

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 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.
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	NO.	OFFENSE	G.L. Ch. and Sec
W. WANAGEL - Metro BH	1.	EXPIRED INSPECTION STICKER	90-7A
685 HILLSIDE STREET MILTON, MA	2.	UNINSURED M/V	90-34J

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

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:

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
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 CITY/TOWN STATE ZIP
 LICENSE NO. SS # 021 60 3766 STATE MA LIC. EXP. DATE No Response ROAD AREA DRY WET SNOW THICKLY SETTLED MORAL NO LANES 2
 REGISTRATION NO. 993X306 LA STATE LA EXP. DATE 10/189 CHEV. MAKE TYPE Chev. Monte YEAR 77 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) 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 CITY/TOWN STATE ZIP
 LICENSE NO. SS # 021 60 3766 STATE MA LIC. EXP. DATE No Response ROAD AREA DRY WET SNOW THICKLY SETTLED MORAL NO LANES 2
 REGISTRATION NO. 993X306 LA STATE LA EXP. DATE 10/189 CHEV. MAKE TYPE Chev. Monte YEAR 77 COLOR BRN 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
 VIOLATOR ACKNOWLEDGES RECEIPT OF CITATION

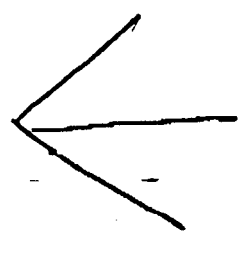
COURT RECORDED COP

ES HARD - YOU ARE MAKING 6 COPIES

PH AND IQ
 DONE. PAUL B.
 NEGATIVE

IDENTIFICATION CARD

I.D. CARD ISSUED DATE 1 90
 021-60-2266 VALID THRU BIRTHDAY 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"/> 01 <input type="checkbox"/> 02 <input checked="" type="checkbox"/> 03		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	18 STOL VEH. REC. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
15 STOL PROP. AMT.		17 STOL VEH. AMT.		19 INVEST OFFICER 2558		20 FDRL DISP. 10	
16 DAMAGED PROP. AMT.		18 STOL VEH. REC. 9/24/90		21 DISP DATE			
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 N/C # (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	13 EYES HAZ
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 N/C # (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					
02 SUFFIX		03 NAME		04 NAME TYPE			
09 STREET ADDRESS			58 N/C # (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					
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 Scavo 03		18 VEHICLE VALUE 100	19 NCIC NO.			
01 REC TYPE	03 SUFFIX	04 PROPERTY TYPE		05 BRAND	08 MODEL	QTY.	
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/ln, and gave to give False Name to PO. 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 checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> CLOSED							

CONTINUATION SHEET

AGENCY/DISTRICT	INCIDENT #
07 Blue Hills	90014916

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		PERSONS NOTIFIED	
DET	PHOTO	K-9	WATCH COMM.
SOV	OSI	OTHER	
BOOKING OFFICER		BREATHALYZER READING	
Sgt. Grady			
OFFICER'S SIGNATURE	ID #	PARTNER'S NAME	ID #
W. Wang	2558		
SUPERVISOR'S SIGNATURE		ID #	
T. Grady		1981	

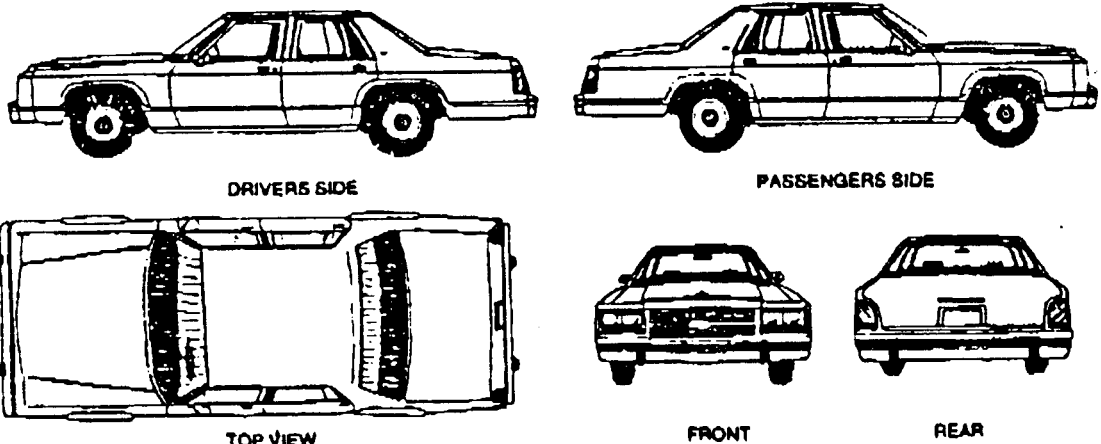


TOW / INVENTORY REPORT

01 AGENCY <i>07 Blue Hills</i>	02 INCIDENT # <i>700 14916</i>	03 SUFFIX <i>01</i>	04 DATE <i>04/24/90</i>	05 TIME <i>1720</i>	06 AUTHORIZED BY <i>Jgt. Grady</i>	
07 LOCATION OF TOW <i>Chickatabut / Overlook</i>			08 REASON FOR TOW			
09 TOW SERVICE RATED/REASON <i>Good - Fast</i>			10 TOWING OFFICER ID # <i>Wanapel # 2558</i>			
11 OWNER'S NAME / ADDRESS <i>Shay Thomas A. 75 Richmond St., Dorchester</i>			12 TEL # <i>() UNK</i>			
13 OPERATOR'S NAME / ADDRESS <i>SAME</i>			14 TEL # <i>()</i>			
15 04 PLATE # <i>493X306</i>	16 05 STATE <i>LA</i>	17 06 VIN <i>1H57U7B405637</i>	18 07 YEAR <i>77</i>	19 EXP. <i>10/89</i>	20 08 MAKE <i>Chev.</i>	
21 09 MODEL <i>Monte Carlo</i>	22 10 STYLE <i>2d</i>	23 11 COLOR <i>BLK</i>	24 12 ADDITIONAL DESCRIPTION <i>Painted Black over Green</i>			
25 09 OWNER NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26 NOTIFIED BY <i>1730 hrs. by 2558</i>	27 DATE NOTIFIED <i>4/24/90</i>	28 TIME NOTIFIED <i>1730</i>	29 METHOD OF NOTIFICATION <i>In Person</i>	
30 LOCATION / TOW CO. <i>03</i>		31 ASSIGNED CO. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	32 REASON <i>N/A</i>	33 LOGGED BY	34 DATE & TIME LOGGED	
35 ARTICLES IN GLOVE BOX AND/OR CENTER CONSOLE <i>Nothing</i>						
36 FRONT SEAT <i>Nothing</i>			37 LOCATION OF KEYS <i>None</i>			
38 BACK SEAT <i>Nothing</i>			39 ACCESS TO TRUNK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
40 TRUNK INTERIOR <i>Nothing</i>						
41 PARE TIRE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	42 JACK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	43 REGULAR TOW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	44 RAMP TRUCK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	45 WENCHING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

REMARKS
Ignition Damaged

PRESENT DAMAGE TO VEHICLE (INDICATE DAMAGE BY SHADING DRAWING)



01 OFFICER'S PRINTED NAME <i>Wesley A. Wanapel</i>	02 ID# <i>2558</i>	03 PARTNER'S PRINTED NAME <i>---</i>	04 ID#	05 SUPERVISOR'S SIGNATURE <i>[Signature]</i>	06 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
Occupation	SECURITY GUARD	Eyes	HAZEL	Hair	BRN
Court	QUINCY CT.	Nativity		Marricd	
Summoned to appear	ARRESTED	Single	X		
Automobile No		Motorcycle No.			
Sex	M	Color	W	Property	
Continuance		Lic. No.	021 603 766		
					Witnesses on back

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