			Crime/Condition AIDED Cmd Code 431		Date of This Report 05/08/2010	
	05/08/2010	Complaint No.	1265	Unit Reporting STATEN ISLAND F	ROBBERY S	Follow-Up No. 2

Complainant's Name Nickname/Alias/Middle Name Address		Apt No.		
Sex MALE	Race	Date of Birth	Age	
Home Telephone	Business Telephone	Cell Phone	Beeper#	E-Mail Address

Activity Address Location NYC	Street	City STATEN ISLAND	State NY	Zip	Apt #
Crana Street		ersection of HMOND TERRACE andSOUTH STR	EET corner:		Premise Type

## Topic/Subject: INTERVIEW SI FERRY PASSENGER(AIDED)

Summary of Investigation:

1. On Saturday the 8th of May 2010, at approximately 1015hrs the undersigned did interview SI Ferry passenger(injured)
Surillo, Kevin M/B at the ferry terminal. The undersigned was informed by the aided that he was riding the ferry from Manhattan. The undersigned was informed Mr. Surillo (Federal Police Officer) that he was on the top level of the ferry when the crew yelled to get to the back of the boat. At which point he began helping an elderly Asian woman, when the boat struck the dock it caused him to fall injuring his right leg. ~ ~2. Case Active.

Reporting Officer:	Rank DT3	Name ANDREW BIRD	Tax Reg. No.	Command 206
Reviewing Supervisor:	Manner of Closing	UNAPPRO	DVED	

COMPLAINT - FOLLOW UP INFORMATIONAL REPORT UNAPPROVIDED			Crime/Condition AIDED Cmd Code 431		Date of This Report 05/08/2010	
Date of UF61 05/08/2010	Date Case Assigned 05/08/2010	Complaint No. 2010-120-05417	<b>Case No.</b> 1265	Unit Reporting STATEN ISLAND ROBBERY S		Follow-Up No. 5

Complainant's Name TELLEFSEN, DANYELLE	Nickname/Alias/Middle Name	Address	Apt No.	
Sex FEMALE	Race WHITE	Date of Birth	Age	
Home Telephone	Business Telephone	Cell Phone	Beeper#	E-Mail Address

Activity Address Location	Street	City STATEN ISLAND	State NY	Zip	Apt #
Cross Street		rsection of HMOND TERRACE andSOI	UTH STREET corner:		Premise Type

## Topic/Subject: INTERVIEW SI FERRY PASSENGER(AIDED)

Summary of Investigation:

1. On Saturday the 8th of May 2010, at approximately 1030hrs the undersigned did interview SI Ferry passenger(injured) [Fellefsen, Danyelle F/W/19 at the ferry terminal. The undersigned was informed by the aided that she was riding the ferry from Maninattan. She then stated that she was standing on the right front side of the boat on the upper level when people started running towards the rear. At which point she began to run, the boat shook and she hit the wall and fell down injuring her right arm. ~ ~2. C ase Active.

Reporting Officer:	Rank DT3	Name ANDREW BIRD	Tax Red. No.	Command 206	
Reviewing Supervisor:		UNAPPROVED			

	INFORMATI	- 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. 20

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	Cell Phone	Beeper#	E-Mail Address

Person Interviewed La WILLIAMS, EMELIA	st Name, First M.I.	Nickname/Alias/Middle Name	Address	Apt No.
Position/Relationship	Sex FEMALE	Race BLACK	Date of Birth	Age
Home Telephone	Business Telephone	Cell Phone	Beeper#	E-Mail Address

Activity Address Location	Street 1 RICHMOND TERRACE	City STATEN ISLAND	State NY	Zip	Apt #
Cross Street WALL STREET and SOUTH STRE	ET corner:	ction of			Premise Type

## Topic/Subject:

(INTERVIEW) INTERVIEW EMELIA WILLIAMS (AIDED)

Summary of Investigation:

1. On May 8, 2010, at approximately 1020hrs., the undersigned spoke with Emelia Williams in regards to the accident involving the Staten Island Ferry vessel "Anthony J Barbieri". Ms Williams states that she was standing on the stairs by the door waiting to exit the ferry when she heard screaming. Shortly thereafter, the vessel struck the dock throwing her to the ground causing her injuries. No additional information was given. ~~2. Case active.

Reporting Officer: Rank DT3	Name JAMES MASSA	Tax Reg. No.	Command 431
Reviewing Supervisor: Manner of Closing	UNAPPRO		