



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: **40934**

Last Name: **Rich**

First Name: **David**

Middle Name:

AKA:



**Residence Address:**

Zip Code: **10504**

**Description:**

Date of Birth: **08/23/1969** Sex: **Male** Race: **White**

Ethnicity: **Non-Hispanic** Height: **6'00"** Weight: **200**

Hair: **Gray** Eyes: **Green** Corrective Lenses: **No**

**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: **1**

Designation: **None**

Registration Date: **05/18/2014**

90-Day Verification Required? **No**

**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.*