

ORIGINAL

MEMORANDUM OF COMPLAINT-YONKERS POLICE DEPARTMENT

DEPARTMENT

U.P. 36

PLACE OF OCCURRENCE

Apt no.

SERIAL NUMBER

4349 ✓

Address

NATURE OF COMPLAINT

LARCENY FROM AUTO

TIME

8:35

A.M. P.M.

DATE

1/24/76

COMPLAINANT - LAST NAME

FIRST

MI

TELEPHONE NO.

CARR

WHEAT

COMPLAINANT - ADDRESS

Same

COMPLAINT RECEIVED AT:

H.C.D.  D.D.  PCT.  T.D.

COMPLAINT RECEIVED VIA:

PHONE  VERBAL  LETTER  PATROL

NOTIFICATIONS

H.C.D.  D.D.  C.O.  PCT.  T.D.  OTHER

OFFICERS ASSIGNED

R.M.P.

PCT.

SECTOR

POST

A. J. Sarno J. Gysel

255

N

10A

ALARM NUMBER

TIME

A.M. P.M.

DET. DIV. NO.

443-D

ARREST

PROPERTY LOSS

RECOVERY

CODE

CLEARED

YES  NO

\$ 422 ✓

\$

CRIME CLASSIFICATION

G.L. 155.30

COMPLAINT OFFICER

Det. Messer

ORIGINAL MEMORANDUM OF COMPLAINT-YONKERS POLICE DEPARTMENT

U.P. 36

PLACE OF OCCURRENCE

Address

SERIAL NUMBER

#4349

NATURE OF COMPLAINT

Larceny from Auto

TIME

8:35

A.M. P.M.

DATE

Jan. 24, 1976

COMPLAINANT - LAST NAME

FIRST

MI

TELEPHONE NO.

Carr

Wheat

COMPLAINANT - ADDRESS

Same

COMPLAINT RECEIVED AT:

H.C.D.  D.D.  PCT.  T.D.

COMPLAINT RECEIVED VIA:

PHONE  VERBAL  LETTER  PATROL

NOTIFICATIONS

H.C.D.  D.D.  C.O.  PCT.  T.D.  OTHER

OFFICERS ASSIGNED

R.M.P.

PCT.

SECTOR

POST

ALARM NUMBER

TIME

A.M. P.M.

DET. DIV. NO.

443 D NC

ARREST

PROPERTY LOSS

RECOVERY

CODE

CLEARED

YES  NO

\$

\$

CRIME CLASSIFICATION

G.L. LARC. FR. AUTO

COMPLAINT OFFICER

H. B. White

trg

QUANTITY	PROPERTY STOLEN	VALUE	PURCHASE DATE
4	Firestone Radials with rims.	\$280.00	June 1975
1	Set Packet Tools	\$300.00	1970
1	Set Jumper Cables	\$79.00	Jan 22 1976
1	Lead, Die Hard Battery	\$45.00	January 1976

(Continue on U. S. 30)

ACTION TAKEN BY POLICE: Include Names & Addresses of Persons Questioned  
 Spoke to complainant who stated she parked said vehicle at time below, when returned this date she found above property taken.  
 OTHER DETAILS: (Not state below) Unable to question, due to location of garage.

D. D. NOTIFIED  yes  no      DETECTIVES AT SCENE       D. D. NUMBER 443-D

REPORTED BY: Name *J. Sano J. Sanel*      CERTIFIED AS CORRECT: *Ref. Messera*      N/C  
 RANK *NO*      SHIELD NO *16747*      DISTRICT *11C*      R. M. P. NUMBER *253*      DESK OFFICER      PCT.

u. r. 30 Uniform Crime Report  
 Burglary  Larceny  Robbery      POLICE DEPARTMENT CITY OF YONKERS, N. Y.      CRIME TIME & DATE *1/24/76 2:35 AM*      SERIAL NUMBER *4349*

PLACE OF OCCURRENCE *316 Worlinton ave*      TIME & DATE OF OCCURRENCE *10:36 AM 1/23 1976*

COMPLAINANT SURNAME *Carr*      FIRST *Wheat*      M. I.      RACE *W*      SEX *M*      AGE *25*

COMPLAINANT ADDRESS *same*      TELEPHONE NUMBER *965-7800*

BRIEF DESCRIPTION OF CRIME *Larceny from Auto*      IF ROBBERY:  Force  Fear  Violence

TYPE OF PREMISES OR LOCATION OF CRIME *Garage*

HOW ENTRY WAS MADE *Garage left open, forced entry of trunk*

TOOL-WEAPON OR MEANS OF ATTACK USED *Physical Force*      PURPOSE OF ATTACK *Benefit 13y.*

MEANS OF ESCAPE *unk.*      METHOD OF OPERATION (Modus Operandi)

VEHICLE USED  yes  no  unk.      VEHICLE STOLEN  yes  no      ALARM NO.      YEAR MAKE *74 PLYMOUTH*      MODEL *Sedn.*      REGISTRATION NO. *WMC 13*      YEAR *1976*

IDENTIFICATION NO. *V14114126032*      COLOR/S *Green*      LISTED OWNER *Wheat Carr. M.*

ACCOMPLICE USED  yes  no  unk.      IF YES - DESCRIPTION

WITNESSES: NAME *none*      ADDRESS      AGE

PLACE OF OCCURRENCE <b>Address</b> [REDACTED]		340		SERIAL NUMBER 15208	
NATURE OF COMPLAINT Broken Window			TIME 10:36	DATE 3-19-76	
COMPLAINANT - LAST NAME DiGuardi, MARGARET		FIRST	MI	TELEPHONE NO.	
COMPLAINANT ADDRESS Same					
COMPLAINT RECEIVED AT: <input checked="" type="checkbox"/> H.C.D. <input type="checkbox"/> D.D. <input type="checkbox"/> P.C.T. <input type="checkbox"/> T.D.		COMPLAINT RECEIVED VIA: <input checked="" type="checkbox"/> PHONE <input type="checkbox"/> VERBAL <input type="checkbox"/> LETTER <input type="checkbox"/> PATROL		NOTIFICATIONS <input checked="" type="checkbox"/> H.C.D. <input type="checkbox"/> D.D. <input type="checkbox"/> C.O. <input type="checkbox"/> P.C.T. <input type="checkbox"/> T.D. <input type="checkbox"/> OTHER	
OFFICERS ASSIGNED A. Sajo H. Rogers		R.M.P. 255	PCT. A.	SECTOR 10A	POST
ALARM NUMBER	TIME A.M. P.M.	DET. DIV. NO.	ARREST 0		
PROPERTY LOSS \$	RECOVERY \$	CODE	CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO		
CRIME CLASSIFICATION CRIM 1115			COMPLAINT OFFICER Det. Charles M. Carney		

BROKEN WINDOW REPORT

POLICE DEPARTMENT CITY OF YONKERS, N.Y.

Serial No. 15208 COMMAND MC

PLACE OF OCCURRENCE <b>Address</b> [REDACTED]		TIME 10:36	DATE 3-19-1976
COMPLAINANT'S NAME Margaret DiGuardi		COMPLAINANT'S ADDRESS 27 Wickes St.	
COMPLAINANT'S TITLE: PRINCIPAL ( ) CUSTODIAN ( ) OWNER ( ) OTHER: <i>tenant</i>			
TYPE OF STRUCTURE: PUBLIC SCHOOL ( ) PAROCHIAL SCHOOL ( ) OTHER: <i>Private House</i>			
No. BROKEN WINDOW/S 1	SIZE OF WINDOW/S 2' x 2'		
TYPE OF WINDOW/S <i>Auto Glass</i>	LOCATION OF WINDOW/S <i>Front</i>		ROOM NO. <i>Bedroom</i>
APPARENT CAUSE: <i>Unknown Youthz threw stone causing above damage. Searched area to no avail.</i>			
REPORTED BY: PO A. Sajo		CERTIFIED AS CORRECT: Det. Charles M. Carney	
Rank	Name	Shield	Desk Officer

PLACE OF OCCURRENCE

Address

SERIAL NUMBER

62  
30155-6

NATURE OF COMPLAINT

ASSAULT

TIME

11:17

A.M.

P.M.

DATE

5-28-76

COMPLAINANT - LAST NAME

FIRST

MI

TELEPHONE NO.

CARR

WHEAT

COMPLAINANT - ADDRESS

Same

COMPLAINT RECEIVED AT

 H.C.D.    D.D.  
 PCT.    T.D.

COMPLAINT RECEIVED VIA

 PHONE    VERBAL  
 LETTER    PATROL

NOTIFICATIONS

 H.C.D.    D.D.    C.O.  
 PCT.    T.D.    OTHER

OFFICERS ASSIGNED

R.M.P.

PCT.

SECTOR

POST

G. Jasso H. Rogers

255

N

10A

ALARM NUMBER

TIME

A.M.  
P.M.

DET. DIV. NO.

ARREST

PROPERTY LOSS

\$

RECOVERY

\$

CODE

CLEARED

 YES NO

CRIME CLASSIFICATION

ASSAULT 30-120.00

COMPLAINT OFFICER

Det. Messer

## ORIGINAL MEMORANDUM OF COMPLAINT-YONKERS POLICE DEPARTMENT

U.P. 36

PLACE OF OCCURRENCE

Address

SERIAL NUMBER

342

63790

NATURE OF COMPLAINT

Attorney's Lending Tools

TIME

12:32 (A.M.)  
P.M.

DATE

10-30-76

COMPLAINANT - LAST NAME

FIRST

MI

TELEPHONE NO.

Carr

Wheat

COMPLAINANT - ADDRESS

Same

COMPLAINT RECEIVED AT:

 H.C.D.  D.D.  
 PCT.  T.D.

COMPLAINT RECEIVED VIA:

 PHONE  VERBAL  
 LETTER  PATROL

NOTIFICATIONS

 H.C.D.  D.D.  C.O.  
 PCT.  T.D.  OTHER

OFFICERS ASSIGNED

Abbatello

R.M.P.

Desk  
263

PCT.

NY

SECTOR

10A

POST

ALARM NUMBER

TIME

A.M.  
P.M.

DET. DIV. NO.

ARREST

PROPERTY LOSS

\$

RECOVERY

\$

CODE

CLEARED

 YES  NO

CRIME CLASSIFICATION

110.00

COMPLAINT OFFICER

Sgt. A. P. [Signature]



DETAILS OF OCCURRENCE and/or CAUSE OF INJURY:  
 Comp stated she observed 3 B/M - 12-14 YRS tampering with her car. At her approach, 1 Youth 5'3" 80 lbs Red shirt, Blue pants struck her with a board. She entered auto & they struck the auto as she pulled away. Comp refused medical attention.

ACTION TAKEN BY POLICE:  
 This report searched area to no avail

REPORTED BY: NAME	RANK	SHIELD	PCT.	R. M. P. No.	CERTIFIED AS CORRECT:
H. Rogers	P.O.	4114	NC		
A. Scisso	P.O.	164	NC	255	Det. Mellan NIC LIEUTENANT PCT.

AIDED or ACCIDENT REPORT UF-6	POLICE BUREAU CITY OF YONKERS, N. Y.	PRECINCT N.C.	SERIAL NUMBER 30155
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PLACE OF OCCURRENCE 316 Warburton Ave	<input checked="" type="checkbox"/> Street <input type="checkbox"/> Premises	DATE & TIME 5-28-76 11:17 AM
COMPLAINANT'S LAST NAME Carr	FIRST Wheat	RACE W
COMPLAINANT'S ADDRESS [REDACTED]	TELEPHONE NUMBER	SEX F AGE 25

<input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> ASSAULT	<input type="checkbox"/> SICK <input type="checkbox"/> INJURED	<input type="checkbox"/> OTHER (explain)	SCHOOL ATTENDED BY IF CHILD:
NATURE OF ILLNESS OR INJURY: INJURY to right shoulder			

CONVEYED TO:	<input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME	CONVEYED BY: <input type="checkbox"/> R. M. P. No. <input type="checkbox"/> PVT. VEHICLE <input checked="" type="checkbox"/> AMBULANCE from
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TREATED BY DOCTOR	ADDRESS	FAMILY DR. NTF'D. <input type="checkbox"/> YES <input type="checkbox"/> NO
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TYPE OF PAVEMENT	CONDITION OF ROADWAY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	TYPE OF STEPS (structure)	CONDITION OF STEPS <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
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CONDITION OF SIDEWALK <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	WEATHER	OTHER (Indicate)
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OWNER OF PROP. NTF'D. <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME	ADDRESS
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CITY INVOLVED	IF YES, NAME OF PERSON NOTIFIED	UF-15 FORWARDED <input type="checkbox"/> YES <input type="checkbox"/> NO
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WITNESS: NAME	ADDRESS	SEX	AGE
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WITNESS: NAME	ADDRESS	SEX	AGE
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