



**WESTCHESTER COUNTY POLICE  
CRIME ANALYSIS UNIT  
SEX OFFENDER INFORMATION**

**IDENTITY**

Offender Id: 26029  
 Last Name: SIDNEY  
 First Name: ABDUL  
 Middle Name:  
 Name:  
 Drivers Lic. No:  
 Drivers Lic. State



**RESIDENCE/ADDRESS**

GRASSLANDS RESERVATION  
 25 OPERATIONS DRIVE, VALHALLA, NY  
 Zip Code: 10595

**DESCRIPTION**

DOB: 04/26/1975 Race: BLACK  
 Sex: MALE Height: 505  
 Weight: 160 Hair: BLACK  
 Eyes: BROWN Glasses: NO Ethnic Origin: NON-HISPANIC

**CRIME INFORMATION**

Title	Section	Subsection	Class	Category	Degree	Description
PL	130.65	03	D	F	1	SEXUAL ABUSE 1 <sup>ST</sup> <11 YO
Conviction Date:	02/20/2003	Victim Age:	4	Victim Sex:	FEMALE	

**RELEASE INFORMATION**

Sentence: 5 YEARS STATE Sentence Court: WESTCHESTER COUNTY COURT  
 Imposed: PRISON  
 Supervising Agency: NYS DIV PAROLE Supervising Officer: RHODES  
 Earliest possible release date: 12/22/2006  
 Max. Expiration Date or Post Release Supervision: 12/22/2011  
 End Date:

**STATUS**

Risk Level: 3 Registration Date: 12/19/2006  
 Designation: SEXUALLY VIOLENT OFFENDER 90-Day Verification Required: YES

**SCARS, MARKS, TATTOOS**

TATTOO LEFT ARM "SANDRA", POCKMARKS, SCAR LEFT ARM

**ADDITIONAL NAMES/ALIASES**

Last Name	First Name	Middle Name
HENDERSON	ABDUL	



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<b>Last Name</b> SIDNEY	<b>First Name</b> ABDUL	<b>Middle Name</b>	<b>Offender ID</b> 26029
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**VEHICLES**

<b>Lic. Plate No.</b> --	<b>State</b> --	<b>Vehicle Year</b> --	<b>Make/Model</b> --	<b>Color</b> --
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**COLLEGE EMPLOYED/ATTENDING**

<b>Status</b> --	<b>College Name</b> --	<b>College Address - (City, State, Zip)</b> --
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**EMPLOYMENT INFORMATION**

<b>Status</b> --	<b>Employer Name</b> --	<b>Employer Address - (City, State, Zip)</b> --
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**PRIOR RESIDENCES**

Address	City	State	Zip	County
NYSDOCS BOX 5000	MARCY	NY	13403	ONEIDA
216 WOODWORTH AVE	YONKERS	NY	10701	WESTCHESTER
35 MAIN ST	YONKERS	NY	10701	WESTCHESTER
80 SCHOOL ST	YONKERS	NY	10701	WESTCHESTER

**NARRATIVE INFORMATION**

**Special Conditions:**

SEEK, MAINTAIN EMPLOYMENT, ABIDE BY CASE SPECIFIC SEX OFFENDER CONDITIONS, COMPLY WITH SEX OFFENDER REGISTRATION ACT, MENTAL HEALTH REFERRAL NO ALCOHOL, NO CONTACT WITH VICTIM, NO CONTACT WITH CHILDREN UNDER 18 YOA UNLESS IN COMPANY OF AN ADULT WHO IS AT LEAST 21 YOA AND WITH PERMISSION OF SUPERVISOR, NOT TO FREQUENT PLACES SELLING ALCOHOL PRIMARILY FOR ON SITE CONSUMPTION, PARTICIPATE IN SUBSTANCE ABUSE, ALCOHOL, AND/OR MENTAL HEALTH COUNSELING, PARTICIPATE IN SEX OFFENDER TREATMENT PROGRAM SUBMIT TO SUBSTANCE ABUSE TESTING, NO DRIVERS LICENSE, CURFEW, ORDER OF PROTECTION, NO OPERATION OF MOTOR VEHICLE, NO SEXUAL ENHANCING DRUGS, PARTICIPATE IN PAROLEES POLYGRAPH PROGRAM.

**Notes:**

<b>Description of Actual Crime</b> ACTUAL SEXUAL CONTACT	<b>Actual</b> YES	<b>Attempted</b> NO	<b>More Than Once</b> UNKNOWN
<b>Relationship to Victim</b> NON-STRANGER - BABY SITTER	<b>Force Used/Physical Assault Used</b> UNKNOWN		
<b>Computer Used</b> N/A	<b>Pornography Involved</b> N/A	<b>Weapon Used</b> NO	