

INITIAL ARREST ON		OMPLA	OVERD PROPERTY, ADDITIONAL STOLEN PROPERTY		
SE COMPLAINT F.		W-UP (PO)	11 TO REPORT THE PRECEDING		
			PAGE	OF	PAGE
on	Per	OCCH No.	Complaint No	Date of This Report	
	010		65179	09/17/04	
			Follow-Up No		
SVS			2		
Victim's Name - If Different					
Address, Include City, State, Zip					
Apt. No					
Position / Relationship		Sex	Race	Date of Birth	Age
the weapon(s) I/We used, date, color, make, caliber, type, model, etc.)					

Total No. of Perpetrators	Wanted		Arrested		We Jon	Describe Weapon (if present, give color, make, capacity, type, model, etc.)								
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Wanted	Arrested		Last Name, First, M.I.		Address, Include City, State, Zip						Apt. No	Res. Pct.		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NYSID No.	
Part No. 1	Sex	Race	Date of Birth		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair			
					R.	In.								
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description,												
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.												
(Continue on "Details"):														
Part No. 2	Wanted		Arrested		Last Name, First, M.I.		Address, Include City, State, Zip						Apt. No	Res. Pct.
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NYSID No.	
Part No. 2	Sex	Race	Date of Birth		Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair			
					R.	In.								
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description,												
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.												
(Continue on "Details"):														

AREA WITHIN BOX FOR D:
FULLY COMPLETED WHEN
SERVING THIS FORM.

INVESTIGATOR FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST
BE FILLED IN IF POSSIBLE.

IS THIS FORM TO CLOSE A CASE "NO RESULTS."

2. The c/v stated on 9/15/04 at about 0555 hrs after taking the train to work she was walking down 28 street towards her job. I saw a male white about 18-20 leaning on a fence talking on a cell phone. I passed the male and he grabbed my behind. I stopped and asked him what happened? I said "Excuse Me" he was saying something I dont know what. I asked again "What did you do?" He wanted to show me something on his cell phone, I dont know what. He grabbed my neck pulling me closer to him. He said "Get In his car" and was pushing me in the front passenger door. I screamed "Help-Help" there was no one there. He tried to cover my mouth and punched me in the face a lot. He opened the car back door and tried to get me in there. He picked up my bag. I think I blacked out a little, I was dizzy it took me a while to get my stuff togeather. I had his cell phone and went to my job. The police came later with the ambulance. End of Statement.

3. The c/v was taken on a canvas of the area to get the exact area of the incident. There were possible video cameras located for possible viewing. The c/v was taken to the 010 Pct PDU for Photo Manager viewing. The c/v viewed M/W-H 18-25, Blue eyes in the Manhattan, Bronx, Brooklyn, Queens and Staten Island Pcts. 1-Possible photo was located M/W-19. Arrest# M04636181 Dean Crawford M/W/19.

4. Case active.

CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED / CLASSED <i>10/15/04</i>	IF ACTIVE, DATE OF NEXT REVIEW <i>10/15/04 10/17/04</i>		
REPORTING	RANK	SIGNATURE <i>[Signature]</i>	NAME PRINTED <i>Abubus - 1831</i>	ITAX REG. NO <i>913279</i>	COMMAND <i>MSVS</i>

New York City Police Department
OmniForm System - Complaints

Report Cmd: 010	Jurisdiction: N.Y. POLICE DEPT	Record Status: Ready for Signoff, No Arrest	Complaint # 2004-010-651
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Occurrence Location: FRONT OF 360 WEST 28 STREET

Name Of Premise:
 Premises Type: STREET
 Location Within Premise: PUBLIC SIDEWALK
 Visible By Patrol?: YES

Precinct: 010
 Sector: B
 Beat:
 Post: PP

Occurrence From: 2004-09-15 05:55 WEDNESDAY

Occurrence Thru:

Reported: 2004-09-15 06:16

Complaint Received: RADIO

Aided #: 0000
 Accident #
 O.C.C.B. #

Classification: ASSAULT

Attempted/Completed: ATTEMPTED
 Most Serious Offense Is: FELONY
 PD Code: 109 ASSAULT 2,1,UNCLASSIFIED
 PL Section: 12006
 Keycode: 106 ASSAULT-FELONIOUS

Case Status: OPEN

Unit Referred To: P.D.U.
 Clearance Code:
 Log/Case #: 0
 File #: 6
 Prints Requested? NO

Was The Victim's Personal Information Taken Or Possessed?
NOWas The Victim's Personal Information Used To Commit A Crime?
NOGang-Related?
NO

Gang Intel Log #:

Name Of Gang:

DIR Required?
NOChild Abuse Sus
NOIf Burglary:

Forced Entry?

Structure:

Entry Method:

Entry Location:

Alarm:

Bypassed?

Comp Responded?:

Company Name/Phone:

Crime Prevention
Survey Requested?:Arson:

Structure:

Occupied?:

Damage by:

Supervisor On Scene - Rank / Name / Command :
SGT BRENNAN 010Canvas Conducted:
YES

Interpreter(if used):

NARRATIVE:

AT TPO-CV STATES SHE WAS WALKING TO WORK WHEN SHE PASSED BY THE SUSPECT TALKING ON HIS CELLPHONE AS CV PASSED BY THE SUSPECT THE PERP GRABS CV'S REAR-END. CV TURNS AROUND AND SAYS TO PERP "WHY DID YOU DO THAT?" PERP THEN PUNCHES CV IN FACE NUMEROUS TIMES AND TRIED TO PUSH HER INTO HIS VEH. CV RESISTED AND PERP AGAIN PUNCHED CV IN FACE AND TRIED TO PUSH HER INTO THE REAR OF THE VEH. AT NO TIME WAS THE CV INSIDE OF THE PERP'S VEH. CV WAS THROWN TO THE GROUND BY THE PERP AND THE PERP FLED EASTBOUND IN HIS VEH. DET. DILLIN OF NIGHT WATCH NOTIFIED AND RESPONDING. ECT ON SCENE RUN#Q85. CRIME SCENE NOTIFIED. 10 PCT. C.O. ON SCENE. CV SUSTAINED BROKEN JAW AND CHEEK BONE.

Total Victims: 1	Total Witnesses: 0	Total Reporters: 1	Total Want: 1
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VICTIM: # 1 of 1

Name:
TAKAHASHI,HIROMIComplaint#:
2004-010-65179

Nick/AKA/Maiden:
 SexType: FEMALE

Gang Affiliation: NO
 Name:

FBO1-2261

(50)

Age: [REDACTED]
 Date Of Birth: [REDACTED]
 Disabled? NO
 Need Interpreter: NO
 Language: [REDACTED]
 N.Y.C.H.A. Resident? NO

Identifiers:

Will View Photo: YES
 Will Prosecute: YES
 Notified Of Crime
 Victim Comp. Law:

LOCATION: ADDRESS CITY STATE/COUNTRY ZIP APT/ROOM
 HOME-PERMANENT [REDACTED]

Phone #: HOME [REDACTED]

Action against Victim: Actions Of Victim Prior To Incident:
 WALKING DOWN STREET

Victim Of Similar Incident:
 NO If Yes, When And Where

REPORTER: # 1 of 1

Name: TAKAHASHI, HIROMI

Complaint #: 2004-010-65179

Nick/AKA/Maiden:
 Sex/Type: FEMALE
 Race: ASIAN/PAC.ISL
 Age: [REDACTED]
 Date Of Birth: [REDACTED]
 Need Interpreter: NO
 Language: [REDACTED]

Gang Affiliation: NO
 Name:
 Identifiers:

Relationship To Victim: NONE

Location: Address CITY State/Country Zip APT/Room
 HOME-PERMANENT [REDACTED]

Phone #: HOME [REDACTED]

WANTED: # 1 of 1

Name: UNKNOWN, UNKNOWN

Complaint #: 2004-010-65179

Nick/AKA/Maiden: Height: 5FT0IN [REDACTED]
 Sex: MALE Weight: 0
 Race: WHITE Eye Color:
 Age: Hair Color:
 Date Of Birth: Hair Length:
 U.S. Citizen: Hair Style: UNKNOWN
 Place Of Birth: Skin Tone: LIGHT
 Need Interpreter: NO Complexion: UNKNOWN
 Language:
 Accent: NO S.S. #: 0

Order Of Protection:
 Issuing Court:
 Docket #: [REDACTED]
 Expiration Date:
 Relation to Victim: STRANGER
 Living together: NO
 Can be Identified: YES

Gang Affiliation: NO
 Name:
 Identifiers:

LOCATION ADDRESS CITY STATE/COUNTRY ZIP APT/ROOM HOW LONG? RES. PCT

Phone #: [REDACTED]

N.Y.C.H.A. Resident: N.Y.C. Housing Employee: On Duty:
 Development: N.Y.C. Transit Employee:

Physical Force: USED Make:
 Weapon: NONE Caliber:
 Other: Color:
 Gun: Type:
 Discharged: NO

Used Transit System:
 Station Entered:
 Time Entered:
 Metro Card Type:
 Metro Card Used/Posses:
 Card #: [REDACTED]

CRIME DATA

DETAILS

FBI 4-2261

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METHOD OF FLIGHT	CAR
MODUS OPERANDI	PUNCHED GW IN FACE
ACTIONS TOWARD VICTIM UNK	
CLOTHING	OUTERWEAR - SWEAT SHIRT OR JOGGING JACKET - BLACK
CLOTHING	HEADGEAR - UNK - UNKNOWN COLOR
CLOTHING	FOOTWEAR - UNK - UNKNOWN COLOR
CLOTHING	ACCESSORIES - UNKNOWN COLOR
CHARACTERISTICS	UNKNOWN
BODY MARKS	-UNKNOWN
BODY MARKS	-UNKNOWN
IMPERSONATION	UNKNOWN

EVIDENCE:

Complaint # 2004-010-65179

Evidence Collected?:
YESEvidence Collection Team/Crime Scene Requested?:
YES

<u>Evidence</u>	<u>Invoice #</u>
POSSIBLE PERP'S CELLPHONE	9999
BLOOD SAMPLES	9999

NOTIFICATIONS / ADDITIONAL COPIES:

Complaint # 2004-010-65179

Notifications to:			
Rank/Title Name	Unit/Agency	Log #	
PO	STREICHER ECT		
PO	DONOHUE ECT		
PO	HSU ECT		
PO	DILLIN NIGHTWATCH		
DET	CLEMONS CRIME SCENE		

DID COMPLAINANT SIGN REPORT?

Reporting/Investigating B.O.S. Name: POM WALTER BUTLER	Tax #:	Command: 018 PCT	Rep. Agency: NYPD
Supervisor Approving Name: SGT JOHN BRENNAN	Tax #:	Command: 010 PCT	Rep. Agency: NYPD
Complainant Report Entered By: POM SCHAEFER	Tax #:	Command: PB PA	Rep. Agency: NYPD



**END OF COMPLAINT REPORT
2004-010-65179**

[Print this Report](#)



FB04-2261

http://omniform1:8888/cgi-bin/ibi_cgi/ibiweb.exe?IBIF_ex=PRNTCOMP&UF61_YEAR... 09/18/2004