



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

## **Sex Offender Registry Information**

**Offender Level:** 1

**Offender Identity:**

Offender ID: **26513**  
Last Name: **Reinhardt**  
First Name: **Norman**  
Middle Name: **B**  
AKA:



**Residence Address:**

Zip Code: **10603**

**Description:**

Date of Birth:	<b>04/22/1951</b>	Sex:	<b>Male</b>	Race:	<b>White</b>
Ethnicity:	<b>Non-Hispanic</b>	Height:	<b>6'00"</b>	Weight:	<b>215</b>
Hair:	<b>Brown</b>	Eyes:	<b>Blue</b>	Corrective Lenses:	<b>No</b>

**Crime Information:**

<b>Title</b>	<b>Section</b>	<b>Subsection</b>	<b>Class</b>	<b>Category</b>
Penal Law	235.22		E	Felony
Description:	<b>Attempted Disseminate Indecent Material to Minors – 1<sup>st</sup> degree</b>			
Modus Operandi:	<b>Attempted, more than once to disseminate indecent materials to a minor.</b>			

**Status:**

Risk Level:	<b>1</b>	Designation:	<b>None</b>
Registration Date:	<b>01/21/2019</b>	90-Day Verification Required?	<b>No</b>

**Victim Sex / Age:**

*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.*