

COMPLAINT - FOLLOW UP INFORMATION FD 313-081A (Rev. 4-89-31)		Crime Sex Abuse/Abduction		Pct 010	OCCH No.	PAGE 65179	OF 14				
Date of Dep. Report 9/15/04	Date Assigned 09/16/04	Case No. 973	Unit Reporting MSVS			Date of this Report 09/21/04	PERP 1				
Complainant's Name - Last, First, M.I. F/KTD				Victim's Name - If Different							
Witness -	Last Name, First, M.I.		Address, Include City, State, Zip				Appt. No PERP 1				
	Home Telephone	Business Telephone	Position / Relationship		Sex	Race	Date of Birth				
Total No. of Arrests	Wanted	Arrested	Weapon <input type="checkbox"/> Used <input type="checkbox"/> Possessed	Describe Weapon (If firearm, give color, make, caliber, type, model, etc.)				Age			
Wanted	Arrested	Last Name, First, M.I.	Address, Include City, State, Zip				Appt. No	Res. Pct.			
Sex	Race	Date of Birth	Age	Height Ft. In.	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No	
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")									
Nickname, First Name, Alias											
2	Wanted	Arrested	Last Name, First, M.I.	Address, Include City, State, Zip				Appt. No	Res. Pct.		
Perp. No. 1	Sex	Race	Date of Birth	Age	Height Ft. In.	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")									
Nickname, First Name, Alias											
3	AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."										
4	Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/> <input type="checkbox"/>					
5	Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/> <input type="checkbox"/>					
6	Canvas Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results			Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained					
7	Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:									
8	Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:									
9	Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)			Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)					
10	If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted										
11	DETAILS: Investigation: Sex Abuse Abduction 10 Pct Subject: Cell phone owner contact/interview										
12	1. The u/s contacted recovered cell phone registered owner Mrs Erilly Carpenter [REDACTED] Mrs Carpenter said the cell phone belongs to her niece, Norissa Wharton who was asked to call back MSVS regarding the recovered cell phone. The u/s was later contacted by Mrs Norissa Wharton [REDACTED]. Mrs Wharton said this was her cell phone which was taken from her by a male in NJ after she was sexually abused by the male. Mrs Wharton described the male as a male white/hispanic 20's, 5-6" 170 lbs, no facial hair, Blue eyes driving a black nissan maxima with dull paint 4D/sd with emblem on hood. The sexual assault was never reported by the victim in NJ. Mrs Wharton was instructed she could pick up her phone after the ADA releases it back to her and she could view a photo array at MSVS. Mrs Wharton said she may be coming to NYC soon and would contact me when she would be arriving.										
13	2. Case active.										
14	10/25/04										
15	IF ACTIVE, DATE OF NEXT REVIEW 10/21/04 10/16/04										
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17	CHOICE 1										
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JW UP

91-31	Crime	Pct.	OCCB No.	Complaint No.	Date of This Report	PAGE	
Sex Abuse Att Abduction 010			65179		10/05/04		14
Signed 16/04	Case No. 973	Unit Reporting MSVS	Follow-Up No.			PERP 1	
A.M.I.			Victim's Name - If Different			19	

Home Telephone	Business Telephone	Address, Include City, State, Zip	Apt. No	PERP 1		
Wanted Arrested		Weapon	Position / Relationship	Sex Race Date of Birth	Age	PERP 2
<input type="checkbox"/> Used <input type="checkbox"/> Possessed		Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)				15

Wanted Arrested	Last Name, First, M.I.	Address, Include City, State, Zip				Apt. No	Res. Pct.					
Sex Race	Date of Birth	Age	Height	FL.	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.	16	
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses Nickname, First Name, Alias		Clothing Description, Scars, Marks, M.O., Etc.									CHOICE 1 CHOICE 2	
<input type="checkbox"/> Used <input type="checkbox"/> Possessed		(Continue in "Details")										17

Wanted Arrested	Last Name, First, M.I.	Address, Include City, State, Zip				Apt. No	Res. Pct.					
Sex Race	Date of Birth	Age	Height	FL.	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.	18	
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses Nickname, First Name, Alias		Clothing Description, Scars, Marks, M.O., Etc.									CHOICE 1 CHOICE 2	
<input type="checkbox"/> Used <input type="checkbox"/> Possessed		(Continue in "Details")										19

AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."

Co-Sub. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/> <input type="checkbox"/>	By Phone <input type="checkbox"/> <input type="checkbox"/>	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)				CHOICE 1 CHOICE 2
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/> <input type="checkbox"/>	By Phone <input type="checkbox"/> <input type="checkbox"/>	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)				CHOICE 1 CHOICE 2

Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results			Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained				20
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Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:									21
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:									22

Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)			Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)				23	
II Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence/Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted										24

DETAILS:
 Investigation: Sex Abuse/Att Abduction 10 Pct.
 Subject: NJ Witness contact

1. The u/s contacted NJ witness Norissa Wharton regarding her viewing a photo array at MSVS on 10/09/04. Mrs Wharton said she would be present at MSVS as planned. I gave Mrs Wharton directions to MSVS and advised her to call me when she arrives in NYC.
 2. Case active.

CASE		DATE REVIEWED/CLOSED		IF ACTIVE, DATE OF NEXT REVIEW		
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED						
REPORTING OFFICER:	RANK	SIGNATURE	NAME PRINTED		TAX REG. NO.	COMMAND
REVIEWING / CLOSING SUPERVISOR:	Det		Artuoso 831		913279	MSVS
CASE CLOSED: C OR B		ENTER DESIGNATION	SIGNATURE	C.O.'s INITIALS		

FOLLOW UP

4-89-31

USE COMPLAINT FOLLOW-UP (FORM 481) TO REPORT THE PRECEDING RECOVERED PROPERTY, ADDITIONAL STOLEN PROPERTY

PAGE

OF

PAGE

Date Assigned 10/04	Case No. 973	CrimeType Sex Abuse- Att Abduction	Pct. 010	OCCB No.	Complaint No. 65179	Date of This Report 10/09/04	Follow-Up No. 22
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F/KTD

Last Name, First, M.I.

MSVS

Victim's Name - If Different

Phone No. Home Telephone	Business Telephone	Address, Include City, State, Zip	Ap. No	PER							
Stat. No. of Perpetrators	Wanted	Arrested	Weapon	Position / Relationship	Sex	Race	Date of Birth	Age	PER		
<input type="checkbox"/> Used <input type="checkbox"/> Possessed					Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)						
<input type="checkbox"/> Arrested <input type="checkbox"/> Last Name, First, M.I.					Address, Include City, State, Zip					Apt. No	Res. Pct.

Perp. No. 1	Sex	Race	Date of Birth	Age	Height	Fl.	In.	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses Nickname, First Name, Alias Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")													
<input type="checkbox"/> Arrested <input type="checkbox"/> Last Name, First, M.I.													

Perp. No. 2	Sex	Race	Date of Birth	Age	Height	Fl.	In.	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses Nickname, First Name, Alias Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")													

AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."

Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)		
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)		

Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results			Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained		
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Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:			Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)		
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results:						

Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)			Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)		
If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted							

DETAILS:

Investigation: Sex Abuse-Att Abduction v/o 10 Pct
 Subject: Photo Array- cell phone owner NJ

1. The u/s was present with Norissa Wharton of recovered cell phone #302-293-3422 to have Mrs Wharton view a photo array with possible subject Dean Crawford. Mrs Wharton did view the array and picked photo # 3 subject Dean Crawford (see attached).
2. I asked Mrs Wharton to look over the cell phone numbers obtained by TARU and to see if they were numbers she was suing on her phone. Mrs Wharton said there were no strange or unused numbers on the listing.
3. The u/s returned Mrs Wharton's SIM card for her recovered cell phone after conferring with assigned ADA Ferarri. No further.
4. Case active.

USE ACTIVE CLOSED	DATE REVIEWED/CLOSED	IF ACTIVE, DATE OF NEXT REVIEW		
PORTING FICER:	RANK Det	SIGNATURE <i>R. H.</i>	NAME PRINTED Arbush 831	TAX REG. NO. 913279
VIEWING/CLOSING PERVISOR:	CASE CLOSED: C	ENTER DESIGNATION OR B	SIGNATURE	COMMAND MSVS C.O.'S INITIALS

INT - FOLLOW UP

TIONAL
1A (Rev 4-89-31)

Crime	Pct.	OCCB No.	Complaint No.	Date of This Report	PAGE
Sex Abuse- Att Abduction		010	65179	10/16/04	14
Date Assigned	Case No.	Unit Reporting	Follow-Up No.		PERP 1
09/16/04	973	MSVS	26		PERP 2

Last, First, M.I.

Victim's Name - If Different

F/KTD

Last, First, M.I.

Address, Include City, State, Zip

Apt. No.

Home Telephone

Business Telephone

Position / Relationship

Sex

Race

Date of Birth

Age

PERP 2

Wanted

Arrested

Weapon

Describe Weapon (If firearm, give color, make, caliber, type, model, etc.)

 Used Possessed

Arrested

Last Name, First, M.I.

Address, Include City, State, Zip

Apt. No.

Res. Pct.

Sex

Date of Birth

Age

Height

Ft.

In

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

NYSID No.

 Eyeglasses Sunglasses

Clothing Description,

Scars, Marks, M.O., Etc.

(Continue in "Details")

Wanted

Arrested

Last Name, First, M.I.

Address, Include City, State, Zip

Apt. No.

Res. Pct.

Sex

Date of Birth

Age

Height

Ft.

In

Weight

Eye Color

Hair Color

Hair Length

Facial Hair

NYSID No.

 Eyeglasses Sunglasses

Clothing Description,

Scars, Marks, M.O., Etc.

(Continue in "Details")

AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."

Comp. Interviewed In Person By Phone Date Time Results: Same as Comp. Report - Different (Explain in Details)

 Yes No

Witness Interviewed In Person By Phone Date Time Results: Same as Comp. Report - Different (Explain in Details)

 Yes No

Canvas Conducted If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results Crime Scene Visited If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained

 Yes No

Complainant Viewed Photos Results:

 Yes Refused Future

Witness Viewed Photos Results:

 Yes Refused Future

Crime Scene Dusted By (Enter Results in Details) Crime Scene Photos By (Enter Results in Details)

 Yes No

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:

 C-1 Improper Referral C-2 Inaccurate Facts C-3 No Evidence / Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted

DETAILS:

Investigation: Sex Abuse attempt Abduction
Subject: Arrest report information (x3)

1. The u/s received arrest information for possible subject Dean Crawford NYSID# 1346781L. Subject Crawford was arrested on 04/26/04 with 2 others for Criminal Possession Marijuana. Subject contact information also received.

2. Subject Dean Crawford information along with codefendants Jessica Lyons NYSID# 2413172N and Silverio Lebron NYSID# 1889955J was received with arrest paperwork. No further information.

3. Case active.

PERP 2

10

CHOICE 1

CHOICE 2

CASE DATE REVIEWED / CLOSED IF ACTIVE, DATE OF NEXT REVIEW

ACTIVE

 CLOSED

REPORTING

OFFICER:

REVIEWING / CLOSING

SUPERVISOR:

CASE

ENTER DESIGNATION

CLOSED:

C

OR B

RANK

Det

Signature

Arbuiso

831

TAX REG. NO.

913279

COMMAND

MSVS

C.O.'s INITIALS

Choice 1

Choice 2

Parp 1

Parp 2

Parp 1

Parp 2