

CENTRAL COMPLAINT NO: 2021-0473289	PCT: 5	COMMAND 510	SECTOR 510
DATE OF REPORT 9/11/2021	CLASSIFICATION		



**POLICE DEPARTMENT, COUNTY OF SUFFOLK, N.Y.**  
**ACCREDITED LAW ENFORCEMENT AGENCY**  
**MISSING PERSON REPORT**  
PDCS-1030h

<b>MISSING PERSON</b>	NAME (Last, First) <b>PETITO, GABRIELLE</b>		ALIAS / NICKNAME / MAIDEN <b>DURIVOU</b>	
	ADDRESS; HAMLET / VILLAGE, ZIP CODE <b>76 OCEAN AV. DELEPONT NY</b>		PLACE OF BIRTH <b>STONYBROOK</b>	FATHER'S NAME <b>PETITO, JOSEPH</b>
	PREVIOUS ADDRESS <b>76 OCEAN AV. DELEPONT NY</b>		HOME PHONE	CELL PHONE <b>631- [REDACTED]</b>
	EMAIL ADDRESS <b>GABBY PETITO FACEBOOK/GABSPETITO INSTAGRAM</b>		SOCIAL MEDIA <b>GABBY PETITO FACEBOOK/GABSPETITO INSTAGRAM</b>	

<b>PHYSICAL AND MEDICAL INFORMATION</b>	<input type="checkbox"/> MALE	AGE <b>22</b>	D.O.B. <b>3/19/1999</b>	RACE <b>W</b>	ETHNICITY <b>NON-HISPANIC</b>	HEIGHT <b>65</b>	WEIGHT <b>110</b>	COMPLEXION
	<input checked="" type="checkbox"/> FEMALE	HAIR COLOR <b>BLN</b>		HAIR STYLE	MUSTACHE / BEARD	GLASSES, FRAME / CONTACT		BLOOD TYPE
	EYES <b>BLU</b>		SCARS / MOLES / TATTOOS <b>BLCK TRIANGLE IN FOREARM/LET IT BE /VINE FINGER TATOOS</b>		SPEECH		ABUSES <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	
	BROKEN BONES / MISSING ORGANS / AMPUTEE		TEETH PECULIARITIES		HEALTH / MEDICAL CONDITION			
	KNOWN DISABILITIES				EVER MENTION OR ATTEMPT SUICIDE			
	DENTIST NAME		DENTIST PHONE		DOCTOR NAME		DOCTOR PHONE	
	WHERE / WHEN HOSPITALIZED / INSTITUTIONALIZED IN LAST 10 YEARS							
	SOCIAL SECURITY NUMBER		MEDICAID NUMBER		MEDICARE NUMBER			

<b>CLOTHING ACCOUNTS</b>	SWEATER / JACKET		COAT	SHOES	HAT
	DRESS		TROUSER / PANTS	SHIRT / BLOUSE	
	OTHER CLOTHING MARKS / LABELS / JEWELRY				
	MONEY / CREDIT CARDS / BANK ACCOUNTS <b>CAPITAL ONE CREDIT/CHECKING</b>				

VEHICLE MAKE / MODEL / YEAR / COLOR <b>FORD / TRANSIT / 2012 / WHITE</b>		LICENSE NUMBER <b>QFTG03</b>
CRIMINAL RECORD / ACTIVE WARRANTS		
EMPLOYER (IF STUDENT - SCHOOL AND DISTRICT)		OCCUPATION (GRADE - IF STUDENT)
EMPLOYER ADDRESS (IF STUDENT - SCHOOL ADDRESS)		PHONE

<b>REPORTED BY</b>	NAME <b>SCHMIDT, NICHOLE</b>		DOB <b>[REDACTED] 1978</b>	RELATIONSHIP <b>MOTHER</b>	
	ADDRESS <b>76 OCEAN AV. DELEPONT NY</b>		CELL PHONE <b>631- [REDACTED]</b>	HOME PHONE	WORK PHONE
	DATE MISSING <b>8/30/2021</b>	TIME MISSING <b>07:00:00</b>	LOCATION LAST SEEN <b>GRAND TITAN NATIONAL PARK, WYOMING</b>		
	PROBABLE DESTINATION <b>MOTHER</b>		PROBABLE REASON FOR ABSENCE <b>UNKNOWN</b>		
	NEAREST NEXT OF KIN - ADDRESS - PHONE				RELATIONSHIP
	POSSIBLE COMPANIONS / KNOWN ACQUAINTANCES <b>LAUNDRIE, BRIAN</b>			PREVIOUSLY REPORTED MISSING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, HOW LONG MISSING?
	WHERE LOCATED / RETURNED ON OWN - REASON GIVEN			PHOTO RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF PHOTO <b>8/27/2021</b>
				PUBLICITY REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL REMARKS / ACTIONS TAKEN BY PATROL

FOUND?		CASE STATUS			Notify the appropriate P.D. Detective, Squad, Unit, Missing Person Reports	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> PENDING	<input type="checkbox"/> CLOSED	DATE / TIME NOTIFIED 9/11/2021 19:00:00	FOLLOW-UP COMMAND 3150 - 5TH SQUAD SECTION
T.T. NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		T.T. MESSAGE NO. 19170			OFFICER NOTIFIED BARRY, TRACEY 1566	
REPORTING OFFICER GALLANT, YASMIN PO/6943/2D2				SUPERVISOR LANDGROVER, ROBERT SGT/1410/536		

DISTRIBUTION: Original - Central Records; Copy and Related Photos - Appropriate Detective Squad; Copy retained by Precinct