

Agency <b>NYPD</b>		ORI <b>NY</b>		New York State <b>DOMESTIC INCIDENT REPORT (PRINT UPPER CASE)</b>		SPRINT No. (NYPD) <b>u-19</b>		Incident Report No.		Pct. of Report <b>114</b>	
Date of Report <b>12, 13, 00</b>	Time of Report <b>1615</b>	Date of Occur <b>12, 12, 00</b>	Time of Occur <b>1600</b>	Address of Occurrence <b>28-15 34 St</b>				Apt. No. <b>4H</b>	Sector	Beat	
Compl./Victim's Last Name, First, M.I. <b>SHIPILOVA, ALINA</b>				Address <b>28-15 34 St Astoria</b>				Sex <b>F</b>			
Date of Birth <b>11, 10, 75</b>	Age <b>25</b>	Home Telephone <b>(212) 274-4902</b>	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				+			
Suspect/Other Party Last Name, First, M.I. <b>Hollander, Roy</b>				Address <b>545 E. 14 St Manhattan #10D</b>				Sex <b>M</b>			
Date of Birth <b>10, 26, 47</b>	Age <b>53</b>	Home Telephone <b>(212) 995-5201</b>	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown							
Suspect Relationship to the Complainant/Victim <b>Husband</b>		Suspect Present? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Offense/Incident Involved: <input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd <input type="checkbox"/> Viol <input type="checkbox"/> Other		Description (Offenses) <b>Agg Harassment</b>					
Order of Protection? Violated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Issuing Court	OP Registry Checked? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Expir. Date	Complaint Report Prepared? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Compl. No.	Report Received <input checked="" type="checkbox"/> Walk-in <input type="checkbox"/> Radio Run					
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Victim Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Describe		Aided No.	Removed to Hospital? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		What Hospital?		
Photos Taken? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Arrest Made? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Non Arrest Reason <input type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input checked="" type="checkbox"/> Other				If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Charge(s) (List All) <b>Aggravated Harassment</b>						Arrest No.					
Family/Household Members Present? If YES, Last Name, First <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Date of Birth	Relationship						
Domestic Incident Report Receipt Issued? If NO, Reason: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DV Notice Issued to Victim <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Date <b>12, 13, 00</b>					
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input checked="" type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other:											
Narrative of the Incident: (include results of investigation and basis for action taken) <b>AT 7/10/00 cv states that her husband did call her on the telephone and stated that if she did not pay him \$20,000 dollars that he would have her deported back to Russia. cv states that perps actions did cause her annoyance and alarm. cv does not want to press charges at this time</b>											
Victim's Statement of Allegations: <b>My husband (Roy Den Hollander) push to me give to him 20,000 \$ and he threaten me - if I don't pay this money, he will send me back in Russia.</b>											
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.						Victim's Signature <i>[Signature]</i>		Date <b>12, 13, 00</b>			
Other involved Agency(s)											
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Any Guns In The House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Any Guns Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.				Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Permit Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency				Name of Person Notified:		Date: _____ Time: _____ Notified By: _____					
Reporting Officer's Signature (Include Rank) <i>[Signature]</i>				Officer I.D. No. <b>918752</b>		Date <b>12, 13, 00</b>		Page of <b>1</b>			
Supervisor's Signature (Include Rank) <i>[Signature]</i>				Date <b>12, 13, 00</b>		Pages <b>1</b>					

Agency <b>NYPD</b>		ORI <b>NY</b>		New York State <b>DOMESTIC INCIDENT REPORT</b> (PRINT UPPER CASE)		SPRINT No. (NYPD) <b>WA 1N</b>		Incident Report No.		Pct. of Report <b>114</b>	
Date of Report <b>06 27 01</b>	Time of Report <b>2000</b>	Date of Occur <b>06 09 01</b>	Time of Occur <b>2100</b>	Address of Occurrence <b>28-15 34<sup>ST</sup> ASTORIA N.Y. 1103</b>				Apt. No. <b>4H</b>	Sector	Beat	
Compl./Victim's Last Name, First, M.I. <b>SHPIKINA ALINA A</b>				Address <b>28-15 34<sup>ST</sup> ASTORIA N.Y. 1103</b>				Sex <b>F</b>			
Date of Birth <b>11 10 75</b>	Age <b>25</b>	Home Telephone <b>(718) 274-4902</b>	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown						<b>+</b>	
Suspect/Other Party Last Name, First, M.I. <b>HOLLANDER ROY DEN</b>				Address <b>545 EAST 14 ST. N.Y. N.Y. 10009</b>				Sex <b>M</b>			
Date of Birth <b>09 26 47</b>	Age <b>53</b>	Home Telephone <b>(212) 995-5301</b>	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown							
Suspect Relationship to the Complainant/Victim <b>HUSBAND</b>			Suspect Present? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input type="checkbox"/> Other		Description (Offenses) <b>AGGRAV. HARRASSMENT</b>				
Order of Protection? Violated? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Issuing Court <b>Family Court</b>	OP Registry Checked <input type="checkbox"/> YES <input type="checkbox"/> NO	Expir. Date <b>07 31 01</b>	Complaint Report Prepared? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Compl. No.	Report Received <input checked="" type="checkbox"/> Walk-in <input type="checkbox"/> Radio Run					
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Victim Injured? Describe <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Aided No.		Removed to Hospital? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		What Hospital?			
Photos Taken? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Arrest Made? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Non Arrest Reason <input type="checkbox"/> No Offense Committed <input checked="" type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other				If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Charge(s) (List All) <b>Agg. HARRASSMENT</b>						Arrest No.					
Family/Household Members Present? If YES, Last Name, First <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						Date of Birth		Relationship			
Domestic Incident Report Receipt Issued? If NO, Reason: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						DV Notice Issued to Victim <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Date <b>06 27 01</b>			
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input checked="" type="checkbox"/> Other:											
Narrative of the Incident: (include results of investigation and basis for action taken) <b>AT T/P/O O/V STATES ABOVE PERP DID VIOL. A VALID ORDER OF PROTECTION BY STEALING HER DIARY AND POSTING IT ON THE INTERNET ALONG WITH NUDE PHOTOS OF C/V IN AN ATTEMPT TO ANNOY &amp; ALARM C/V</b>											
Victim's Statement of Allegations: <b>Моя сестра - Рой Ден Холландер украл мою записку и нанес мне с серьезными последствиями, повторном мое государство и оккупацию моего кля, и я не могу найти работу, и я работаю в магазине 100000\$. Я хочу ее дать, так как она является моей единственной радостью, а также моя государственная аптека и медицинская. Я не хотела, чтобы она была в руках этого человека, поэтому я не хотела, чтобы она была в руках этого человека, поэтому я не хотела, чтобы она была в руках этого человека.</b>											
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.						Victim's Signature <i>[Signature]</i>		Date <b>6 27 01</b>			
Other involved Agency(s)											
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Any Guns In The House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Any Guns Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Permit Seized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.				Name		Issuing County					
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency				Name of Person Notified:							
Reporting Officer's Signature (Include Rank) <b>PO [Signature]</b>				Date:		Time:		Notified By:			
Supervisor's Signature (Include Rank)				Date		Officer I.D. No. <b>925892</b>		Date <b>6 27 01</b>		Page of <b>1</b>	
										Pages	