



TOWN OF MAMARONECK POLICE DEPARTMENT
740 WEST BOSTON POST ROAD
MAMARONECK, NEW YORK 10543

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Entry/CC#: BL-02112-23 Date: 03/18/2023 Time: 1346 Tour: 07:15 x 15:15 - TOUR 2

Call Type: DISPUTE - FAMILY How Received: E-911

Caller: **Angst, Matt**
Caller Address: 140 HOMMOCKS RD , TOWN OF MAMARONECK NY 10538
Caller Phone Number: (914) 998-3232

Location Name: HOMMOCKS ICE RINK
Location Address: HOMMOCKS RD , MAMARONECK NY 10538
Cross Street:
Description: Domestic Dispute
Disposition: ASSIGNMENT COMPLETED

PERSONS INVOLVED

Name: **Angst, Matt**
Role: CALLER
Date of Birth: 05/03/1988
Sex:
Race:
Address: 140 HOMMOCKS RD , TOWN OF MAMARONECK NY 10538
Phone Number: (914) 998-3232 Phone Type: Business

Name: **Kassenoff, Allan A**
Role: COMPLAINANT/VICTIM
Date of Birth: 05/25/1973
Sex: M
Race:
Address: 161 BEECH RD , MAMARONECK NY 10801
Phone Number: (917) 623-8353 Phone Type: Cell

Name: **Kassenoff, Catherine**
Role: NOT INTERVIEWED
Date of Birth: 01/15/1969
Sex:
Race:
Address: 224 Purchase st A1, TOWN OF MAMARONECK NY 10580
Phone Number: (917) 836-5200 Phone Type:



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PERSONNEL INVOLVED

Name: **RAKAS, WILLIAM G**

Serial #: 0492

Rank: SERGEANT

Officer Role: DESK OFFICER

Name: **FLORES, NELSON G**

Serial #: 0454

Rank: SERGEANT

Officer Role: TOUR SUPERVISOR

Name: **CHABRIER, JONATHAN**

Serial #: 0518

Rank: POLICE OFFICER

Officer Role: REPORTING OFFICER

Name: **STAPLETON, MATTHEW**

Serial #: 0495

Rank: POLICE OFFICER

Officer Role: ASSISTING OFFICER

UNITS INVOLVED

Unit: **4 - POST**

Agency: TOWN OF
MAMARONECK

Officers: **CHABRIER**

Dispatched: 1346

Arrived: 1349

Completed: 1455

Dispatch to Completion: 69 minutes

Received to Completion: 0 minutes

Unit: **2 - POST**

Agency: TOWN OF
MAMARONECK

Officers: **STAPLETON**

Dispatched: 1346

Arrived: 1349

Completed: 1455

Dispatch to Completion: 69 minutes

Received to Completion: 0 minutes

Unit: **1 - PATROL
SERGEANT**

Agency: TOWN OF
MAMARONECK

Officers: **FLORES**

Dispatched:

Arrived: 1350

Completed: 1455

Dispatch to Completion:

Received to Completion:

NARRATIVES

Caller reports a domestic dispute at the above location, possibly over custody of a shared child.
Caller advises it is verbal at this time.



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PO Chabrier responded to a third party caller reporting a domestic incident occurring inside of the listed location. Upon arrival, R/O interviewed Mr. Kassenoff. Mr Kassenoff indicated that his daughter was attending an ice-skating lesson at the Hommocks Rink when his wife gave him the middle finger. Mr. Kassenoff also mentioned that he is currently going through a divorce with his wife (Catherine Kassenoff). Mr. Kassenoff approached his wife and asked her to behave, to which his wife proceeded to record the incident and scream she was going to get a restraining order against him. R/O attempted to interview Mrs. Kassenoff. Mrs. Kassenoff stated she did not want to give any information and proceeded to leave the location on her own free will.

DIR completed and forwarded to records.

03/20/2023 09:36 -- ROTELLA, ROBERT (0504) --NYS DIR rec'd records- RR #164

Agency: TMPD	A	New York State DOMESTIC INCIDENT REPORT	ORI:	Incident # 2112-23
Reported Date (mm/dd/yyyy) 3/18/2023	Time (24 hours) 14:14	Occurred Date (mm/dd/yyyy) 3/18/2023	Time (24 hours) 1400	<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in
Address (Street No., Street Name, Bldg No., Apt No.) 140 Hammocks RD.				Complaint #
City, State, Zip Larchmont, NY				
Victim (P1) Name (Last, First, M.I.) (Include Aliases) KASSENOFF, Allan		DOB (mm/dd/yyyy) 05/25/73	Age: 49	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
		Address (Street No., Street Name, Bldg No., Apt No.) 161 Beach Ave		<input type="checkbox"/> Self-Identified:
City, State, Zip Larchmont, NY		Victim Phone Number: 917 623 8353		Language:
How can we safely contact you? (i.e. Name, Phone, Email)		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown
		<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:
Suspect (P2) Name (Last, First, M.I.) (Include Aliases) Catherine Kassenoff, Catherine		DOB (mm/dd/yyyy) 1/15/69	Age: 54	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
		Address (Street No., Street Name, Bldg No., Apt No.) 224 Purchase St Apt A1		<input type="checkbox"/> Self-Identified:
City, State, Zip RYE, NY 10580		Suspect Phone Number: 917 8365200		Language:
		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown
		<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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:
Possible drug or alcohol use? <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
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: _____				<input type="checkbox"/> Other: _____
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:				
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? why are you guys here				
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:			Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:	
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide	
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			<input type="checkbox"/> Other Describe:	
In Pain? <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	
			Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
What did the SUSPECT say (Before and After Arrest): I'm here watching My daughter.				
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Child/Witness (1) Name (Last, First, M.I.)		DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)	City, State, Zip
Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip
Briefly describe the circumstances of this incident: Responding officer responded to a third party caller reporting a domestic incident was occurring inside of the above location. P1 states he brought his daughter to the floormats re stating pink for a person. P1 stated P2 gave the middle finger to him. P1 approached P2 to ask her to behave. P1 & P2 have an ongoing d. are in the process of a divorce. P2 left the location and refused to give any information. P1 states there was a restraining order that is currently expired. P1 further states P2 is allowed to be in public spaces that their children are at.				
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2
				Law (e.g. PL)

Prior History

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
Early 2023 → Arrested for OP violation worst
First → P2 called Lurchmont PD on P1 for driving a family vehicle when she didn't want him to.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is suspect violently and constantly jealous of you? <input checked="" type="checkbox"/> Yes <input 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
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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? Yes No if NO, Why:
 Was Victim Rights Notice given to the Victim? Yes No if NO, Why:

Signatures:
 Reporting Officer (Print and Sign include Rank and ID#): **A. S. [Signature]**
 Supervisor (Print and Sign include Rank and ID#):

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, MI) **Kassenoff, Catherine**

I **Allan Kassenoff** (Victim/Deponent Name) state that on **3 / 18 / 2023** (Date) at **Hammock Ice Rink** (Location of incident) in the County/City/Town/Village **Mannaseth**

of the State of New York, the following did occur: **I was attending ice skating with my daughter Jojo. Catherine Kassenoff showed up (as permitted by The Matrimonial Court) & started harassing Jojo. Jojo & I just ignored her. While Jojo was in her lesson, I was doing free skate. Catherine proceeded to give me the finger, as I stated by I got off the ice & asked her to stop harassing me & Jojo. She started recording me & screaming "I am going to get an restraining order!" I told her I was going to speak to the manager, which I did. The manager proceeded to call the police (which I didn't even know).**

(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/Deponent Signature: **Allan A. [Signature]** Date: **3/18/23**
 Witness or Officer Signature: **PO [Signature]** Date: **03/18/23**
 Interpreter Signature and Interpreter Service Provider Name: _____ Date: _____
 Interpreter Requested Yes No Interpreter Used Yes No

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

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