

APPLICATION FOR COMPLAINT ADULT JUVENILE **NUMBER** 9467 CR 1988 **Trial Court of Massachusetts District Court Department**

ARREST HEARING SUMMONS WARRANT **COURT DIVISION** Westborough District Court
175 Milk St., P.O. Box 1449
Westborough, MA 01581

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

DATE OF APPLICATION 08/05/1994 **DATE OF OFFENSE** 08/05/1994 **PLACE OF OFFENSE** SHREWSBURY

NAME OF COMPLAINANT	NO.	OFFENSE	G.L. Ch. and Sec.
IT. A. W. CAMPSON 508-845-4681 Shrewsbury Police Department 106 Maple Avenue Shrewsbury, MA 01545	1.	POSSESSION OF FIREARM (Uzi Handgun) W/O PERMIT ^{PERMIT}	269-10A
NAME, ADDRESS AND ZIP CODE OF DEFENDANT ELBERY, MICHAEL G. #183603791 318 CHILMARK #49400794 WORCESTER, MA	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

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** ←

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		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.

x *James J. Healy*
SIGNATURE OF COMPLAINANT

DEFENDANT IDENTIFICATION INFORMATION — Complete data below if known.

DATE OF BIRTH 02/08/1947	PLACE OF BIRTH BOSTON, MA	SOCIAL SECURITY NUMBER 016-42-4787	SEX M	RACE WHT	HEIGHT 6 2	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	
	PROCESS TO ISSUE <input type="checkbox"/> Sufficient evidence presented <input type="checkbox"/> Defendant failed to appear	TYPE OF PROCESS <input type="checkbox"/> Warrant <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			

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				
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 18 gauge shotgun</i>		
2		<i>22 cal ammo (various other)</i>		
3				
4				

OTHER REMARKS: *[This is page 2 of 2]*

x *[Signature]*
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	
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COMMENTS		