

CONFIDENTIAL RECORD SHEET
REGISTRATION SERVICE
BOY SCOUTS OF AMERICA

Council No. 643 Date: July 23, 1990
Full Name: Alexander Warwick
Social Security Number: [REDACTED]
City: New York State: NY Zip: 10128
Date of Birth: June 5, 1964
Approximate Age: 26
Religion: Christian
Occupation: College Student
Education: Brooklyn Tech
Weight: 280 Height: 6 feet 0 inches Race: White
Color of hair: Red Color of eyes: Blue
Outstanding characteristics of interests: None
Married or Single: Single Children: N/A
Spouse's Name: N/A
Scouting Connections: Eagle Scout
Chartered Organization: Central Synagogue
Unit No. Pack 666 # 317472
City: New York State: NY Position: Den Leader
Date registered: January 31, 1991 Special Recognition: N/A
Suspended or denied registration for following reasons: Alleged Sexual Abuse
(see attached sheet)

SPECIFY THE FACTS WHICH LEAD YOU TO RECOMMEND DENIAL OF REGISTRATION INCLUDING HOW THE INFORMATION CAME TO THE COUNCIL'S ATTENTION, AND LIST ATTACHED SUPPORTING DOCUMENTS (STATE ONLY KNOWN FACTS, NOT RUMOR, CONJECTURE OR SPECULATION):

Signed _____
SCOUT EXECUTIVE

CONFIDENTIAL

NOTED

Council _____

AUG 1 1990

AUG 23 1990

F. STARON

JOSEPH L. ANGLIM

CONF019774



BOY SCOUTS OF AMERICA

Northeast Region
P.O. Box 350
Dayton, New Jersey 08810-0350
Telephone: (201) 821-6500
Fax: (201) 821-0810

October 16, 1990

Mr. Alexander Warwick

[REDACTED]
New York, New York 10128

Dear Mr. Warwick:

The Northeast Region, Boy Scouts of America Review Committee supports the decision of the Manhattan Council, New York, New York, to deny your registration with the Boy Scouts of America.

The decision of the Northeast Region Review Committee to deny your registration is subject to a review by a National Council Review Committee. However, you must write within 30 days to the Chief Scout Executive, Boy Scouts of America, 1325 West Walnut Hill Lane, P. O. Box 152079, Irving, Texas 75015-2079, explaining why you believe the decision is in error before review proceedings will be initiated at the National level.

Sincerely,

CHARLES D. BALL
Assistant Regional Director

1236H

cc: Director, Registration Service
Scout Executive, Manhattan Council

READY FOR FILE

OCT 01 1990

A. GRAVES

October 1, 1990

Charles D. Ball
Assistant Regional Director

PERSONAL AND CONFIDENTIAL

SUBJECT: ALEXANDER WARWICK

Dear Charlie:

I have checked the file for Mr. Warwick and find that it is ready for a Regional Review to be conducted. I am going to fax this letter to you and then will send the copy through the US Mail, so that you will have the original copy in your file.

Please do not hesitate to contact me if you need any other material, or if you have any questions. I have checked our file and will send you any items which are in our file, which were not attached to your letter related to the Regional Review.

Sincerely,

Paul Ernst, Director
Registration and Statistical Service

bg

cc: Northeast Region

CONF019776



BOY SCOUTS OF AMERICA

Northeast Region
P.O. Box 350
Dayton, New Jersey 08810-0350
Telephone: (201) 821-6500
Fax: (201) 821-0810

September 25, 1990

Mr. Alexander Warwick

[REDACTED]
New York, New York 10128

Dear Mr. Warwick:

This is to acknowledge your request that a Regional Review Committee be appointed to review the action taken by Manhattan Council, New York, New York, regarding your registration status with the Boy Scouts of America.

A Regional Review Committee has been appointed by the regional president. The committee will review the file and will contact you.

Sincerely,

CHARLES D. BALL
Assistant Regional Director

1261H(rp)

bcc: Paul Ernst - S108
William T. Sullivan
Richard M. Ruffino
Regional Review Committee



Northeast Region
Boy Scouts of America
P.O. Box 350
Dayton, New Jersey 08810
(201) 821-6500

September 19, 1990

TO: PAUL ERNST

Requesting National approval to
conduct a Regional review at our
October 12 Board Meeting, on the
Alexander Warwick situation.

Our complete file is attached.

Thanks.

C. Ball

Charles D. Ball

CONF019778

SEPTEMBER 17
[REDACTED]
NYC NY 1012

DEAR MR FLYTHE :

I ALEXANDER WARWICK
REQUEST REINSTATEMENT WITH THE FULL RANK OF
EAGLE SCOUT IN THE BOY SCOUTS OF AMERICA.

THANK YOU
YOURS FAITHFULLY
Alexander Warwick

SEP 19 1961

MEMORANDUM

July 23, 1990

TO: PAUL ERNST, DIRECTOR, REGISTRATIONS, SUBSCRIPTIONS AND STATISTICAL SERVICE

FROM: WILLIAM T. SULLIVAN, SCOUT EXECUTIVE, MANHATTAN COUNCIL

SUBJECT: ALEXANDER WARWICK

On Saturday, July 21, 1990, I was notified that an incident involving a Manhattan Scouter had occurred at Ten Mile River Scout Camp. Alexander Warwick was employed as a Handicraft Director in Camp Kunatah and allegedly abused several boys from The Bronx. Although the State Police's investigation proved not to have enough evidence to arrest him the camp terminated his employment on July 21, 1990.

In response to the allegations and his action the formal Appendix B letter was hand delivered by myself, as Scout Executive, and witnessed by Field Director, William L. McLaughlin on July 23, 1990, at 12:00 noon to Mr. Warwick at his home, along with a refund check for his registration, suspending him from all activities with the Boy Scouts of America.

Attached are copies of the incident reports that were taken from the boys and adults involved.

The Chartering Institution of Central Synagogue was notified of the incident and will replace his position immediately.

Hopefully we will be able to keep the entire incident out of the press, and I will keep you apprised if future activities.

WTS/ddw

cc: Richard M. Ruffino
Terry L. Schwarck

CONFIDENTIAL RECORD SHEET
REGISTRATION SERVICE
BOY SCOUTS OF AMERICA

Council No. 643

Date: July 23, 1990

Full Name: Alexander Warwick

Social Security Number: [REDACTED]

City: New York State: NY Zip: 10128

Date of Birth: June 5, 1964

Approximate Age: 26

Religion: Christian

Occupation: College Student

Education: Brooklyn Tech

Weight: 280 Height: 6 feet 0 inches Race: White

Color of hair: Red Color of eyes: Blue

Outstanding characteristics of interests: None

Married or Single: Single Children: N/A

Spouse's Name: N/A

Scouting Connections: Eagle Scout

Chartered Organization: Central Synagogue

Unit No. Pack 666

City: New York State: NY Position: Den Leader

Date registered: January 31, 1991 Special Recognition: N/A

Suspended or denied registration for following reasons: Alleged Sexual Abuse
(see attached sheet)

SPECIFY THE FACTS WHICH LEAD YOU TO RECOMMEND DENIAL OF REGISTRATION INCLUDING
HOW THE INFORMATION CAME TO THE COUNCIL'S ATTENTION, AND LIST ATTACHED
SUPPORTING DOCUMENTS (STATE ONLY KNOWN FACTS, NOT RUMOR, CONJECTURE OR
SPECULATION):

Signed _____
SCOUT EXECUTIVE

Council _____

July 23, 1990

Mr. Alexander Warwick

[REDACTED]
New York, NY 10128

Dear Mr. Warwick:

After careful review, we have decided that your registration with the Boy Scouts of America should be denied. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America. A refund of your \$7.00 registration fee is enclosed.

You should understand that BSA membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to refuse registration whenever there is concern that an individual may not meet the high standards of membership which the BSA seeks to provide for American youth.

If you wish to have this decision reviewed by a BSA regional review committee, please write to the regional director within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a BSA member should be reinstated. The procedures for a review of this decision are attached.

Sincerely Yours,

John A. Catsimatidis
President
Manhattan Council

JAC:be

Attach.

The following information is provided should you desire a review by the Northeast Region, BSA, of the decision to deny your registration.

1. Within 60 days, you must request in writing a review of this decision. Your request should be sent to the regional director, Rudolph Flythe, Northeast Region, BSA. In your request you may include your version of what occurred in support of why your registration should not have been denied.
2. Upon the receipt of your written request, a committee will be appointed to review the situation.
3. You may attend the review hearing, but it is not adversarial in nature and neither the committee nor you will be represented by legal counsel. If you wish, you may be accompanied by no more than two other individuals if their testimony might assist the committee in discovering the truth and arriving at a correct decision.
4. The committee will review the facts as presented, and may interview any persons whose testimony might assist them in arriving at a correct decision.
5. You will receive a letter setting forth the decision of the committee.
6. If you disagree with the decision of the committee, you may request a review of this by the National Council of the Boy Scouts of America.

CASE RECORD

BE BRIEF

INCIDENT/ACCIDENT REPORT

BE SPECIFIC

(P) (T) (E) No. 102 District Bronx E. Borough Bronx
 Name A. Gallagher Age 27 Phone [REDACTED]
 Address [REDACTED] Zip 10470
 Status: Scout _____ Adult 1 Staff Member _____ Visitor _____
 Time: _____ A.M./P.M. Date: VARIOUS
 Location: CAMP KUNATAH

Personnel Involved:

Name	Position	Address	Phone
[REDACTED]	WEBLOS		
[REDACTED]	WEBLOS		

Witnesses:

Reported To:

Leader ✓ Parent _____ Guardian _____ Police _____ Other _____

Person Contacted: Name: _____

Address: _____

Contact was made: In Person ✓ By Phone _____

Contact made by: _____ Time: _____ A.M./P.M. Date: _____

Signed: [Signature] Camp: _____
 (Camp Director, Ranger, Campmaster)

(over)

Specific Circumstances:

During several visits to the
craft lodge, the staff member assigned
had several different boys (2 from my
pack, at least) sit on his lap, and made
several kinds of physical contact with the
boys i.e. Finger to belly button/arm, etc.
He also ~~was~~ leaned on boys on occasion.
s He appeared to be only joking, and didn't
hide his actions, I, Caswell as other adult

~~was~~ leaders who were from time to time present
assumed he was only overly affectionate.

Later, I was informed that when I was outside
the lodge that his contact took on a lewd
aspect. Please see the other ~~a~~ depositions
for details of the action in question

Was Hospitalization Necessary: Yes _____ No _____

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: Yes _____ No _____

Name of Company: _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: _____

Bring-Up Date: _____ Signed: _____

Final Disposition:

Action Taken: _____

Bring-Up Date: _____ Signed: _____

Distribution:

- White - Director of Camping
- Yellow - Borough Executive
- Pink - File

Specific Circumstances: I think I reported to me that ZANDER touching [redacted] in the class area [redacted] told me that ZANDER was [redacted] his [redacted] pants. - I observed ZANDER coming [redacted] his shirt, and [redacted] his assistant shirt. [redacted] told me that [redacted] tried to hug him away, but he [redacted].

Action Taken: I contacted [redacted] and [redacted] to have [redacted] removed from the area.

Was Hospitalization Necessary: Yes _____ No

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: Yes _____ No _____

Name of Company: _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: _____

Bring-Up Date: _____ Signed: _____

Final Disposition:

Action Taken: _____

Bring-Up Date: _____ Signed: _____

Distribution:

- White - Director of Camping
- Yellow - Borough Executive
- Pink - File

CASE RECORD

BE BRIEF

INCIDENT/ACCIDENT REPORT

BE SPECIFIC

(P) (T) (E) No. 102 District EASTERN Borough BRONX
 Name JAMES MCCAFFREY Age 32 Phone [REDACTED]
 Address [REDACTED] YONKERS NY Zip 10703
 Status: Scout _____ Adult Staff Member _____ Visitor _____
 Time: _____ A.M./P.M. Date: 7-21-90
 Location: CRAC+ 10000

Personnel Involved:

Name	Position	Address	Phone
[REDACTED]	W2616 SCOUT		
	SCOUT		

Witnesses:

Reported To:

Leader Parent _____ Guardian _____ Police _____ Other _____

Person Contacted: Name: TOM JEFFERIOS
 Address: _____

Contact was made: In Person By Phone _____
 Contact made by: James McCaffrey Time: 2:00 P.M. Date: _____

Signed: R. Green 7/21/90 Camp: _____
 (Camp Director, Ranger, Campmaster)

(over)

BRIEF

CASE RECORD

SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. District Borough

Name [Redacted] Age 10 Phone

Address Zip

Status: Scout Adult Staff Member Visitor

Time: A. M. P. M. Date: , 19

Location:

Personnel Involved:

Name	Position	Address	Phone

Witnesses:

Reported To:

Leader Parent Guardian Police Other:

Person Contacted: Name

Address

Contact was made: In Person By Phone

Contact made by: Time: AM PM Date:

Signed [Signature] 9/23/90 Camp: (Camp Director, Ranger, Campmaster)

(Over)

Specific Circumstances:

I saw Zander [redacted] [redacted]
He call's him "Slave"
He also was giving him wedges, and was exp-
sing [redacted] beans. Zander was [redacted] chest
te was using foul language like the F word, S word,
L word and T word.

Action Taken: _____

Was Hospitalization Necessary: _____ Yes _____ No.

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: _____ Yes _____ No

Name of Company _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: _____

Follow-Up Date: _____ Signed: _____

Final Disposition:

Action Taken: _____

Date _____ Signed _____

III:km
/80

- ist: White - Director, Camping Services
- Yellow - Borough Executive
- Pink - Camp File

CASE RECORD

BE BRIEF

INCIDENT/ACCIDENT REPORT

BE SPECIFIC

(P) (T) (E) No. _____ District _____ Borough _____

Name Zanner Warwick (ALEXANDER) Age 26 Phone [REDACTED]

Address [REDACTED] NY NY 10128 Zip _____

Status: Scout _____ Adult _____ Staff Member Visitor _____

Time: Approx 1 A.M./P.M. Date: 7/21/90

Location: Camp KUNATAH - VARIOUS LOCATIONS, AETICUCON
THE HANDICRAFTS COPE

Personnel Involved:

Name	Position	Address	Phone
<u>Thomas Jeffrey</u>	<u>Camp Director</u>	<u>Camp KUNATAH</u>	
<u>[REDACTED]</u>	<u>COB SCOUTS</u>	<u>Prick 102 Brown</u>	<u>(see attached)</u>
<u>James Mc Carney</u>	<u>Leaders</u>	<u>Prick 102 - Brown</u>	
<u>Arthur Gallagher</u>		<u>(see attached)</u>	

Witnesses:

[REDACTED] (see attached)

Reported To:

Leader _____ Parent _____ Guardian _____ Police Other Camp Dir

Person Contacted: Name: Frank Riekenbaupt

Address: _____

Contact was made: In Person _____ By Phone

Contact made by: Tom Jeffrey Time: Approx 1 A.M./P.M. Date: 7/21/90

Signed: [Signature] Camp: HQ
(Camp Director, Ranger, Campmaster)

(over)

Specific Circumstances:

1. ZANDER (AKA - ZANDER) WARWICK WAS ACCUSED OF HAVING SCOUTS SIT ON HIS LAP AND RUBBING PARTS OF THEIR BODY AND EXPOSING THEIR GENITALS IN A VERY SUBTLE WAY. THIS BEHAVIOR HAD BEEN OBSERVED BY SCOUTS IN PACE 102- BRONX - (see attached statements)
2. ZANDER APPARENTLY HAD A CONVERSATION WITH A COUNCIL FROM TROOP 13, QUEENS, STATING HE WORKED AT CAMP BECAUSE HE IS A PEDIOPHILE.

Action Taken:

1. FRANK RICKENBAUGH CONTACTED BY TOM JEFFERY WITH INITIAL INFORMATION, RON GREEN & I TOOK STATEMENTS.
2. STATE POLICE WERE CONTACTED AND COOPER JOE BARRETT RESPONDED HE INTERVIEWED CONCERNED PARTIES AND TOOK ZANDER FOR FURTHER QUESTIONING.

Was Hospitalization Necessary: Yes _____ No _____

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: Yes _____ No _____

Name of Company: _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: ZANDER TERMINATED ON 7/21/90

Bring-Up Date: _____ Signed: _____

Final Disposition:

Action Taken: _____

Bring-Up Date: _____ Signed: _____

Distribution:

- White - Director of Camping
- Yellow - Borough Executive
- Pink - File

BE
BRIEF

CASE RECORD

BE
SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. _____ District _____ Borough _____

Name _____ Age _____ Phone _____

Address _____ Zip _____

Status: Scout _____ Adult _____ Staff Member _____ Visitor _____
A. H.

Time: _____ P. M. Date: _____, 19____

Location: _____

Personnel Involved:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Witnesses:

Reported To:

Leader _____ Parent _____ Guardian _____ Police _____ Other: _____

Person Contacted: Name _____

Address _____

Contact was made: In Person _____ By Phone _____

Contact made by: _____ Time: _____ AM
PM Date: _____

Signed Paul Ryan 7/23/91 Camp: _____
(Camp Director, Ranger, Campmaster)

(over)

Specific Circumstances: Zandor wedged me and called me his slave then he would hug me then he taught us a dirty song. I also saw Zandor expose private parts then he would tap his hands on a [redacted] stomp.

Action Taken: I tried to get up but he would pull me down.

Is Hospitalization Necessary: Yes No.
Name, Address of Hospital _____
Is Unit Covered by Accident Insurance: Yes No
Name of Company _____

***** ACTION ON THIS REPORT *****

Follow-Up: _____

Action Taken: _____

Follow-Up Date: _____ Signed: _____

Final Disposition: _____

Action Taken: _____

Name: _____ Signed: _____

- Legend:
0
White - Director, Camping Services
Yellow - Borough Executive
Pink - Camp File

BE
BRIEF

CASE RECORD

BE
SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. _____ District _____ Borough _____

Name _____ Age 10 1/2 Phone _____

Address _____ Zip _____

Status: _____ Scout _____ Adult _____ Staff Member _____ Visitor _____
A. H.

Time: _____ P. M. Date: _____, 19____

Location: _____

Personnel Involved:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Witnesses:

Reported To:

Leader _____ Parent _____ Guardian _____ Police _____ Other: _____

Person Contacted: Name _____

Address _____

Contact was made: In Person _____ By Phone _____

Contact made by: _____ Time: _____ AM
PM Date: _____

Signed Phil Green 7/23/90 Camp: _____
(Camp Director, Ranger, Campmaster)

(Over)

Specific Circumstances:

~~cutted~~ ~~my~~ ~~cast~~ ~~on~~ ~~my~~ ~~wille~~ ~~and~~ ~~ruled~~ ~~him~~
Zander
P wille. Wedged
and ruled Him.
He passed my cast on my wille

Action Taken:

Was Hospitalization Necessary: Yes No

Name, Address of Hospital

Was Unit Covered by Accident Insurance: Yes No

Name of Company

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken:

Ring-Up Date: Signed:

Final Disposition:

Action Taken:

Date Signed

III:km
/80

- 1st: White - Director, Camping Services
- Yellow - Borough Executive
- Pink - Camp File

BE
BRIEF

CASE RECORD

BE
SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. _____ District _____ Borough _____

Name [REDACTED] Age 9 Phone _____

Address _____ Zip _____

Status: _____ Scout _____ Adult _____ Staff Member _____ Visitor _____
A. H.

Time: _____ P. H. Date: _____, 19____

Location: _____

Personnel Involved:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Witnesses:

Reported To:

Leader _____ Parent _____ Guardian _____ Police _____ Other: _____

Person Contacted: Name _____

Address _____

Contact was made: In Person _____ By Phone _____

Contact made by: _____ Time: _____ AM
PM Date: _____

Signed *John Ryan* 7/23/90 Camp: _____
(Camp Director, Ranger, Campmaster)

(over)

Specific Circumstances: I was sitting next to Zander and he pulled me into his lap. My shirt was off and he started to play with my chest and my nipples. Then he pulled out my shorts and looked at me, he did that a couple of times. He also thought I was a dirty song

Action Taken: _____

Was Hospitalization Necessary: _____ Yes _____ No.
Name, Address of Hospital _____
Was Unit Covered by Accident Insurance: _____ Yes _____ No
Name of Company _____

***** ACTION ON THIS REPORT *****

Follow-Up:
Action Taken: _____
Closing-Up Date: _____ Signed: _____

Final Disposition:
Action Taken: _____
Date: _____ Signed: _____

MM:km
/80
List: White - Director, Camping Services
Yellow - Borough Executive
Pink - Camp File

BE BRIEF

CASE RECORD

BE SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. STAFF and District Eastern Borough Bronx
Pack 102 Name Age Phone

Address Zip

Status: Scout Adult Staff Member Visitor
A. M. P. M.

Time: Date: 19

Location:

Personnel Involved:

Name	Position	Address	Phone
Zander Warwick	Handicrafts Director	N.Y., N.Y.	

Witnesses: Age 0

Reported to: Leader Parent Guardian Police Other: Frank Arkenberg Director of TMA

Person Contacted: Name Address

Contact was made: In Person By Phone

Contact made by: Time: AM PM Date:

Signed: [Signature] Camp: (Camp Director, Ranger, Campmaster)

(Over)

Specific Circumstances: At about 10:30 a.m., John Bratt, Troop 13, Queens told me that last night at dinner Zander was sitting with them at the dinner table. A conversation started on why people work in camp. Zander apparently said "I work here because I'm a pedophile." Ten minutes later (about 10:45 a.m.) Zander, who I had just started to leave the office to find, was escorted into an office by James McCaffrey who gave me two names of boys who had just been seen with Zander in the handicrafts room. Touching of the chest and pulling on the pants near the genital area was what Zander had been ostensibly doing.

Was Hospitalization Necessary: Yes No. then, according to James McCaffrey I immediately called Frank Rickenbergh.

Name, Address of Hospital _____
Insurance Unit Covered by Accident Insurance: Yes No
Name of Company _____
***** ACTION ON THIS REPORT *****
Reservation Director

Follow-Up: _____
Action Taken: _____
Closing-Up Date: _____ Signed: _____

Final Disposition: _____
Action Taken: _____
Date: _____ Signed: _____

- 111:km /80
- List: White - Director, Camping Services
- Yellow - Borough Executive
- Pink - Camp File

August 24, 1990

Mr. William Sullivan
Scout Executive
Manhattan Area Council, No. 643

PERSONAL AND CONFIDENTIAL

SUBJECT: ALEXANDER WARWICK

Dear Bill:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Ineligible Volunteer File.

Sincerely,

Paul Ernst, Director
Registration Service

eko

cc: Northeast Region

READY TO FILE

AUG 24 1990

FRIM GRILEY

CONF019800

M E M O R A N D U M

July 23, 1990

TO: PAUL ERNST, DIRECTOR, REGISTRATIONS, SUBSCRIPTIONS AND
STATISTICAL SERVICE

FROM: WILLIAM T. SULLIVAN, SCOUT EXECUTIVE, MANHATTAN COUNCIL

SUBJECT: ALEXANDER WARWICK

On Saturday, July 21, 1990, I was notified that an incident involving a Manhattan Scouter had occurred at Ten Mile River Scout Camp. Alexander Warwick was employed as a Handicraft Director in Camp Kunatah and allegedly abused several boys from The Bronx. Although the State Police's investigation proved not to have enough evidence to arrest him the camp terminated his employment on July 21, 1990.

In response to the allegations and his action the formal Appendix B letter was hand delivered by myself, as Scout Executive, and witnessed by Field Director, William L. McLaughlin on July 23, 1990, at 12:00 noon to Mr. Warwick at his home, along with a refund check for his registration, suspending him from all activities with the Boy Scouts of America.

Attached are copies of the incident reports that were taken from the boys and adults involved.

The Chartering Institution of Central Synagogue was notified of the incident and will replace his position immediately.

Hopefully we will be able to keep the entire incident out of the press, and I will keep you apprised if future activities.

WTS/ddw

cc: Richard M. Ruffino
Terry L. Schwarck

*Added to IV file
deleted from reg file
8/1/90
cm*

July 23, 1990

Mr. Alexander Warwick

[REDACTED]
New York, NY 10128

Dear Mr. Warwick:

After careful review, we have decided that your registration with the Boy Scouts of America should be denied. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America. A refund of your \$7.00 registration fee is enclosed.

You should understand that BSA membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to refuse registration whenever there is concern that an individual may not meet the high standards of membership which the BSA seeks to provide for American youth.

If you wish to have this decision reviewed by a BSA regional review committee, please write to the regional director within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a BSA member should be reinstated. The procedures for a review of this decision are attached.

Sincerely Yours,

John A. Catsimatidis
President
Manhattan Council

JAC:be

Attach.

CONF019802

CASE RECORD

BE BRIEF

INCIDENT/ACCIDENT REPORT

BE SPECIFIC

(P) (T) (E) No. 102 District Bronx E. Borough Bronx
 Name A. Gallagher Age 27 Phone [REDACTED]
 Address [REDACTED], Bronx Zip 10470
 Status: Scout _____ Adult 1 Staff Member _____ Visitor _____
 Time: _____ A.M./P.M. Date: VARIOUS
 Location: CAMP KUNATAH

Personnel Involved:

Name	Position	Address	Phone
[REDACTED]	WEBLOS		
[REDACTED]	WEBLOS		

Witnesses:

Reported To:

Leader Parent _____ Guardian _____ Police _____ Other _____

Person Contacted: Name: _____

Address: _____

Contact was made: In Person By Phone _____

Contact made by: _____ Time: _____ A.M./P.M. Date: _____

Signed: [Signature] Camp: _____
 (Camp Director, Ranger, Campmaster)

(over)

Specific Circumstances:

During several visits to the Craft lodge, the staff member assigned had several different boys (2 from my pack, at least) sit on his lap, and made several kinds of physical contact with the boys i.e. finger to belly button/arm, etc. He also ~~had~~ leaned on boys on occasion. He appeared to be only joking, and didn't hide his actions, I, Caswell as other adult

~~man~~: leaders who were from time to time present assumed he was only overly affectionate.

Later, I was informed that when I was outside the lodge that his contact took on a lewd aspect. Please see the other ~~depositions~~ depositions for details of the action in question

Was Hospitalization Necessary: Yes _____ No _____

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: Yes _____ No _____

Name of Company: _____

***** ACTION ON THIS REPORT: *****

Follow-Up:

Action Taken: _____

Bring-Up Date: _____ Signed: _____

Final Disposition:

Action Taken: _____

Bring-Up Date: _____ Signed: _____

Distribution:

- White - Director of Camping
- Blue - Borough Executive
- Pink - File

Specific Circumstances: It was reported to me that
Zander touching [redacted] in the chest
area [redacted] told me that Zander was exposing
his [redacted] penis.
- I observed Zander coming [redacted] his sleep,
and [redacted] his assistant [redacted] told me
that [redacted] tried to kiss him today, but he
refused.

Action Taken: I contacted the [redacted] that reported
him to [redacted] office.

Was Hospitalization Necessary: Yes _____ No ✓
Name, Address of Hospital _____
Was Unit Covered by Accident Insurance: Yes _____ No _____
Name of Company: _____

***** ACTION ON THIS REPORT *****

Follow-Up:
Action Taken: _____
Bring-Up Date: _____ Signed: _____

Final Disposition:
Action Taken: _____
Bring-Up Date: _____ Signed: _____

Distribution:
White - Director of Camping
Yellow - Borough Executive
Pink - File

CASE RECORD

BE BRIEF

INCIDENT/ACCIDENT REPORT

BE SPECIFIC

(P) (T) (E) No. 102 District EASTERN Borough BRONX
 Name JAMES MCCAFFREY Age 32 Phone [REDACTED]
 Address [REDACTED] YONKERS NY Zip 10709
 Status: Scout _____ Adult Staff Member _____ Visitor _____
 Time: _____ A.M./P.M. Date: 7-21-90
 Location: CRAC + 1000

Personnel Involved:

Name	Position	Address	Phone
[REDACTED]	<u>W 2618</u> <u>SCOUT</u>		
	<u>SCOUT</u>		

Witnesses:

Reported To:

Leader Parent _____ Guardian _____ Police _____ Other _____

Person Contacted: Name: TOM JEFFRIES
 Address: _____

Contact was made: In Person By Phone _____

Contact made by: James McCaffrey Time: 2:00 A.M./P.M. Date: _____

Signed: R. Green 7/21/90 Camp: _____
 (Camp Director, Ranger, Campmaster)

(over)

BE BRIEF

CASE RECORD

BE SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. District Borough

Name [Redacted] Age 10 Phone

Address Zip

Status: Scout Adult Staff Member Visitor

Time: A.M. P.M. Date: , 19

Location:

Personnel Involved:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>

Witnesses:

Reported To:

Leader Parent Guardian Police Other:

Person Contacted: Name Address

Contact was made: In Person By Phone

Contact made by: Time: AM PM Date:

Signed [Signature] 2/23/90 Camp: (Camp Director, Ranger, Campmaster)

(Over)

Specific Circumstances:

I saw Zander Juggins [redacted]
[redacted] He call's him "Slave"
He also was giving him wedgies, and was exp-
sing [redacted] penis. Zander was [redacted] chest.
He was using foul language like the F word, S word,
L word and T word.

Action Taken: _____

Was Hospitalization Necessary: _____ Yes _____ No.

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: _____ Yes _____ No

Name of Company _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: _____

Following-Up Date: _____ Signed: _____

Final Disposition:

Action Taken: _____

Date _____ Signed _____

HH:km
/80

- Dist: White - Director, Camping Services
- Yellow - Borough Executive
- Pink - Camp File

CASE RECORD

BE BRIEF

INCIDENT/ACCIDENT REPORT

BE SPECIFIC

(P) (T) (E) No. _____ District _____ Borough _____

Name Zanna Warwick (ALEXANDER) Age 26 Phone [REDACTED]

Address [REDACTED] NY NY 10128 Zip _____

Status: Scout _____ Adult _____ Staff Member Visitor _____

Time: Approx 1 A.M. (P.M.) Date: 7/21/90

Location: Camp KUNATAH - VARIOUS LOCATIONS, PARTICULARLY THE HANDICRAFTS LODGE

Personnel Involved:

Name	Position	Address	Phone
<u>Thomas Terrace</u>	<u>Camp Director</u>	<u>Camp KUNATAH</u>	
<u>[REDACTED]</u>	<u>COB</u>	<u>Patrol 102 Bronx</u>	
<u>[REDACTED]</u>	<u>SCOUTS</u>	<u>(see attached)</u>	
<u>James Mc Carrahy</u>	<u>Leaders</u>	<u>Patrol 102 - Bronx</u>	
<u>Arthur Gallash</u>		<u>(see attached)</u>	
<u>[REDACTED]</u>		<u>(see attached)</u>	

Reported to:

Leader _____ Parent _____ Guardian _____ Police Other CAMP DIRECTOR

Person Contacted: Name: Frank Kleinbaum

Address: _____

Contact was made: In Person _____ By Phone

Contact made by: Tom Terrace Time: 1 A.M. (P.M.) Date: 7/21/90

Signed: [Signature] (Camp Director, Ranger, Campmaster) Camp: HQ

(over)

Specific Circumstances:

1. ALEXANDER (AKA - ZANDER) WARWICK WAS ACCUSED OF HAVING SCOUTS SIT ON HIS LAP AND RUBBING PARTS OF THEIR BODY AND EXPOSING THEIR GENITALS IN A VERY SUBTLE WAY. THIS BEHAVIOR HAD BEEN OBSERVED BY SCOUTS IN PACT 102 - BRONX - (see attached statements).
2. ZANDER APPARENTLY HAD A CONVERSATION WITH A LADDER FROM TERRY B, QUEENS, STATING HE WORKED AT CAMP BECAUSE HE IS A PEDIOPHILE.

Action Taken:

1. FRANK RICKENBAUGH CONTACTED BY TOM JEFFREY WITH INITIAL INFORMATION. RON GREEN & I TOOK STATEMENTS.
2. STATE POLICE WERE CONTACTED AND TROOPER JOE BARBER RESPONDED HE INTERVIEWED CONCERNED PARTIES AND TOOK ZANDER FOR FURTHER QUESTIONING.

Was Hospitalization Necessary: Yes _____ No _____

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: Yes _____ No _____

Name of Company: _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: ZANDER TERMINATED ON 7/21/90

Bring-Up Date: _____ Signed: _____

Final Disposition:

Action Taken: _____

Bring-Up Date: _____ Signed: _____

Distribution:

- White - Director of Camping
- Yellow - Borough Executive
- Pink - File

BE
BRIEF

CASE RECORD

BE
SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. _____ District _____ Borough _____

Name _____ Age _____ Phone _____

Address _____ Zip _____

Status: _____ Scout _____ Adult _____ Staff Member _____ Visitor _____
A. M.

Time: _____ P. M. Date: _____, 19____

Location: _____

Personnel Involved:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Witnesses:

Reported To:

Leader _____ Parent _____ Guardian _____ Police _____ Other: _____

Person Contacted: Name _____

Address _____

Contact was made: In Person _____ By Phone _____

Contact made by: _____ Time: _____ AM
PM Date: _____

Signed Paul Green 7/23/90 Camp: _____
(Camp Director, Ranger, Campmaster)

Specific Circumstances: Zandor wedged me and called me his slave then he would bug me then he taught us a dirty song. I also saw Zandor expose private parts then he would tap his hands on a stomach.

Action Taken: I tried to get up but he would pull me down.

Hospitalization Necessary: Yes No.

Name, Address of Hospital _____

Unit Covered by Accident Insurance: Yes No

Name of Company _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: _____

Follow-Up Date: _____ Signed: _____

Final Disposition: _____

Action Taken: _____

Name _____ Signed _____

1:km
10

- White - Director, Camping Services
- Yellow - Borough Executive
- Pink - Camp File

BE BRIEF

CASE RECORD

BE SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. District Borough

Name [Redacted] Age 10 1/2 Phone

Address Zip

Status: Scout Adult Staff Member Visitor

Time: P. M. Date: , 19

Location:

Personnel Involved:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>

Witnesses:

Reported To:

Leader Parent Guardian Police Other:

Person Contacted: Name Address

Contact was made: In Person By Phone

Contact made by: Time: AM PM Date:

Signed [Signature] 7/23/90 Camp: (Camp Director, Ranger, Campmaster)

RAH
Specific Circumstances:

~~On the way~~ ~~to~~ ~~camp~~ ~~site~~ ~~at~~ ~~the~~ ~~end~~ ~~of~~ ~~the~~ ~~trail~~
~~expedited~~ ~~my~~ ~~willie~~ ~~wedged~~
~~my~~ ~~willie~~ ~~and~~ ~~hugged~~ ~~him~~.
He passed my canteen @ my willie

Action Taken:

Hospitalization Necessary: Yes No.

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: Yes No

Name of Company _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: _____

Follow-Up Date: _____

Signed: _____

Final Disposition:

Action Taken: _____

Date _____

Signed _____

III:km
/80

- Red: White - Director, Camping Services
- Yellow - Borough Executive
- Pink - Camp File

BRIEF

CASE RECORD

SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. _____ District _____ Borough _____
Name _____ Age 9 Phone _____
Address _____ Zip _____

Status: Scout _____ Adult _____ Staff Member _____ Visitor _____
A. M. _____ P. M. _____

Time: _____ Date: _____, 19____

Location: _____

Personnel Involved:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Witnesses:

Reported To:

Leader _____ Parent _____ Guardian _____ Police _____ Other: _____

Person Contacted: Name _____
Address _____

Contact was made: In Person _____ By Phone _____

Contact made by: _____ Time: _____ AM
PM Date: _____

Signed [Signature] 7/23/90 Camp: _____
(Camp Director, Ranger, Campmaster)

(Over)

Specific Circumstances: I was sitting next to Zander and he pulled me in to his lap. My shirt was off and he started to play with my chest and my nipples. Then he pulled out my shorts and looked at me, he did that a couple of times. He also taught us a dirty song

Action Taken: _____

Was Hospitalization Necessary: _____ Yes _____ No.

Name, Address of Hospital _____

Was Unit Covered by Accident Insurance: _____ Yes _____ No

Name of Company _____

***** ACTION ON THIS REPORT *****

Follow-Up:

Action Taken: _____

Follow-Up Date: _____ Signed: _____

Final Disposition: _____

Action Taken: _____

Date _____ Signed _____

- III:km
/80
List: White - Director, Camping Services
Yellow - Borough Executive
Pink - Camp File

BE BRIEF

CASE RECORD

BE SPECIFIC

INCIDENT/ACCIDENT REPORT

(P) (T) (E) No. STAFF and District Eastern Borough Bronx
 Name 102 Age _____ Phone _____
 Address _____ Zip _____

Status: _____ Scout _____ Adult _____ Staff Member _____ Visitor _____
 Time: _____ A. M. _____ P. M. Date: _____, 19____

Location: _____

Personnel Involved:

Name	Position	Address	Phone
<u>Zander Warwick</u>	<u>Handicrafts Director</u>	<u>N.Y., N.Y.</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Witnesses:



Leader _____ Parent _____ Guardian _____ Police _____ Other: Frank Rickenbary

Person Contacted: Name _____ Address _____
 Other: Director of TMA

Contact was made: In Person _____ By Phone _____
 Contact made by: _____ Time: _____ AM _____ PM Date: _____

Signed [Signature] Camp: _____
 (Camp Director, Ranger, Campmaster)

(Over)

Specific Circumstances: At about 10:30 a.m., John Brett, Troop 13, Queens told me that last night at dinner Zander was sitting with them at the dinner table. A conversation started on why people work in camp. Zander apparently said "I work here because I'm a pedophile." Ten minutes later (about 10:45 a.m.) Zander, who I had just started to leave the office to find, was escorted into my office by James McCaffrey who gave me two names of boys who had just been seen with Zander in the handicrafts room. Touching of the cheeks and pulling on the pants near the genital area was what Zander had been ostensibly doing to

Hospitalization Necessary: Yes No. then, according to James McCaffrey
 Name, Address of Hospital _____
 Was Unit Covered by Accident Insurance: Yes No I immediately called Frank Rickenbaugh, +
 Name of Company _____ Reservation Director of TMI

***** ACTION ON THIS REPORT *****

Follow-Up:
 Action Taken: _____
 Follow-Up Date: _____ Signed: _____

Final Disposition:
 Action Taken: _____
 Date: _____ Signed: _____

III:km
 /80
 Legend:
 White - Director, Camping Services
 Yellow - Borough Executive
 Pink - Camp File



BOY SCOUTS OF AMERICA

COUNCIL

No. 143 Date 8-1-90

REFER TO YOUR TRANSMITTAL REPORT NO. _____

CREDIT NOTICE DEBIT NOTICE

Claw

REGISTRATION SERVICE

REGISTRATION Unit no. 03666 Term: _____ months

unit additional enrollment

Unit charter fee of \$20: Received \$ _____ Required \$ _____

1 Leaders { _____ multiple @ \$ _____ each: Received \$ 7⁰⁰ Required \$ 0
 { _____ transfer
 } _____ Members { _____ multiple @ \$ _____ each: Received \$ _____ Required \$ _____
 { _____ transfer

_____ Members _____ Leaders listed on transmittal form _____ Leaders listed on application

Transfers must pay \$1 each. Renewal date given _____ We have _____

Not on transmittal report Duplicate entry No application received

Correction made per your letter/telephone call _____

No answer to our defective registration telephone inquiry _____

Returning _____ Under age Incomplete address Name missing

BOYS' LIFE Term: 6 months

Paid for _____ subscriptions; listed _____ subscriptions: Received \$ 6⁶⁰ Required \$ 3³⁰

Incorrect fees: _____ subscriptions. Back issues are not available.

Please check attached copy. Pay debit—use credit or return with copy of the roster showing corrections needed.

Alexander Warwick

Please add or subtract the amount(s) indicated on your next transmittal in the proper column(s) and return the original.

BILLING	Unit charter fee	\$ _____	Explorer	\$ _____
	Tiger Cub	\$ _____	Career Awareness Explorer	\$ _____
	Cub Scout	\$ _____	Leader	\$ _____
	Boy Scout	\$ _____	Boys' Life	\$ _____
	Varsity Scout	\$ _____	Total	\$ _____
CREDITING	Unit charter fee	\$ _____	Explorer	\$ _____
	Tiger Cub	\$ _____	Career Awareness Explorer	\$ _____
	Cub Scout	\$ _____	Leader	\$ <u>7⁰⁰</u>
	Boy Scout	\$ _____	Boys' Life	\$ <u>6⁶⁰</u>
	Varsity Scout	\$ _____	Total	\$ <u>13⁶⁰</u>

MS08

MEMBERSHIP SUPPORT SYSTEM

MEMBER DELETE

08/01/90 11:06:31

CNCL 643 PRG/UNIT 03666 SEQ. 317472

FIRST: ALEXANDER LAST: WARBUCK

ADDR1: ██████████ ADDR2: NEW YORK NY ZIP: 10128

ADDR3: ADDR4: REG STATUS: D ENROLL: 0289 BIRTH: 0664 SEX: M AGENCY: M ADULT/YOUTH: 6

POSITION: DL FINDERCODE: 50 PHONE: ██████████ BULK: MAG-STATUS:

REN DATE: 0191 TRANSFER FROM = CNCL: PGM/UNIT: SEQ: TRANSFER DATE:

MAGAZINES

TYPE	CNCL	P/UNT	CODE	TRM	DATE	FIRST	LAST	ORIG	ISSUES TO GO	AREAR	TOTAL COUNT	LAST LABEL	EXP
R			N	12	0490	0490	0990	06	006	00	2907	0391	

PF2)DELETE PF12)MENU CLR)END
MEMBER DELETED FROM DATABASE SUCCESSFULLY