



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, SNTF-East	
DATE: 11/30/04	TIME: 1300	INVESTIGATING TROOPER / OFFICER: Tpr Nicholson (troop D) / Off. Nott (sntf-e)	DPS CASE NUMBER: DPS04-059894
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 17 D Buck Street, Danielson			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION As part of a continuing joint investigation into illegal narcotic sales in the Danielson area, the Quality of life Task Force out of Troop D and Statewide Narcotics Task Force- Eastern Office executed a narcotics related search warrant at the above address. Seized at the scene was 23 bags of Heroin, 24 individually wrapped pieces of crack cocaine and \$600 dollars. The narcotics have a combined potential street value of over \$1,000.			
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 <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE:
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE:
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE:
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input checked="" type="checkbox"/> F Gooslin, Melissa	DOB: 08/25/1977	ADDRESS: 17 D Buck Street, Danielson, CT	
CHARGES: 1. Poss of Over 1/2gram Crack Cocaine with intent to sell 2. Poss Heroin with intent to sell 3. Poss of Crack cocaine 4. Poss of Heroin	COURT: GA: 11 TOWN: Danielson DATE: 12/01/04	BOND: <input type="checkbox"/> CASH <input checked="" type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 75,000 <input checked="" type="checkbox"/> TO BE PRESENTED AT COURT <input checked="" 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:
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:
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: <u>SJAC</u> ID #: <u>158</u> DATE: <u>11/30/04</u>			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			