COMPLAINT - FOLLOW UP INFORMATIONAL REPORT UNAPPROVED		Crime/Condition UNCLASSIFIED COMPLAINT	Code 120	Date of This Report 05/08/2010			
Date of UF61 05/08/2010	Date Case Assigned 05/08/2010	Complaint No. 2010-120- 05417		Unit Reporting SQUAD		Follow-Up No. 47	

Complainant's Name RADDI, ANTHONY	Nickname/Alias/Middle Name	Address 1 LEFRAK CITY PLAZA QUEENS NY		Apt No.
Sex MALE	Race WHITE	Date of Birth	Age	
Home Telephone	Business Telephone 718-876-4725	Cell Phone	Beeper #	E-Mail Address

Person Interviewed La CHOWDHURY, REEN/	st Name, First M.I.	Nickname/Alias/Middle Name	Address	Apt No.
Position/Relationship UNKNOWN/NONE	Sex FEMALE	Race WHITE	Date of Birth	Age
Home Telephone	Business Telephone	Cell Phone	Beeper#	E-Mail Address

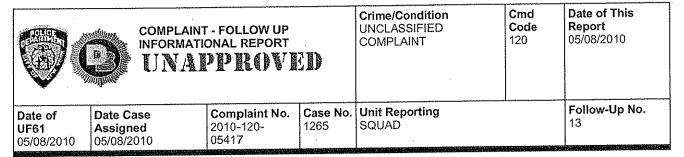
Activity Address Location NYC	Street 78 RICHMOND TERRA	ACE	City STATEN ISLAND	State NY	Zip	Apt #
Cross Street HAMILTON AVENUE and WALL S		Intersection corner:	on of			Premise Type

Topic/Subject: (INTERVIEW) INTERVIEW REENA CHOWDHURY (AIDED)

Summary of Investigation:

 On May 8, 2010, at approximately 1640 hrs the undersigned conducted an interview with Reena Chowdhury via phone#
 in regards to this case. Reena Chowdhury stated she was sitting inside the snack bar when she felt the boat hit the dock nard. She hit the table she was standing by injuring her left hand and left side. She went to RUMC where she was treated and released. ~ ~2. Case Active.

Reporting Officer:		Name MICHAEL MENDEZ	Tax Reg. No.	Command 431
Reviewing Supervisor:	Manner of Closing	UNAPPROV	ED	



Complainant's Name	Nickname/Alias/Middle Name	Address	Address	
Sex	Race	Date of Birth	Age	
Home Telephone	Business Telephone	Cell Phone	Beeper#	E-Mail Address

Person Interviewed La COUVERTIER, RUBEN	<i>y</i>	Nickname/Alias/Middle Name	Address	Apt No.
Position/Relationship	Sex MALE	Race BLACK	Date of Birth	Age
Home Telephone	Business Telephone	Cell Phone	Beeper#	E-Mail Address

Activity Address Location NYC	Street 1 RICHMOND TERRA	\CE	City STATEN ISLAND	State NY	Zip	Apt#
Cross Street WALL STREET and SOUTH STRE		Intersection corner:	on of			Premise Type

Topic/Subject: (INTERVIEW) INTERVIEW RUBEN COUVERTIER (AIDED)

Summary of Investigation:

1. On May 8, 2010, at approximately 1000 hrs the undersigned present at 1 Richmond Terrace did conduct an interview with Ruben Couvertier, who was a passenger on the Andrew Barberi SI Ferry Boat. Mr. Couvertier stated that he is suffering from lower back pain and is also complaining of pain to the left side of his body. ~~2. Submitted for PO Guariano

Reporting Officer: F	Year in a	Name GENEE PARKER	Tay Red, No.	Command 431
Reviewing Supervisor:		UNAPPRO	A.ESD)	

	INFORMATI	F-FOLLOW UP ONAL REPORT		Crime/Condition UNCLASSIFIED COMPLAINT	Cmd Code 120	Date of This Report 05/08/2010
Date of UF61 05/08/2010	Date Case Assigned 05/08/2010	Complaint No. 2010-120-05417	1265	Unit Reporting SQUAD		Follow-Up No. 34

Complainant's Name RADDI, ANTHONY	Nickname/Alias/Middle Name	Address 1 LEFRAK CITY PL	Address 1 LEFRAK CITY PLAZA QUEENS NY	
Sex MALE	Race WHITE	Date of Birth	Age	
Home Telephone	Business Telephone	Cell Phone	Beeper#	E-Mail Address

Person Interviewed Last Name, First M.I. DEPASQUALE, PHILLIP		Nickname/Alias/Middle Name	Address	Apt No.
Position/Relationship	Sex MALE	Race WHITE	Date of Birth	Age
Home Telephone	Business Telephone	Cell Phone	Beeper#	E-Mail Address

Activity Address Location NYC	Street 355 BARD AVENUE	S	State NY	Zip	Apt #	
Cross Street CASTLETON AVENUE and MOODY F		ntersection				Premise Type

Topic/Subject:

(INTERVIEW) INTERVIEW AIDED (PHILIP DEPASQUALE)

Summary of Investigation:

1. On May 8, 2010, at approximately 1330 hrs I did conduct an interview with Philip Depasquale (Aided) at 355 Bard Avenue Emergency Room in regards to the above listed investigation. Mr Depasquale stated that he was on his cell phone standing by the ramp at the front entrance when he heard screaming he turned around and felt an impact. Mr Depasquale further stated he twisted his back and slammed his back into a wall on the ferry and rolled down the ramp he was standing on. Mr Depasquale complained of back and neck pain. ~ ~2. Case Active.

Reporting Officer:	Name DANIEL GUARIANO	t was a so	Command 431
Reviewing Supervisor:	UNAPPROV		

	INFOR	AINT - FOLLOW UP MATIONAL REPORT		Crime/Condition UNCLASSIFIED COMPLAINT	Cmd Code 120	Date of This Report 05/08/2010
Date of UF61 05/08/2010	Date Case Assigned 05/08/2010	Complaint No. 2010-120- 05417	1265	Unit Reporting SQUAD		Follow-Up No. 41

Complainant's Name RADDI, ANTHONY	Nickname/Alias/Middle Name	Address 1 LEFRAK CITY PI	Apt No.	
Sex MALE	Race WHITE	Date of Birth	Age	
Home Telephone	Business Telephone	Cell Phone	Phone Beeper#	

Person Interviewed Last Name, First M.I. DESILVA, PRIYANI		Nickname/Alias/Middle Name	Address	Apt No.	
Position/Relationship	Sex FEMALE	Race UNKNOWN	Date of Birth	Age	
Home Telephone Business Telephone Cell Phone			Beeper #	E-Mail Address	

Activity Address Location NYC	Street 355 BARD AVENUE		City STATEN ISLAND		Zip	Apt#
Cross Street CASTLETON AVENUE and MOODY PLACE			tion of			Premise Type

Topic/Subject:

(INTERVIEW) INTERVIEW PRIYANI DESILVA (AIDED)

Summary of Investigation:

1. On May 8, 2010, at approximately 1415 hrs I did conduct an interview with Priyani Desilva inside of 355 Bard Avenue (RUMC) in regards to the above listed investigation. Mrs Desilva stated that she was on the lower level of the ferry waiting for it to dock when she saw people running towards her yelling and screaming to run. Mrs Desilva further stated that during the impact she was seated but did strike her head on the wall behind her. Mrs Desilva stated she did have head pain. ~~2. Case Active.

Reporting Officer:	Rank POM	Name DANIEL GUARIANO		Command 431			
Reviewing Supervisor:	Manner of Closing	UNAPPROVED					

INFORMATIONAL REPORT UNAPPROVED). U	Crime/Condition INVESTIGATE FERRY ACCIDENT Unit Reporting SQUAD			Date of This Report 05/10/2010 Follow-Up No.		
RADDI, ANTHONY					Address 1 LEFRAK CITY PLAZA QUEENS NY Date of Birth Age					Apt No.	
MALE Home Teleph		WHITE Busine	ss Telephone		Ce	ll Phone		Beeper	# E-Mail Address		
Person Interviewed Last Name, First M.I. EDWARDS, ANTOINETTE								Addre NY	:SS	Apt No.	
Position/Rela	ationship	Sex FEMA	LE	Race WHITE				of Birth	Age		
Home Teleph	ione	Busin	ess Telephone	Cell Ph	one			Веере	er#	E-Mail Address	
Activity Add	ess Locatio	n		Street		City State Zi			ip Apt#		
Cross Street					Intersection of and corner:				Premise Type		
Topic/Subjection		v WiTh	I ANTOINETTE E	DWARD:	 }						
Summary of Investigation: 1. On May 10, 2010, at approximately 1000 hrs I interviewed Antoinette Edwards by phone who stated she was on the ferry when she realized the boat was traveling too fast. Antoinette stated she tried to wake up her friend Gabrielle Carone to alert her that the boat was going too fast. Antoinette stated when the boat crashed she braced herself between the seats and was able to keep herself from falling. Antoinette stated she received neck and shoulder pain and did go to the hospital. 2. Ca se active.											
Re	porting Off		lank	1	ime		MOIONE	Тах	Rea. No		
DT3 GIROLAMO CAMPIONE 43 Reviewing Supervisor: Manner of Closing TINI INDICATION 43							1701				