



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY

ADDITIONAL PAGES

TROOP / UNIT: D		OTHER INVOLVED AGENCY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES,	
DATE: 02/25/05	TIME: 6:00pm	INVESTIGATING TROOPER / OFFICER: Tpr. Nicholson/Tpr. Robinson	DPS CASE NUMBER: DPS05-010337/ DPS05-010354
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 255B Main Street Danielson, Connecticut.			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION On 02/25/05 at approx. 6:00pm, troopers from the Troop D Quality of Life Task Force, with assistance from the Statewide Narcotics Task Force- East Office, and the Killingly Resident Troopers' Office, executed a narcotics related search and seizure warrant at the above address. Seized from the residence was marijuana which was prepackaged and ready for sale, drug paraphernalia and, cash. The below listed subjects were arrested in the residence and charged with the below listed offenses. This search and seizure warrant was issued after troopers from the Quality of Life Task Force conducted an investigation into suspected narcotic sales occurring at this residence. Subsequent to the investigation suspect Aubin was found to be in possession of marijuana and drug paraphernalia.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES	INJURED: <input type="checkbox"/> YES
		AGE:	<input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES	INJURED: <input type="checkbox"/> YES
		AGE:	<input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES	INJURED: <input type="checkbox"/> YES
		AGE:	<input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	DOB: 10/31/84	ADDRESS: 255B Main Street Danielson, Connecticut.	
CHARGES: 1.Poss of Marijuana (intent to sell) 2.Poss of Marijuana (1500' school) 3.Poss of Marijuana 4.Poss Drug Paraphernalia	COURT: GA: 11 TOWN: Danielson DATE:	BOND: <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input checked="" type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 10,000.00 <input checked="" type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	DOB: 02/08/87	ADDRESS: 255B Main Street Danielson, Connecticut.	
CHARGES: 1.Poss of Marijuana 2.Poss Drug Paraphernalia 3. 4.	COURT: GA: 11 TOWN: Danielson DATE: 03/08/05	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input checked="" type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 1,000.00 <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	DOB: 01/16/86	ADDRESS: 55 Cross Street Danielson, Connecticut.	
CHARGES: 1.Poss of Marijuana 2.Poss Drug Paraphernalia 3. 4.	COURT: GA: 11 TOWN: Danielson DATE: 03/08/05	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input checked="" type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 500.00 <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: <i>CSL</i> ID #: <i>242</i> DATE: <i>2/25/05</i>			