

Incident	Agency: New Rochelle Police Dept	A	New York State DOMESTIC INCIDENT REPORT		ORI: OS 904	Incident # EV# 6365-18
	Reported Date (mm/dd/yyyy): 12/15/2018	Time (24 hours): 1009	Occurred Date (mm/dd/yyyy): 12/15/2018	Time (24 hours): 1000	<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in	Complaint # CR# 6162-18
Victim (P1)	Address (Street No., Street Name, Bldg. No., Apt No.): 54 HALCYON TERRACE				City, State, Zip: New Rochelle NY 10801	
	Name (Last, First, M.I.) (Include Aliases): S. Solomon JENNIFER S				DOB (mm/dd/yyyy):	Age: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:
Victim (P2)	Address (Street No., Street Name, Bldg. No., Apt No.): 54 HALCYON TERRACE				Victim Phone Number:	
	City, State, Zip: New Rochelle NY 10801				Language: ENGLISH	
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases): FISHMAN MARC H				DOB (mm/dd/yyyy): 08/21/1972	Age: 45 <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:
	Address (Street No., Street Name, Bldg. No., Apt No.): 3200 NETHERLAND AVE. APT. #G				Suspect Phone Number: (914) 837-3209	
Suspect Interview	City, State, Zip: BROOKLYN NEW YORK 10463				Language: ENGLISH	
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown	
Witnesses	Suspect/P2 present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:	
	Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Incident Narrative	Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: FRUSTRATED					
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I JUST NED SOM HELP					
Evid	Did suspect make victim fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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 <input type="checkbox"/> Other Describe:	
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
Offense	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 <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing	
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
What did the SUSPECT say (Before and After Arrest): I WAS ALLOWED TO SEE MY CHILDREN.						
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Child/Witness (1) Name (Last, First, M.I.): FISHMAN, JOANNA		DOB: 02/09/01	Child/Witness (1) Address (Street No., Name, Bldg./Apt): 54 HALCYON TERRACE		City, State, Zip: New Rochelle NY 10801	Phone:
Child/Witness (2) Name (Last, First, M.I.): FISHMAN, AIDEN		DOB: 07/14/08	Child/Witness (2) Address (Street No., Name, Bldg./Apt):		City, State, Zip:	Phone:
Briefly describe the circumstances of this incident: SEE DETECTIVE NARRATIVE.						
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away						
Evidence Present? <input checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		
Offense Committed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect arrested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		Offense 1 CONTEMPT	Law (e.g. PL): P.L.	
				Offense 2	Law (e.g. PL): 1/2	

Agency: New Rochelle Police Dept	B	ORI: 05904	Incident #: EV# 63365-18	Complaint #: CR# 6162-18
--	---	----------------------	------------------------------------	------------------------------------

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
LONG AND Ongoing ISSUE WITH CONTINUAL COURT CASES

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: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <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 suspect capable of killing you or 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 Has the physical violence increased in frequency or severity over the past 6 months? <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 type="checkbox"/> Yes <input checked="" 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:
---	---

Signatures:

Reporting Officer (Print and Sign include Rank and ID#) P.O. Scitessner Linc PO #1058	Supervisor (Print and Sign include Rank and ID#) Det H. W. Depp #18
---	---

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)

I, _____ (Victim/Déponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur: _____

(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/Déponent Signature _____	Date _____
Witness or Officer Signature _____	Date _____
Interpreter Signature and Interpreter Service Provider Name _____	Date _____
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note:
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page
2
of
2

REPORTING OFFICER NARRATIVE

New Rochelle Police Department

OCA
18-006162
Date / Time Reported
Sat 12/15/2018 13:21

Victim	Offense
SOLOMON, JENNIFER	CRIMINAL CONTEMPT-2ND:DISOBEY

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

At approximately 1000Hrs I responded to 54 Halcyon Terrace in regards to a V.O.P that had just occurred. Upon arrival R/O interviewed Ms. Solomon who stated her ex husband Mr. Fishman had just came to the residence. Mr. Fishman was observed driving by the house at a slow rate of speed (He was passenger in the vehicle). He then stopped the vehicle near the driveway on the Howard Parkway side, exited the vehicle and attempted to yell and make contact with his son. At that time Ms. Solomon ordered J/ Fishman into the house and ceased all contact. Ms. Solomon at this time displayed an active Order of Protection (Stay Away) File #131794; Docket #'s V-08187-14/15B, V-08186-14/15B, V-08188-14/15B, V-08189-14/15B issued by Judge Schauer from Yonkers Family Court (Exp. 06/27/2019).

Ms. Solomon further stated and displayed a comprehensive 28 page custody and visitation agreement. The agreement specifies that all visitation with Mr. Fishman shall be supervised by an employee of the court. Ms. Elliot has been the social worker who has attempted to mediate and mend this family, as well as supervise all visitation interactions. To further elaborate all visitation days will consist of Ms. Solomon conveying the children to Mr. Fishman's residence and leaving them curbside with Ms. Elliot. Ms. Elliot will then convey the children back to Ms. Solomon at 54 Halcyon Terrace. If for whatever reason Ms. Solomon cancels a visitation arrangement (which is permitted), she is responsible for making up the time allotted on another date. Due to a dispute that occurred at the last visitation session and in Ms. Elliot's presence, it was agreed upon to cancel the visitation for 15 Dec 18 due to the children's best interest.

On this date at approximately 0930Hrs Ms. Elliot arrived at Ms. Solomon's residence unexpectedly. Ms. Elliot stated she was there on behalf of Mr. Fishman, and he was requesting to speak and see the children. Ms. Solomon stated she was quite stunned by the occurrence and demand. Ms. Solomon also stated that Ms. Elliot is allowing Mr. Fishman to violate the order in her presence. While speaking to Ms. Elliot is when Ms. Solomon observed Mr. Fishman proceed by the house and attempt interaction with their son Jonah. Mr. Fishman then left the area driven by a woman and conveying Ms. Elliot in the same vehicle.

While on location with Ms. Solomon HQ advised me that Mr. Fishman had responded to HQ and was requesting to make a report. With all information and paperwork in hand, R/O responded to HQ to interview Mr. Fishman. At HQ, I encountered Mr. Fishman, Ms. Elliot and a third female party named Ms. Bolivar (the female driver from previously). Mr. Fishman stated he wanted to document that Ms. Solomon violated the custody order, and that he was being deprived of his rights.

Ms. Elliot was interviewed and stated that she advised Mr. Fishman that he was violating the order of protection by going to th residence. Ms. Elliot further stated that although she was in the vehicle with Mr. Fishman, at no time did she instruct him to continue with these actions that she knew were unlawful and potentially harmful to the mental welfare of the children. Ms. Elliot fully corroborated that Mr. Fishman attempted to contact J/ Solomon, Jonah, and should not have been near or in view of the residence for any reason. Ms. Elliot further displayed a text message from Mr. Fishman containing a screenshot showing a conversation he was having via text with

This text message which was dated as of this morning is in clear violation of the Stay Away and Refrain clauses of the court order.

Due to the circumstances and probable cause Lt. Wenzler and I placed Mr. Fishman into custody for Contempt. R/O advised Mr. Fishman of his constitutional rights. Sgt. Kane conducted the booking and assigned bail at \$300.00. Due to the poor health of Mr. Fishman and his inability to drive it was authorized to release him to Ms. Bolivar and assign a return date of 17 Dec 18.

[Signature: R.W.]