



# New York City Police Department

## OmniForm System - Complaints

Report Cmd: <b>019</b>	Jurisdiction: <b>N.Y. POLICE DEPT</b>	ICADR:	Record Status: <b>No Status</b>	Complaint #: <b>1997-019-015463</b>	No Other Legacy Blue Versions	No Other Complaint Revisions
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<b>Occurrence 9 EAST 71</b> <b>Location: STREET</b> Name Of Premise: Premises Type: <b>STREET</b> Location Within Premise: <b>OTHER</b> Visible By Patrol?: <b>YES</b>	<b>NYC Parks Dept. Property</b> Did this offense occur on NYC Parks Dept. Property? Command: <b>NYC Parks Dept. Property Name:</b>	Precinct: <b>019</b> Sector: <b>B</b> Beat: <b>04</b> Post: <b>00</b>
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<b>Occurrence From: 1997-11-10 03:00:00 MONDAY</b> Occurrence thru: <b>1997-11-10 04:00:00</b> Reported: <b>1997-11-10 13:20:08</b> Complaint Received: <b>WALK-IN</b>	Aided # Accident # O.C.C.B. #
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<b>Classification: CRIM MISCHIEF 4M</b> Attempted/Completed: <b>COMPLETED</b> Most Serious Offense Is: <b>N/A</b> PD Code: <b>258 CRIMINAL MISCHIEF 4TH, GRAFFITI</b> PL Section: <b>14500</b> Keycode: <b>351 CRIMINAL MISCHIEF &amp; RELATED OF</b>	<b>Case Status: CLOSED</b> Unit Referred To: <b>PATROL</b> Clearance Code: Log/Case #: <b>0</b> Clearance Arrest Id: Clearance AO Cmd: File #: <b>41</b> Prints Requested? <b>NO</b>
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Is This Related To Stop And Frisk Report <b>NO</b>	SQF Number: <b>0000-000-00000</b>	Was The Victim's Personal Information Taken Or Possessed?	Was The Victim's Personal Information Used To Commit A Crime?
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Gang Related?	Detective Borough Wheel Log #:	Name Of Gang:	Child Abuse Suspected?
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DIR Required? <b>NO</b>	Child in Common?	Intimate Relationship?	Officer Body Worn Camera:
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<b>If Burglary:</b> Forced Entry? Structure: Entry Method: Entry Location:	<b>Alarm:</b> Bypassed? Comp Responded?: Company Name/Phone: Crime Prevention Survey Requested?: Complaint/Reporter Present?:	<b>If Arson:</b> Structure Occupied?: Damage by:	<b>Taxi Robbery:</b> Partition Present: Amber Stress Light Activated: Method of Conveyance: Location of Pickup:
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Supervisor On Scene - Rank / Name / Command	Canvas Conducted:	Translator(if used):
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**NARRATIVE:**  
 AT TIPO REPORTER STATES THAT UNKNOWN PERPS SPRAY PAINTED GRAFFITI ON PROPERTY CAUSING AN UNKNOWN AMOUNT OF DAMAGE

**No NYC TRANSIT Data for Complaint # 1997-019-015463**

Total Victims: <b>1</b>	Total Witnesses: <b>0</b>	Total Reporters: <b>1</b>	Total Wanted: <b>0</b>
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<b>VICTIM: # 1 of 1</b>	Name: <b>LIEBSTEIN WEX,INVEST</b>	Complaint#: <b>1997-019-015463</b>
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Nick/AKA/Maiden: UMOS: Sex/Type: Race: <b>UNKNOWN</b> Age: <b>0</b> Date Of Birth: <b>--</b> Disabled? <b>NO</b> Is this person not Proficient in English?: If Yes, Indicate Language: N.Y.C.H.A Resident? Is Victim fearful for their safety / life? Escalating violence / abuse by suspect? Were prior DIR's prepared for C/V?	Gang/Crew Affiliation: Name: Identifiers: Will View Photo: <b>NO</b> Will Prosecute: <b>YES</b> Notified Of Crime: <b>NO</b> Victim Comp. Law:
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LOCATION	ADDRESS CITY STATE/COUNTRY ZIP	APT/ROOM
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HOME-PERMANENT	Phone #: <b>BUSINESS:</b>
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Action against Victim:	Actions Of Victim Prior To Incident:
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Victim Of Similar Incident:	If Yes, When And Where
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<b>REPORTER: # 1 of 1</b>	Name:	Complaint #: <b>1997-019-015463</b>
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Nick/AKA/Maiden: Sex/Type: <b>MALE</b> Race: <b>WHITE</b> Age: <b>038</b> Date Of Birth:	Gang/Crew Affiliation: <b>NO</b> Name: Identifiers: Relationship To Victim:
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Location	Address City State/Country Zip	Apt/Room
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**EVIDENCE:** Complaint # **1997-019-015463**

Evidence Collected?:	Evidence Collection Team/Crime Scene Requested?:	ECT Responded?:	ECT Run#:	Crime Scene Responded?:	Crime Scene Number:
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Evidence Invoice #

**No IMEI Data for Complaint # 1997-019-015463**

Reporting/Investigating M.O.S. Name: [REDACTED]	Tax #: <b>904392</b>	Command: <b>019 PCT</b>	Rep. Agency: <b>NYPD</b>
Supervisor Approving Name: [REDACTED]	Tax #: <b>874820</b>	Command: <b>019 PCT</b>	Rep. Agency: <b>NYPD</b>
Complaint Report Entered By: [REDACTED]	Tax #: <b>899003</b>	Command: <b>019 PCT</b>	Rep. Agency: <b>NYPD</b>
Signoff Supervisor Name:	Tax #: <b>000000</b>	Command:	Rep. Agency:

END OF COMPLAINT REPORT  
# 1997-019-015463

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