

APPLICATION OR COMPLAINT	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	NUMBER	Trial Court of Massachusetts District Court Department
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<input type="checkbox"/> ARREST	<input type="checkbox"/> HEARING	<input type="checkbox"/> SUMMONS	<input type="checkbox"/> WARRANT	COURT DIVISION
The within named complainant requests that a complaint issue against the within named defendant, charging said defendant with the offense(s) listed below.				Quincy District Court One Dennis F. Ryan Parkway Quincy, MA 02169

DATE OF APPLICATION	DATE OF OFFENSE	PLACE OF OFFENSE
1/25/90	4/24/90	Chicatawbut @ Overlook

NAME OF COMPLAINANT	NO.	OFFENSE	G.L. Ch. and Sec
W. WANAGEL Metro BH	1.	FALSE NAME TO A POLICE OFFICER	90-25
	2.	NOT DULY LICENSED	90-10

ADDRESS AND ZIP CODE OF COMPLAINANT
685 HILLSIDE STREET MILTON, MA

NAME, ADDRESS AND ZIP CODE OF DEFENDANT
THOMAS A SHAY 75 RICHMOND STREET DORCHESTER, MA

COURT USE ONLY →	A hearing upon this complaint application will be held at the above court address on	DATE OF HEARING	TIME OF HEARING	COURT USE ONLY ←
			AT	

CASE PARTICULARS — BE SPECIFIC

NAME OF VICTIM <small>Owner of property, person assaulted, etc.</small>	DESCRIPTION OF PROPERTY <small>(Goods stolen, what destroyed, etc.)</small>	VALUE OR PROPERTY <small>Over or under \$250.</small>	TYPE OF CONTROLLED SUBSTANCE OR WEAPON <small>Marijuana, gun, etc.</small>
FALSE NAME THOMAS SHAY			

OTHER REMARKS: ON 4/24/90 AT APPROXIMATELY 1700 HRS, THOMAS A. SHAY 11/3/71 DID OPERATE A 30M/V WHILE NOT DULY LICENSED AND GAVE FALSE NAME TO A DULY APPOINTED POLICE OFFICER ON CHICATAW-BUT @ OVERLOOK.

W. Wanagel
SIGNATURE OF COMPLAINANT

DEFENDANT IDENTIFICATION INFORMATION — Complete data below if known.

DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
11/3/71	BOSTON, MA	021603766	M	W	6'5"	178	HAZ	BRO
OCCUPATION	EMPLOYER/SCHOOL	MOTHER'S NAME (MAIDEN)		FATHER'S NAME				
SECURITY GUARD	Club Body Center	PETERS		THOMAS L.				

COURT USE ONLY

DATE	DISPOSITION	AUTHORIZED BY
	NO PROCESS TO ISSUE <input type="checkbox"/> At request of complainant <input type="checkbox"/> Complainant failed to prosecute <input type="checkbox"/> Insufficient evidence having been presented	
	PROCESS TO ISSUE <input type="checkbox"/> Sufficient evidence presented <input type="checkbox"/> Defendant failed to appear <input type="checkbox"/> Continued to _____	TYPE OF PROCESS <input type="checkbox"/> Warrant <input type="checkbox"/> Summons returnable _____

COMMENTS

COURT

APPLICATION FOR COMPLAINT **ADULT** **JUVENILE** NUMBER: _____

Trial Court of Massachusetts District Court Department

ARREST **HEARING** **SUMMONS** **WARRANT**

The within named complainant requests that a complaint issue against the within named defendant, charging said defendant with the offense(s) listed below.

COURT DIVISION: Quincy District Court
One Dennis F. Ryan Parkway
Quincy, MA 02169

DATE OF APPLICATION: 4/25/90 DATE OF OFFENSE: 4/24/90 PLACE OF OFFENSE: Chicatawbut @ Overlook

NAME OF COMPLAINANT: W. WANAGEL - Metro BH
ADDRESS AND ZIP CODE OF COMPLAINANT: 685 Hillside Street, Milton, MA

NO.	OFFENSE	G.L. Ch. and Sec
1.	EXPIRED INSPECTION STICKER	90-7A
2.	UNINSURED M/V	90-34J
3.	UNREGISTERED M/V	90-9
4.		

NAME, ADDRESS AND ZIP CODE OF DEFENDANT: Thomas A. Shay, 75 Richmond Street, Dorchester, MA

COURT USE ONLY: A hearing upon this complaint application will be held at the above court address on _____ DATE OF HEARING: _____ TIME OF HEARING: AT _____ COURT USE ONLY: ← ONLY

CASE PARTICULARS — BE SPECIFIC

NO.	NAME OF VICTIM Owner of property, person assaulted, etc.	DESCRIPTION OF PROPERTY Goods stolen, what destroyed, etc.	VALUE OR PROPERTY Over or under \$250.	TYPE OF CONTROLLED SUBSTANCE OR WEAPON Marijuana, gun, etc.
1				
2				
3				
4				

OTHER REMARKS:

Signature of Complainant: *W. Wanagel*

DEFENDANT IDENTIFICATION INFORMATION — Complete data below if known.

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____ SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

OCCUPATION: _____ EMPLOYER/SCHOOL: _____ MOTHER'S NAME (MAIDEN): _____ FATHER'S NAME: _____

COURT USE ONLY

DATE	DISPOSITION	AUTHORIZED BY
	NO PROCESS TO ISSUE <input type="checkbox"/> At request of complainant <input type="checkbox"/> Complainant failed to prosecute <input type="checkbox"/> Insufficient evidence having been presented	
	PROCESS TO ISSUE <input type="checkbox"/> Sufficient evidence presented <input type="checkbox"/> Defendant failed to appear <input type="checkbox"/> Continued to _____	TYPE OF PROCESS <input type="checkbox"/> Warrant <input type="checkbox"/> Summons returnable _____

COMMENTS

COURT DOCKET NO. MASSACHUSETTS UNIFORM TRAFFIC CITATION

91-10-31 18:25 STATE OF BLUE HILLS POLICE DEPARTMENT
 7/24/90 Metro 07/06
 OWNER B 0836895
 OPERATOR

NAME (Last, First, Initial) Shay Thomas A. DATE OF BIRTH 11/3/71 VEHICLE OWNER (IF DIFFERENT) SAME
 ADDRESS 75 Richmond St. W/m ADDRESS SAME
 CITY/TOWN Dorchester MA STATE MA ZIP CITY/TOWN STATE ZIP
 LICENSE NO SS # 021 60 3766 STATE No Response LIC EXP DATE ROAD AREA DRY WET SNOW THICKLY SETTLED MORAL NO LANES 2
 REGISTRATION NO 993X306 LA STATE EXP DATE Chev. Monte 79 COLOR GRN TRAFFIC: MY MED LT ROAD DIVIDED YES NO
 DATE OF VIOLATION SAME LOCATION OF VIOLATION Chickatabut @ Overlook CIVIL ASSESSMENT TIME 5:00 AM PM ACCIDENT YES NO
 OFFENSE A. CRIM CIVIL False Name to P.O. 90 20
 B. CRIM CIVIL Not Daily License 90 10
 C. CRIM CIVIL
 D. CIVIL SPEEDING MPH IN A MPH ZONE CLOCKED RADAR ESTIMATED 90 17
 OFFICER: WARNING ALL CIVIL INFRACTIONS ARREST CRIMINAL COMPLAINT APPLICATION TOTAL AMOUNT DUE \$
 OFFICER CERTIFIES COPY GIVEN TO VIOLATOR BADGE NO 2558 IN HAND BY MAIL COURT LOCATION Quincy
 VIOLATOR ACKNOWLEDGES RECEIPT OF CITATION

COURT RECORDED COP

T. THOMAS ASHAY ALMA

COURT DOCKET NO. MASSACHUSETTS UNIFORM TRAFFIC CITATION

91-10-31 18:25 STATE OF BLUE HILLS POLICE DEPARTMENT
 7/24/90 Metro 07/06
 OWNER B 0836894
 OPERATOR

NAME (Last, First, Initial) Ashay Thomas A. DATE OF BIRTH 11/3/71 VEHICLE OWNER (IF DIFFERENT) SAME
 ADDRESS 75 Richmond St. W/m ADDRESS SAME
 CITY/TOWN Dorchester MA STATE MA ZIP CITY/TOWN STATE ZIP
 LICENSE NO SS # 021 60 3766 STATE No Response LIC EXP DATE ROAD AREA DRY WET SNOW THICKLY SETTLED MORAL NO LANES 2
 REGISTRATION NO 993X306 LU STATE EXP DATE Chev. Monte 79 COLOR BRK TRAFFIC: MY MED LT ROAD DIVIDED YES NO
 DATE OF VIOLATION SAME LOCATION OF VIOLATION Chickatabut @ Overlook CIVIL ASSESSMENT TIME 5:00 AM PM ACCIDENT YES NO
 OFFENSE A. CRIM CIVIL Expired Inspection 3/90 90 7A
 B. CRIM CIVIL Uninsured MV 90 345
 C. CRIM CIVIL Unregistered MV 90 9
 D. CIVIL SPEEDING MPH IN A MPH ZONE CLOCKED RADAR ESTIMATED 90 17
 OFFICER: WARNING ALL CIVIL INFRACTIONS ARREST CRIMINAL COMPLAINT APPLICATION TOTAL AMOUNT DUE \$
 OFFICER CERTIFIES COPY GIVEN TO VIOLATOR BADGE NO 2558 IN HAND BY MAIL COURT LOCATION Quincy
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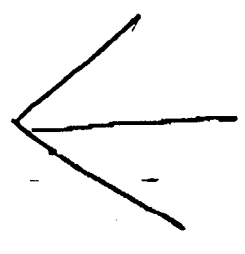
COURT RECORDED COP

CS HARD - YOU ARE MAKING 6 COPIES

PH AND IQ
 DONE. PAUL B.
 →
 NEGATIVE

IDENTIFICATION CARD

I.D. CARD ISSUED DATE 1 90
 021-60-3256 VALID THRU BIRTHDAY TO 93
 01219020 HOUSTON
 ASHAY, THOMAS
 7810 TROULEN
 HOUSTON, TX. 77077
 NONE 6'05H2L M 11-03-67
 Thomas Ashay



Metropolitan Police

The Commonwealth of Massachusetts
20 Somerset Street
Boston, MA 02108



INCIDENT/OFFENSE REPORT

INCIDENT/OFFENSE	00 AGENCY 07 Blue Hills	01 INCIDENT NO. 90014916	FILE #	JOURNAL	PAGE	DISPOSITION <input checked="" type="checkbox"/> ARREST <input type="checkbox"/> INVEST. <input type="checkbox"/> UNFOUND <input type="checkbox"/> OTHER
	02 OFFENSE / NATURE OF INCIDENT Not Duty License 5260		03 FDRL UCR CODE 2608	04 STATUS		WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> ICE <input type="checkbox"/> CLDY. <input type="checkbox"/> SNOW <input type="checkbox"/> OTHER
	05 LOCATION Chickataubut @ Overlook		06 PATROL BTE/RT# 01	07 SHIFT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		09 OFFICER / ID # Wanage 2558
	08 DATE REPORTED 4/24/90	10 DIV. 06	11 EARLIEST DATE 4/24/90	12 EARLIEST TIME 1730	13 LATEST DATE	14 LATEST TIME
15 STOL PROP. AMT.		17 STOL VEH. AMT.	18 DAMAGED PROP. AMT.		19 INVEST OFFICER 2558	20 FDRL DISP. 10
21 DISP DATE 4/24/90						
PERSONS	02 SUFFIX 01	03 NAME Shay, Thomas A		04 NAME TYPE <input type="checkbox"/> COMPL <input type="checkbox"/> METRO <input checked="" type="checkbox"/> ARREST ADULT <input type="checkbox"/> OTHER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> ARREST JUVENILE		
	09 STREET ADDRESS 75 Richmond St.			58 NLIC # (STATE) 021603766		SCARS/TATTOOS
	CITY Dorchester	STATE MA	ZIP ()	PHONE ()		MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input checked="" type="checkbox"/> S
	07 DOB (AGE) 11/3/71	08 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O U	09 RACE W	10 HEIGHT 605	11 WEIGHT 178	12 HAIR BRN
14 ETHNIC ORIG. Y		PERSONS 1 OF 1				
02 SUFFIX		03 NAME N/A		04 NAME TYPE <input type="checkbox"/> COMPL <input type="checkbox"/> METRO <input type="checkbox"/> ARREST ADULT <input type="checkbox"/> OTHER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> ARREST JUVENILE		
09 STREET ADDRESS			58 NLIC # (STATE)		SCARS/TATTOOS	
CITY	STATE	ZIP	PHONE		MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> S	
07 DOB (AGE)	08 SEX	09 RACE	10 HEIGHT	11 WEIGHT	12 HAIR	13 EYES
14 ETHNIC ORIG.		PERSONS OF				
03 SUFFIX 01		04 PLATE NO. 493X306	05 STATE LA	06 VIN 1H57U7B405367		EXP. DATE 10/89
07 YEAR 77	08 MAKE Chev					
09 MODEL Monte Carlo		10 STYLE 2d	11 COLOR BLK	12 ADDITIONAL DESCRIPTION Ignition Damaged		
15 DATE REC/IMPOUNDED 4/24/90	16 LOCATION/TOW CO Scavo3		18 VEHICLE VALUE 100	19 NCIC NO.		
01 REC TYPE		03 SUFFIX	04 PROPERTY TYPE		05 BRAND	08 MODEL
07 ADDITIONAL DESCRIPTION		09 UCR TYPE		SERIAL NO.		
10 OWNER APPLIED NO.			16 PROPERTY VALUE		17 NCIC NO.	
11 DATE STOLEN/LOST	12 RECOVERED STOL.	13. DATE RECOV/REC.		14 LOCATION OF PROPERTY		15 RELEASED
BRIEF SYNOPSIS: On 4/24/90 @ 1700 hrs. off. 2181 stopped LA reg. 493X306 Exp. Inspector Striker RMV check showed vehicle un/ur, and gave to give False Name to PD. and be Not Duty Lic. Arrested one w/m Thomas A. Shay DOB. 11/3/71 75 Richmond St Dorch, MA. SS 021603766 book/pt. Sgt. OFFICER'S SIGNATURE: W. Wanage ID# 2558 PARTNER'S NAME ID# SUPERVISOR'S SIGNATURE: T. Chan ID# 1981 SUPV'R RECOMMENDATION <input type="checkbox"/> FILE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> CLOSED						

CONTINUATION SHEET

AGENCY/DISTRICT 07 Blue Hills	INCIDENT # 90014916
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Sir,

On 4/24/90 @ 1708 hrs. I stopped Louisiana Reg. 473X306 Un/Un and Expired Sticker Subsequent RPL checked showed oper. to be Not Daily Licensed and Further invest. showed oper. to give False Name to P.O. Arrested One White Male Thomas A. Shay P.O.B. 11/3/71, SS # 021 60 3766, 75 Richmond St., Dorchester, 6'05", 178 lbs. Trans. to B.A. Dist. booked by Sgt. Grady Attached Copy of Ident. w/ False info. attached. Warrant check revealed Default warrant w/ Milton P.D. ref. # W.2552329 Poss. Stolen M.V. Quincy Court.

SPECIAL UNIT NOTIFICATION DET _____ PHOTO _____ K-9 _____ WATCH COMM. _____ SOU _____ OSI _____ OTHER _____		PERSONS NOTIFIED 1. _____ 2. _____	
BOOKING OFFICER Sgt. Grady		BREATHALYZER READING	
OFFICER'S SIGNATURE W. Wang	ID # 2558	PARTNER'S NAME ID # _____	SUPERVISOR'S SIGNATURE ID # F. [Signature] 1981

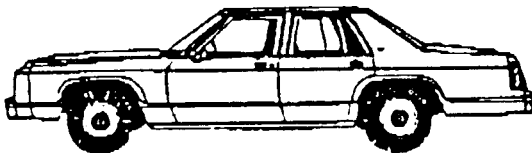


TOW / INVENTORY REPORT

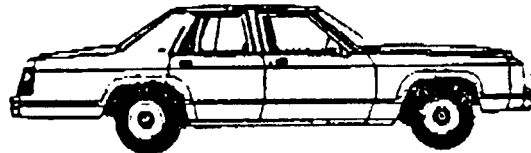
02 AGENCY <i>Blue Hills</i>	01 INCIDENT # <i>700 14916</i>	03 SUFFIX <i>01</i>	DATE <i>04/24/90</i>	TIME <i>1720</i>	AUTHORIZED BY <i>Jgt. Grady</i>
LOCATION OF TOW <i>Chickatabut / Overlook</i>			REASON FOR TOW		
TOW SERVICE RATED/REASON <i>Good - Fast</i>			TOWING OFFICER ID # <i>Wanase 2558</i>		
OWNER'S NAME / ADDRESS <i>Shay Thomas A. 75 Richmond St., Dorchester</i>			TEL # <i>() UNK</i>		
OPERATOR'S NAME / ADDRESS <i>SAME</i>			TEL # <i>()</i>		
04 PLATE # <i>493X306</i>	05 STATE <i>LA</i>	06 VIN <i>1H57U7B405637</i>	07 YEAR <i>77</i>	EXP. <i>10/89</i>	08 MAKE <i>Chev.</i>
09 MODEL <i>Monte Carlo</i>	10 STYLE <i>2d</i>	11 COLOR <i>BLK</i>	12 ADDITIONAL DESCRIPTION <i>Painted Black over Green</i>		
OWNER NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NOTIFIED BY <i>1730 hrs. by 2558</i>	DATE NOTIFIED <i>4/24/90</i>	TIME NOTIFIED <i>1730</i>	METHOD OF NOTIFICATION <i>In Person</i>	
LOCATION / TOW CO. <i>03</i>	ASSIGNED CO. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REASON <i>N/A</i>	LOGGED BY	DATE & TIME LOGGED	
ARTICLES IN GLOVE BOX AND/OR CENTER CONSOLE <i>Nothing</i>					
FRONT SEAT <i>Nothing</i>			LOCATION OF KEYS <i>None</i>		
BACK SEAT <i>Nothing</i>			ACCESS TO TRUNK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
TRUNK INTERIOR <i>Nothing</i>			WENCHING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
PARE TIRE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	JACK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REGULAR TOW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RAMP TRUCK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WENCHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

REMARKS
Ignition Damaged

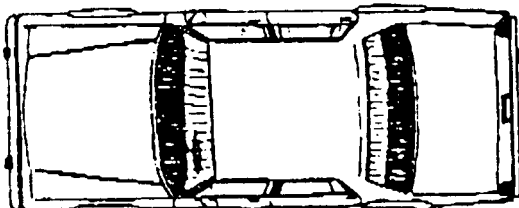
PRESENT DAMAGE TO VEHICLE (INDICATE DAMAGE BY SHADING DRAWING)



DRIVERS SIDE



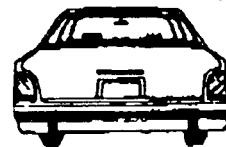
PASSENGERS SIDE



TOP VIEW



FRONT



REAR

OFFICER'S PRINTED NAME <i>Wesley A. Wanase</i>	ID# <i>2558</i>	PARTNER'S PRINTED NAME <i>---</i>	ID#	SUPERVISOR'S SIGNATURE <i>[Signature]</i>	ID# <i>1987</i>
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'91-10-31 16:34 BLUE HILLS
* SUICIDE RISK *

FROM BLUE HILLS DIST _____ TO HEADQUARTERS _____

SHIFT 3 DATE 04/24/90 TIME 18:09 ITEM # 3448 _____

NAME LAST SHAY _____ FIRST THOMAS _____ MI A _____
D.O.B. 11-03-71 SEX M HT 605 _____ WT 178 HAIR BRD EYES HAZ

ADDRESS 75 RICHMOND ST. _____ STATE MA ZIP _____
CITY DORCHESTER _____

INTOXICATED (alcohol, drugs, etc.) NO _____ P.C. (yes/no) NO _____
OFFENSE 3200 _____ NOT DULY LIC/FALSE NAME PO/UNREG/UNINS/ATTCH PLATES _____

DATE OF ATTEMPT UNKNOW _____ TIME OF ATTEMPT UNK _____
COMMENT - STATED AT TIME OF BOOKING THAT HE HAD ATTEMPTED SUICIDE TWICE _____

BEFORE BY USE OF A HANDGUN, AND THAT IT DIDNT MATTER ABOUT THE _____
ARREST THAT HE WAS GOING TO KILL HIMSELF ANYWAYS. SUBJECT APPEARS _____
IN A UNCARING MOOD AND STATES HE IS NOT STRAIGHT SEXUALLY. STATES _____
HE HAS NO FRIENDS AND WAS UNABLE TO CONTACT ANY ONE. THIS SEEMED _____
TO INCREASE HIS ATTITUDE ABOUT UNCARING AND ACTED (UNSUPRISED AT _____
NO RESPONCE FROM KNOWN CONTACTS. ARRESTED IN CHICKATAWBUT OVERLOOK _____

AUTHORITY SGT GRADY _____ OPERATOR OFF HALL _____

>> Metropolitan Police / Teletype System / 90042418095200 / By: F1/BH

FORM W44

METROPOLITAN DISTRICT POLICE

Div. BH

Name THOMAS A SHAY 24 APRIL 1990. o'clock 1730 HR

Residence 75 RICHMOND ST DORCHESTER MASS Cell No. 3

Locality CHICKATAWBUT OVERLOOK Place of detention BH

Date of birth 11-3-71 Height 6'5 Weight 178 Comp. MED

Occupation SECURITY GUARD Eyes HAZEL Hair BRN

Court QUINCY CT. Nativity Married Single X

Summoned to appear ARRESTED Summoned by

Automobile No Motorcycle No.

Sex M Color W Property Lic. No. 021 603 766

Continuance Witnesses on back

OFFICER	OFFENSE	PLEA	DISP. L. C.	DISP. S. C.
OFF W WAGEL	NOT DULY LIC			
	FALSE NAME TO P.O.			
	UNREG MV			
	UNINSURED MV			
	ATTACH PLATES UNINSPECTED			