

ARREST - CUSTODY REPORT
SHREWSBURY POLICE DEPARTMENT
 Arresting Officer - LT. A. W. SAMPSON

ARREST BOOK # A9400794	INC. # 94010436
MASTER CARD # M8603791	

ARREST/BOOKING REPORT
 PROTECTIVE CUSTODY REPORT

NAME (LAST, FIRST, MIDDLE) ELBERY, MICHAEL G.							
<input type="checkbox"/> ALIAS <input type="checkbox"/> MAIDEN NAME						TEL. NO. 757-5387	
RESIDENCE ADDRESS: 31B CHILMARK						CITY, STATE WORCESTER, MA	
SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHI	AGE 42	HEIGHT 6 2	WEIGHT 230	HAIR BLK	EYES BRO	COMPLEXION FAI
BUILD MED	PECULIARITIES - SCARS, MARKS, TATTOOS None.						
DATE OF BIRTH 02/08/1952		PLACE OF BIRTH BOSTON, MA			SOCIAL SECURITY # 016-42-4787		
OTHER DESCRIPTIVE INFO None.					OPER. LIC. # & ST. 016-42-4787 MA		
FATHER'S NAME NORMAN			MOTHER'S MAIDEN NAME JUNE RAMSEY				
OCCUPATION C.P.A.		EMPLOYER/SCHOOL SELF EMPOLYED			LOCATION OR ADDRESS SAME 757-5387		
MARITAL STATUS: Married		SPOUSE'S NAME (MAIDEN) JINETTE DAVIS			TEL. NO. None		
DEFENDANT'S RIGHTS ADVISED BY: J. COATES					DATE & TIME 08/05/1994 19:00		PHONE USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PERSONAL VALUABLES GLASSES, KEYS, LOCK, SHOES					CASH \$ 0.71		
THE ABOVE LIST IS MY PROPERTY Sign: <i>sm Elbery</i>				I RECEIVED THE ABOVE PROPERTY Sign: <i>sm Elbery</i>			
SEARCHED BY LT. A. W. SAMPSON				COMPLAINANT LT. A. W. SAMPSON			
REPORTING OFFICER LT. A. W. SAMPSON				ASST'G OFF. SGT. J. HURLEY			
MTC. BAIL		BAIL COMMISSIONER			RELEASE DATE & TIME		

OFFENSES - REASON FOR CUSTODY						G.L. CH. SEC.	
1. POSSESSION OF FIREARM W/O ID CARD (700)						269-10H	
2. POSSESSION OF FIREARM W/O ID CARD (700)						269-10H	
3. POSSESSION OF FIREARM W/O ID CARD (700)						269-10H	
4. POSSESSION OF FIREARM W/O ID CARD (700)						269-10H	
5. POSSESSION OF FIREARM W/O ID CARD (700)						269-10H	
6. POSSESSION OF FIREARM W/O ID CARD						269-10H	
LOCATION - WHERE TAKEN INTO CUSTODY SHREWSBURY						DATE & TIME 08/05/1994 17:4	
<input type="checkbox"/> WARRANT <input checked="" type="checkbox"/> NO WARRANT			<input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/> CALL		WARRANT #/COURT		WARRANT FORM/FOR
VEH. COLOR	YEAR	MAKE	STYLE	REG. #	ST.	DISPOSITION	
<input type="checkbox"/> NIC-SIZE Check Name <input type="checkbox"/> NIC-SIZE Check				<input checked="" type="checkbox"/> Local Wanted Check <input type="checkbox"/> Not Wanted		WANTED BY: FOR	
CONDITION WHEN CONTACTED GOOD						VISIBLE INJURY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> DETOX NOTIFIED <input type="checkbox"/> TAKEN TO DETOX			<input type="checkbox"/> TAKEN HOME <input type="checkbox"/> TAKEN TO HOSP.		HOSPITAL TAKEN TO		
FINGERPRINTS 02/28/1990		PHOTOS 08/05/1994		BREATH TEST READINGS: %		BY <input type="checkbox"/> REFUSED	
MINOR OR FC - Person Notified						RELATION	
ADDRESS						TELEPHONE	
NOTIFIED BY						DATE & TIME	
PROBATION OFFICER				RELEASED TO			
TRANSPORTED BY No officer				CELL			
BOOKING OFF. SIGNATURE				REPORTING OFFICER SIGNATURE			