



North Castle Police Department
15 Bedford Road, Armonk, NY 10504
Telephone: 914-273-9500; Fax: 914-273-5412

Sex Offender Registry Information

Offender Level: **3**

Offender Identity:

Offender ID: **34975**
Last Name: **Sparrow**
First Name: **Vernon**
Middle Name: **J**
AKA:



Residence Address:

Zip Code: **10603**
Street Address: **96 Washington Avenue, 2nd floor, North White Plains**

Description:

Date of Birth:	04/30/1985	Sex:	Male	Race:	Black
Ethnicity:	Non-Hispanic	Height:	5'11"	Weight:	190
Hair:	Brown	Eyes:	Brown	Corrective Lenses:	Yes

Crime Information:

Title	Section	Subsection	Class	Category
Penal Law	130.35	01	B	Felony
Description:	Rape 1st Degree – Forcible Compulsion			

Status:

Risk Level:	3	Designation:	Sexually Violent Offender
Registration Date:	03/01/2011	90-Day Verification Required?	Yes

Victim Sex / Age:

Female, 14 years; Female, 20 years

Notice: The use of this information to injure, harass or commit a criminal act against this person, or any person, may be subject to criminal prosecution.

Information provided is in accordance with the provisions of the Sex Offender Registration Act in conjunction with the New York State Department of Criminal Justice Services.