

INELIGIBLE VOLUNTEER RECORD SHEET
REGISTRATION SERVICE
BOY SCOUTS OF AMERICA

DATE: November 6, 1989

FULL NAME Thomas J. Petrauskas S.S. NO. [REDACTED]
(No initials if you can possibly get full name)

ADDRESS [REDACTED]

CITY Chicago STATE Illinois ZIP CODE 60629

DATE OF BIRTH 3/65 (This is important and should be exact)

APPROXIMATE AGE _____ (To be used ONLY when date of birth is not known)

RELIGION unknown NATIONALITY (Citizen of) _____

OCCUPATION Lifeguard at Jewish Community Center

EDUCATION High School Graduate

WEIGHT approx. 220 HEIGHT 5'9" RACE Caucasian

COLOR OF HAIR Brown COLOR OF EYES unknown

ANY DISTINGUISHING PHYSICAL CHARACTERSTICS _____

HOBBIES OR SPECIAL INTERESTS _____

MARRIED SINGLE NAME OF SPOUSE _____

CHILDREN _____
(Name, number, ages, if possible)

SCOUTING CONNECTIONS:

<u>UNIT #</u>	<u>CITY</u>	<u>STATE</u>	<u>POSITION</u>	<u>DATE REGISTERED</u>	<u>DATE RESIGNED</u>
471	Chicago	Illinois	Scoutmaster	9/87	

Chartered Organization St. Simon Roman Catholic Church

SPECIAL RECOGNITION _____

INCIDENT: TYPE 3 DATE OF INCIDENT 7/10/89 RESOLUTION 2/3/5
Type Resolution

- | | |
|--|--------------------------------|
| 1=Scout Related | 1. Internal (only Scouts Know) |
| 2=Non-scout related | 2. Criminal action |
| 3=homosexual (not specifically with youth) | 3. Court action |
| | 4. Probationary status |
| | 5. Reported to state agency |

Check off list of attached documents **NOTED**

- Description of incident
- Victim(s) statement **DEC 13 1989**
- media reports
- Legal proceedings **JOSEPH L ANGLIM**
- Offender's statement
- Official notification of termination
- Found guilty/innocent by court

CONFIDENTIAL

NOV 27 1989

Council Chicago Area Signed Joseph L. Anglim F. STARON
SCOUT EXECUTIVE

December 15, 1989

Mr. Nelson L. Carter
Scout Executive
Chicago Area Council, No. 118

PERSONAL AND CONFIDENTIAL

SUBJECT: Thomas J. Petruskas

Dear Sir:

Thank you for the detailed information sent concerning the above Scouters. 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: East Central Region

REMOVED TO FILE
DEC 17 1989
ERIN CONLEY

Glass gazer

Bernice Lesar of Grand Haven c
Troy, Mich., during the Up in Ce
today.

Scouter charged with assault

A man who worked on the camp staff at Owasippie Scout Reservation in Blue Lake Township has been charged with sexually assaulting a 15-year-old Boy Scout from Greenville.

Thomas Joseph Petrauskas, 24, of 5914 S. Taiman, Chicago, was arraigned before 60th District Court Judge Fredric A. Grimm Jr. on a charge of third-degree criminal sexual conduct, a 15-year felony.

BOND OF \$5,000 was posted with the condition Petrauskas not be at the camp. A preliminary examination was set for July 24 at 2:30 p.m.

Muskegon County Chief Assistant Prosecutor Brett H. Gardner said the case was referred to the Muskegon County Sheriff's Department from the Department of Social Services, "which had re-

ceived a call from the Owasippie Scout camp concerning the sexual assault of one of their young Scouts."

Petrauskas was described in a report authored by camp authorities as a "staff leader." The same report said Petrauskas had met with the youth to go over "instructional swimming."

A MUSKEGON County Sheriff's Department report said the victim told authorities he had fallen asleep early Monday morning and had awakened to find the defendant performing oral sex.

The boy told authorities the defendant would not let him go at first until a promise not to tell was elicited. According to the report, the youth then reported the incident to the camp's health center immediately.

Two crack suspects arraigned

Two Detroit men who were arrested late Thursday night on cocaine-related charges have been arraigned in 60th District Court.

Bryant Scott Henderson, 20, was charged with intent to deliver cocaine, and Derrick Ronard Jones, 19, was charged with disorderly loitering about illegal business.

The two were arrested at a home at 457 Oak. Officers from Muskegon County's Tactical Narcotics Team seized 25 double-

at \$25,000. A preliminary examination is scheduled for July 26.

The charge is a felony punishable by a maximum of 20 years in prison and/or a \$25,000 fine and life probation.

Jones' crime is a misdemeanor punishable by up to 90 days in jail and/or a \$100 fine. Bail was set at \$200. A preliminary examination is set for Aug 16.

THEY WERE arraigned by Judge Richard J. Pasarela.



CHICAGO AREA COUNCIL #118

BOY SCOUTS OF AMERICA

730 West Lake Street, Chicago, Illinois 60606

December 13, 1989

Mr. Paul I. Ernst
Director
Registration Service
Boy Scouts of America
1325 Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079

Dear Paul:

Enclosed is the final report on Thomas Joseph Petrauskas. If you need additional information, please feel free to contact me.

Sincerely,

Kenneth P. Walters
Director Support Services

KPW/ck
Encl.

cc/ Debra Duhs
Gene Cruse
Ted Hanley
Lou Vitullo
Lin Carter

CONF011329

STATE OF MICHIGAN
14th. JUDICIAL CIRCUIT
Muskegon COUNTY

JUDGMENT OF SENTENCE
COMMITMENT TO
CORRECTIONS DEPARTMENT

CASE NO.

89-31156 FH

MI- 610015J

Court address

Court telephone no.

THE PEOPLE OF THE STATE OF MICHIGAN

Defendant's name, address, and telephone no.

THOMAS JOSEPH PETRAUSKAS
Chicago, IL

CTN 618900750801 SID unknown DOB 3-5-65

Prosecuting attorney name V. Fitz Bar no.

Defendant attorney name H. Cloz Bar no.

CALENDAR

THE COURT FINDS:

1. The defendant, represented by counsel, was found guilty on October 19, 1989 of the crimes as stated below: Date

Count	CONVICTED BY			CRIME	CHARGE CODE(S) MCL citation/PACC Code
	Plea*	Court	Jury		
I			G	Criminal Sexual Conduct Third Degree	750.520D1A

*Plea: insert "G" for guilty plea; use "NC" for nolo contendere; use "MI" for guilty but mentally ill.

2. The conviction is reportable to the Secretary of State under MCL 257.732.
The defendant's driver license number is: _____

IT IS ORDERED:

3. Defendant is sentenced to the custody of the Michigan Department of Corrections as stated below. This sentence shall be immediately executed.

Count	SENTENCE DATE	MINIMUM			MAXIMUM		DATE SENTENCE BEGINS	JAIL CREDIT		OTHER INFORMATION
		Years	Mos.	Days	Years	Mos.		Mos.	Days	
I	11-28-89	1	0	0	15	0	11-28-89	0	1	

Defendant shall pay restitution of \$ _____

4. Court recommendation: psych. counseling.

November 28, 1989

Date

Under MCL 769.16a the clerk of the court shall send a copy of this order to the Michigan State Police Central Records Division to create a criminal history record.

Notify that this is a correct and complete abstract from the original court records. The sheriff shall, without needless delay, deliver defendant to the Michigan Department of Corrections at a place designated by the department.

(SEAL)

Deputy court clerk

I HEREBY CERTIFY this to be a true and correct copy of the original on file with this office or COUNTY CLERK.
Michael E. Kozak
MUSKEGON COUNTY CLERK

Cristie S. Anderson



CHICAGO AREA COUNCIL #118
BOY SCOUTS OF AMERICA
730 West Lake Street, Chicago, Illinois 60606

December 8, 1989

Paul Ernst
Registration Service
National Office, BSA
1325 Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079

Dear Mr. Ernst:

Thomas J. Petrauskas was sentenced to 1-15 years on November 28th in Muskegon County Court. There was very little media coverage on the trial and sentencing. Included with the with mailing is an article that appeared in the local paper in July at the time of the incident.

What we forwarded to you earlier and this information is all that we have on the subject.

Sincerely,

Jerry Sanders
Owasippe Director

JS/ew

cc: Ken Walters
Lin Carter

encl:

CONF011331

October 31, 1989

READY FOR FILE

NOV 01 1989

Mr. Kenneth P. Walters
Director Finance and Support Services
Chicago Area Council, No. 113

JULIE EATON

PERSONAL AND CONFIDENTIAL

SUBJECT: THOMAS J. PETRAUSKAS

Dear Ken:

Thank you for sending us the information that Mr. Petrauskas has been found guilty of child sexual abuse. Please keep us informed as to the amount of sentencing.

I still need an Ineligible Volunteer Report Sheet, so we can identify Mr. Petrauskas. Please complete the enclosed form with as much information as you have available, so you can identify him. A copy of a paper with Mr. Petrauskas' signature would also aid in this process.

Thanks for your help in completing this matter.

Sincerely,

Paul Ernst, Director
Registration Service

JE

Enclosure

cc: East Central Region
Nelson Carter, Scout Executive-No. 113

CONF011332

14. UNIT LEADER'S IDENTIFICATION

[Handwritten Signature]

SIGNATURE

*** UNIT TOTALS ***

12 TOTAL PD YOUTH
12 TOTAL PD ADULT
2 TOTAL BL SUES



CHICAGO AREA COUNCIL #118

BOY SCOUTS OF AMERICA

730 West Lake Street, Chicago, Illinois 60606

October 19, 1989

Mr. Paul I. Ernst
Director
Registration Service
Boy Scouts of America - S108
1325 Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079

Dear Paul:

Thomas J. Petrauskas^S was found guilty by jury in Muskegon, Michigan of one count of Child Sexual Abuse. He will be sentenced on November 28, 1989.

A final incident report will be sent to all parties in a week.

Sincerely,

Kenneth P. Walters
Director Finance and
Support Services

KPW/ck

cc: Debra Duhs
Gene Cruse
Ted Hanley
Lynn Lowden
Lou Vitullo
Lin Carter
Jerry Sanders
Bob Yohanan

118-0471- = 030065 3/65

Deleted from reg file
Added to EV file with
spelling given here and
what was on reg file

10/30/89
cm

CONF011334

CALL BACK REQUESTED _____

COUNCIL # _____

PHONE NO: _____

On-Line _____

Batch _____

CALLER: _____

POSITION: _____

TYPE OF PROBLEM

REGISTRATION _____

VETERANS _____

DEBIT _____

CREDIT _____

PROGRAM CODE

& UNIT #

RENEWAL DATE

TRANSMITTAL #

ID #

FILM #

Thomas J. Petruska

*Went to trail found
guilty sentenced Nov 28th*

This is per Debbie Duke

SOLUTION:

NAME _____

DATE _____

TIME _____

July 20, 1989

READY FOR FILE

JUL 20 1989

JULIE EATON

Mr. Nelson L. Carter
Scout Executive
Chicago Area Council, No. 113

PERSONAL AND CONFIDENTIAL

SUBJECT: THOMAS J. PETRAUSKA

Dear Sir:

Thank you for sending me all the material concerning the above named individual. This is most helpful as we start a file which will lead to refusal of registration in the future.

I am enclosing a Confidential Record Sheet which I would like to have completed with as much information as you have available. We would also like a copy of a paper with Mr. Petrauska's signature as this aids in the identification process.

If there is any legal action to take place, please tell us the outcome when it is completed. This will then give us a very strong file for the future.

Sincerely,

Paul Ernst, Director
Registration Service

je

Enclosure

cc: East Central Region

CONF011336



CHICAGO AREA COUNCIL #118

BOY SCOUTS OF AMERICA

730 West Lake Street, Chicago, Illinois 60606

July 12, 1989

Personal and Confidential

Mr. Thomas J. Petrauska

Chicago, Illinois 60629

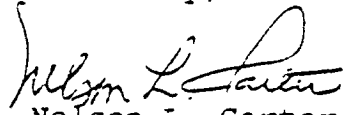
Dear Mr. Petrauska:

After careful review, we have decided that your registration with the Boy Scouts of America should be suspended. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America.

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

If you wish to have this decision reviewed by a council review committee, please write to me within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a Boy Scouts of America member should be reinstated. The procedure for a review of this decision is attached.

Sincerely,


Nelson L. Carter
Scout Executive

NLC/ck
Encl.

Handwritten notes:
Nelson L. Carter
Scout Executive
July 12, 1989
Chicago, Illinois

APPLICANT PROCEDURE FOR REQUESTING REVIEW OF DECISION DENYING REGISTRATION

1. If registration is refused, the applicant may request a review of this decision. This request must be in the form of a written request from the individual which includes his or her version of the facts supporting the claim that registration should not have been denied.
2. Upon receipt of the written request for review, the president of the local council shall appoint a committee to review the situation.
3. The appointed committee should review the facts as presented, and, in addition, may interview any persons whose testimony might assist the committee in discovering the truth and arriving at a correct decision.
4. A confidential report will be given to the applicant setting forth the decision of the committee.
5. The applicant may—if he or she does not agree with the decision—request a review from the regional director.
6. If the regional review does not satisfy the applicant, he or she may ask for further review by the National Council. The decision by the National Council is final.

I [redacted] was talking to Thomas Petroska
 about my teaching methods of instructional swimming
 we proceeded to enter his cabin to
 get away ~~the~~ from the bugs. At this
 time Thomas asked me to apply Aloe
 to his sunburn so I did Afters which
 he offered a back rub and I accepted
 then he gave me a chest rub during which
 I fell asleep, when I woke up approximat
 20-30 min later he was sucking my
 penis. At first he didn't let me go,
 then when I insisted he allowed me to go
 but first he asked me ~~to~~ what I was
 going to do, I told him that I wouldn't
 tell and that it was wrong ~~to~~ thing to
 do. Then I proceeded directly to the
 lodge where I called Tony from

[redacted]

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Social Services

INSTRUCTIONS:

REFERRING PERSON: Complete items 1 - 20. Send PART 1 to local County Department of Social Services where the child is found. Retain PART 2 for your records. See additional instructions on back.

1. Case #

List of Child(ren) Suspected of being Abused or Neglected (List additional children on back of Part 1)

NAME	BIRTH DATE	RACE	SEX
[REDACTED]			

3. Father's Name: [REDACTED] 4. Mother's Name: [REDACTED]

5. Child(ren)'s Address: [REDACTED] 6. City: **Greenville** 7. County: [REDACTED] 8. Phone No.: [REDACTED]

9. Name of Alleged Perpetrator of Abuse or Neglect: **Thomas J. Petrauskas** 10. Relationship to Child(ren): **Staff Leader**

11. Person(s) the Child(ren) Living with when Abuse/Neglect Occurred: **Staff room at Camp Wolverine** 12. Address where Abuse/Neglect Occurred: [REDACTED] **Twin Lake, MI. 49457**

13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect:
[REDACTED] was in Petrauskas' cabin going over instructional swimming. After Petrauskas applied lotion to [REDACTED] back and chest, [REDACTED] fell asleep. He woke up as Petrauskas was touching his penis. [REDACTED] insisted that Petrauskas let him go. He promised not to tell. After he left the cabin [REDACTED] called the Hearen Lodge.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> PHYSICIAN
<input type="checkbox"/> MEDICAL EXAMINER (Coroner)
<input type="checkbox"/> DENTIST
<input type="checkbox"/> NURSE
<input type="checkbox"/> EMERGENCY MEDICAL SERVICES PERSONNEL | <input type="checkbox"/> AUDIOLOGIST
<input type="checkbox"/> SOCIAL WORKER
<input type="checkbox"/> SCHOOL ADMINISTRATOR
<input type="checkbox"/> SCHOOL COUNSELOR
<input type="checkbox"/> PSYCHOLOGIST | <input type="checkbox"/> TEACHER
<input type="checkbox"/> LAW ENFORCEMENT OFFICER
<input type="checkbox"/> CHILD CARE PROVIDER
<input type="checkbox"/> HOSPITAL
<input type="checkbox"/> FAMILY THERAPIST | <input type="checkbox"/> OSS FACILITY
<input type="checkbox"/> DMH FACILITY
<input checked="" type="checkbox"/> OTHER (Specify below)
Camp Director |
|--|---|--|---|

15. Referring Person's Name: **Gerald L. Sanders** 16. Name of Referring Organization (School, Hospital, etc.): **Owasippe Scout Reservation B.S.A.**

17. Address: [REDACTED] 18. City: **Twin Lake** 19. State: **MI.** 20. Phone No.: [REDACTED]

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

21. Summary Report and Conclusions of Physical Examination

22. Laboratory Report 23. X-Ray

24. Other (Specify) 25. History of Physical Signs of Previous Abuse/Neglect
 YES NO

26. Prior Hospitalization or Medical Examination for this Child

DATES	PLACES

Physician's Signature: _____ 28. Date: _____ 29. Hospital (if applicable): _____

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

AUTHORITY: P.A. 238 of 1975.
 COMPLETION: Mandatory
 PENALTY: None

MS08 MEMBERSHIP SUPPORT SYSTEM 10/30/89
MEMBER DELETE 13:35:52

CNCL 118 PRG/UNIT S0471 SEQ. 030065
FIRST: THOMAS
ADDR1: ██████████
ADDR2: CHICAGO IL ZIP: 60629
ADDR3: ██████████
REG STATUS: R ENROLL: 0485 BIRTH: 0365 SEX: M AGENCY: H ADULT/YOUTH: A
POSITION: MC FINDERCODE: 50 PHONE: ██████████ BULK: MAG-STATUS:
REN DAT: 0390

TRANSFER FROM = CNCL: PGM/UNIT: SEQ: TRANSFER DATE:
MAGAZINES
-----SOURCE----- PRICE SUB STRT -----COPIES----- ISSUES TO GO APPEAR LAST LABEL EXP
TYPE CNCL P/UNT CODE TRM DATE FIRST LAST ORIG TOTAL COUNT PRINTED DAT
S ----- N 06 0589 0589 1189 02 .000 00 3009 0390

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