



CIVILIAN COMPLAINT REVIEW BOARD

POLICE DEPARTMENT, CITY OF NEW YORK

295 LAFAYETTE STREET, 3rd FLOOR

NEW YORK, N.Y. 10012

TELEPHONE: (212) 323-8780

CHARLES J. ADAMS

Deputy Commissioner / Executive Director

SUSAN R. PETITO

Assistant Director

FRANK J. AIELLO

Deputy Assistant Director

ARTHUR S. REGAN

Deputy Assistant Director

10-21-87

Re: C.C.R.B. 3652

Date Filed:

Date:

Dear

Ms. Adams

Your enclosed complaint filed with this office, alleging misconduct by a member of the New York City Police Department, has been assigned to me for investigation. If you have not been contacted by me by the time you receive this letter, please telephone me during business hours at 323-8750 Monday through Friday.

If my attempts to reach you are unsuccessful and you neglect to contact this office within a reasonable amount of time, your case may be filed as closed. Please understand that your failure to contact this office will cause us to presume that you are no longer interested in pursuing this matter.

Very truly yours,

NAME

[Signature]

RANK

SERGEANT KAPLON

DIRECT NUMBER

323-8823

Civilian Complaint Review Board
Investigating Staff

CIVILIAN COMPLAINT REPORT

CCRB # 8703652

DATE REPORTED: 09/17/87 TIME REPORTED: 1528 RECEIVED BY: DROBENARE

COMPLAINT MADE BY PHONE TO COMMAND 020 DATE: 09/17/87 TIME: 1420

FORMS PREPARED:

C.C.R.B. CAME TO COMPLAINANTS ATTENTION BY: POLICE PERSONNEL

OCCURRENCE:

DATE: 09/17/87 DAY OF WEEK: THURSDAY TIME: 0001
LOCATION: 14 ST & 7 AVE. BORO: MANHATTAN PRECINCT: 010

TYPE OF COMPLAINT(S):

FORCE: OTHER INJ: NOT CLAIMED HOSP: NO TREAT: NO

COMPLAINANT:

SURNAME: ADAMS FIRST: FRANKIE
ADDRESS: 131-17 135 ST. QUEENS 11420 APT: PH
RACE: BLACK SEX: FEMALE MOS: ATTORNEY: DATE OF BIRTH:
HOME PHONE: 718 5298132 BUSINESS PHONE:

MEMBER(S) OF SERVICE COMPLAINED OF: 2

TAX NUM	RANK	NAME	COMMAND	SHIELD	R.M.F.
	PO	SCOTTO	010	27486	1461
	PO		010		1461

VICTIM(S): 1

SURNAME: FIRST:
ADDRESS: APT:
RACE: SEX: MOS: ATTORNEY: DATE OF BIRTH:
HOME PHONE: BUSINESS PHONE:

COMPLAINANT'S COPY

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DETAILS OF INCIDENT:

COMPLAINT RECEIVED AT CCRB FROM IAD PO CASSELLANO VIA FAX FROM LT. MURRAY, 020 PCT. COMPL. REFUSED DOB. COMPL. GAVE NO BUSINESS PHONE NUMBER NOR MI. COMPL. ALLEGES A M/W AND M/B (NO OTHER ID) WERE HAVING A DISPUTE WHEN RMP 1461 STOPPED AND ABOVE MOS'S GOT OUT. COMPL. ALLEGES PO SCOTTO TOOK THE M/B DOWN THE SUBWAY STAIRS AND STRUCK HIM ON THE HEAD WITH HIS HAND. NO INJURYS CLAIMED AND NO OTHER IFORMATION.

CONFIDENTIAL

HOME PHONE: [REDACTED] BUSINESS PHONE: [REDACTED]
SEX: [REDACTED] RACE: [REDACTED]
ADDRESS: [REDACTED] CITY: [REDACTED]
STATE: [REDACTED] ZIP: [REDACTED]

DATE OF INCIDENT: [REDACTED] TIME OF INCIDENT: [REDACTED]
LOCATION OF INCIDENT: [REDACTED] OFFICER: [REDACTED]

NAME OF COMPLAINTANT: [REDACTED] ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

NAME OF OFFICER: [REDACTED] RANK: [REDACTED]
ADDRESS: [REDACTED] CITY: [REDACTED]

NAME OF SUPERVISOR: [REDACTED] ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

NAME OF MEMBER: [REDACTED] ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

RECEIVING/MEMBER SUPERVISORS SIGNATURE

Spao G. y. Cbr

DATE 9/17/87