

APPLICATION FOR COMPLAINT		<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE		NUMBER <u>9467 CR 1908</u>		Trial Court of Massachusetts District Court Department	
<input type="checkbox"/> ARREST <input type="checkbox"/> HEARING <input type="checkbox"/> SUMMONS <input type="checkbox"/> 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 Westborough District Court 175 Milk St., P.O. Box 1449 Westborough, MA 01581					
DATE OF APPLICATION		DATE OF OFFENSE		PLACE OF OFFENSE			
02/05/1994		08/05/1994		SHREWSBURY			
NAME OF COMPLAINANT				NO.		OFFENSE	
LT. A. H. SANDSON ADDRESS AND ZIP CODE OF COMPLAINANT Shrewsbury Police Department 106 Maple Avenue Shrewsbury, MA 01545				502-815-4691			
NAME, ADDRESS AND ZIP CODE OF DEFENDANT ELBERRY, MICHAEL G. 318 CHILMARK WORCESTER, MA				1.		POSSESSION OF FIREARM W/O PERMIT <u>PERMIT</u> <i>(Uzi Handgun)</i>	
				2.		POSSESSION OF FIREARM W/O ID CARD (700)	
				3.		POSSESSION OF FIREARM W/O ID CARD (700)	
				4.		POSSESSION OF FIREARM W/O ID CARD (700)	
G.L. Ch. and Sec.		269-10A		269-10H		269-10H	
269-10H		269-10H		269-10H			
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 <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>
1		9mm Uzi		
2		SKS AK-47		
3		SKS AK-47		
4		SKS AK-47		

OTHER REMARKS: [This is page 1 of 2]
 SUBJECT HAD IN, IN HIS RENTED STORAGE BIN, 5 FIREARMS, ACCESSORIES AND AMMUNITION. THESE ITEMS WERE FOUND AS A RESULT OF A SEARCH WARRANT.

James J. Husky
 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	
02/08/1962	BOSTON, MA	016-42-4787	M	WHT	6' 3"	230	BRN	BLK	
OCCUPATION	EMPLOYER/SCHOOL	MOTHER'S NAME (MAIDEN)	FATHER'S NAME						
C.P.A.	SELF EMPLOYED	JUNE RAMSEY	NORMAN						

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 TYPE OF PROCESS <input type="checkbox"/> Sufficient evidence presented <input type="checkbox"/> Warrant <input type="checkbox"/> Defendant failed to appear <input type="checkbox"/> Summons returnable	
	<input type="checkbox"/> Continued to _____	
COMMENTS		

APPLICATION FOR COMPLAINT		<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	NUMBER <i>9467 CR 1980</i>	Trial Court of Massachusetts District Court Department	
<input checked="" type="checkbox"/> ARREST <input type="checkbox"/> HEARING <input type="checkbox"/> SUMMONS <input type="checkbox"/> 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 Westborough District Court 175 Milk St., P.O. Box 1449 Westborough, MA 01581	
DATE OF APPLICATION 08/05/1994		DATE OF OFFENSE 08/05/1994		PLACE OF OFFENSE SHREWSBURY	
NAME OF COMPLAINANT LT. A. W. SAMPSON 508-845-4681			NO.	OFFENSE	G.L. Ch. and Sec.
ADDRESS AND ZIP CODE OF COMPLAINANT Shrewsbury Police Department 106 Maple Avenue Shrewsbury, MA 01545			1.	POSSESSION OF FIREARM W/O ID CARD (700)	269-10H
			2.	POSSESSION OF AMMUNITION ON W/O ID CARD <i>700</i>	269-10H
NAME, ADDRESS AND ZIP CODE OF DEFENDANT ELBERY, MICHAEL G. M#M8603791 31B CHILMARK A#A9400794 WORCESTER, MA			3.		
			4.		
COURT USE ONLY →	A hearing upon this complaint application will be held at the above court address on			DATE OF HEARING AT	TIME OF HEARING 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		<i>Remington 870 12 gauge shotgun</i>			
2		<i>22 cal ammo (various other)</i>			
3					
4					
OTHER REMARKS: <i>This is page 2 of 21</i>					
<i>[Signature]</i> SIGNATURE OF COMPLAINANT					
DEFENDANT IDENTIFICATION INFORMATION — Complete data below if known.					
DATE OF BIRTH 02/08/1952	PLACE OF BIRTH BOSTON, MA	SOCIAL SECURITY NUMBER 016-42-4787	SEX M	RACE WHI	HEIGHT 6 WEIGHT 230 EYES BRO HAIR BLK
OCCUPATION C.P.A.	EMPLOYER/SCHOOL SELF EMPLOYED SAME	MOTHER'S NAME (MAIDEN) JUNE RAMSEY		FATHER'S NAME NORMAN	
↓ 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				
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	<input type="checkbox"/> Continued to _____				
COMMENTS					