<input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:	If yes, Describe:	
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Offense 1	Law (e.g. PL)
	<input type="checkbox"/> No	If no, explain: violation	Offense 2	Law (e.g. PL)

