



## Facial Recognition Request Form

**Directions:**

- 1) Fill out all information as completely as possible.
- 2) Fax completed form to the MVRs-Facial Recognition Team at 857-368-0645.

Date: 5/12/17 Case #: [REDACTED]

Requesting Agency: MDAO

Requestors Name: ADA ANDREW BOULANGER

ID #: \_\_\_\_\_ Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: ANDREW.BOULANGER@STATE.MA.US

**Probe Information:**

License #: [REDACTED] SS #: [REDACTED]

Last Name: [REDACTED] First Name: [REDACTED]

Notes: LOOKING TO COMPARE w/ ATTACHED BOOKING  
PHOTO OF [REDACTED]

Contact the Facial Recognition Team at 857-368-8605 upon completion of case for license(s) revocation, flagging, and activity hold placement on record(s).

**For MVRs-Facial Recognition Team Use Only:**

Date of search: \_\_\_\_\_

Performed by: \_\_\_\_\_

☐ Record Flagged

☐ Record Released

☐ FR Notes added

<a href="#">All Queries</a>	<a href="#">Results Inbox</a>	<a href="#">Menu</a>	
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[Back](#)


**MA Driver's License (R1)**

[Print](#)

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**Results For - OLN:** [REDACTED] **Response Date/Time:** 05/12/2017 09:11 AM

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 **STATUS: ACT/NRE**

**License Image**

**License Information**

License No.: [REDACTED]

Status: **ACT/NRE**

State: **MA**

SSN: [REDACTED]

**Person Information**

Last: [REDACTED]

First: [REDACTED]

Middle: **C**

DOB: [REDACTED]

Sex: **M**

Height: **5' 05"**

Organ **N**

Donor:

**Address Information**

Mailing: [REDACTED]

City: [REDACTED]

State: **MA**

Zip: [REDACTED]

Residential:

City:

State:

Zip:

**Previous Names****Additional Data**Driver's Ed.: **Y**Military: **N**Mab: **N**

CDL:

CDL  
Endor.:Type: **L**Class: **D**Issue Date: **12/21/2012**Exp. Date: **12/17/2017**Restrictions: **I**

Start Time:

End  
Time:

This is Criminal Offender Record Information (CORI) and access and dissemination of said information is under the authority of Massachusetts General Law Chapter 6 Sections 168-172 and Code of Federal Regulations (28 CFR 20.2). Only authorized persons in the performance of their official duties may access, use or disseminate this information for official and lawful criminal justice purposes. Questions concerning the access, use or dissemination of this information should be directed to the Massachusetts Department of Criminal Justice Information Services at 617-660-4710.

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Information Services (DCJIS)**  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150  
Public Safety Data Center: 617-660-4620  
Version: 3.0

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## POLICE DEPARTMENT

MALDEN, MASSACHUSETTS

## RECORD OF BOOKING

PLEASE PRINT

EVENT TYPE <b>ARREST</b>		CELL NUMBER <b>CELL 1</b>		ARREST NUMBER [REDACTED]		DATE & TIME OF BOOKING <b>05/12/2015 14:18:14</b>		INCIDENT NUMBER [REDACTED]	
LAST NAME [REDACTED]		FIRST [REDACTED]		MIDDLE NAME [REDACTED]		D.O.B. [REDACTED]		AGE <b>19</b>	
TRUE NAME [REDACTED]						MAIDEN NAME [REDACTED]		HOME PHONE [REDACTED]	
STREET NO. [REDACTED]		STREET NAME [REDACTED]		APT # [REDACTED]		CITY/TOWN [REDACTED]		STATE [REDACTED]	
[REDACTED]						ZIP [REDACTED]		PHONE (WORK) (CELL) [REDACTED]	
SEX <b>M</b>		HEIGHT <b>601</b>		WEIGHT <b>140</b>		RACE <b>BLACK</b>		[REDACTED]	
HAIR <b>BROWN</b>		EYES <b>BROWN</b>		BLD <b>THIN</b>		SKIN <b>BLACK</b>			
ETHNICITY <b>NOT OF HISPANIC ORIGIN</b>		SCARS		LOCATION OF ARREST <b>77 SALEM ST</b>					
PLACE OF BIRTH [REDACTED]		MARTIAL STATUS <b>UNMARRIED</b>		DRIVER'S LICENSE					
FATHER'S NAME [REDACTED]		MOTHER'S NAME [REDACTED]		MOTHER'S MAIDEN					
EMPLOYER [REDACTED]				OCCUPATION <b>UNEMPLOYED</b>					
ADDRESS OF EMPLOYER [REDACTED]									
IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION									
TREATED WHERE				ATTENDING PHYSICIAN					
PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A				YES <input type="checkbox"/>		BY WHOM <b>PONTBRIAND, J</b>			
FINGERPRINTS TAKEN				YES <input type="checkbox"/>		PHOTO TAKEN			
						YES <input checked="" type="checkbox"/>			
IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW									
PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A				YES <input type="checkbox"/>		BY WHOM <b>PONTBRIAND, J</b>			
BREATHLYZER READING		BY WHOM				ARREST ON WARRANT?		YES <input type="checkbox"/>	
						WARRANT NUMBER			
						CITY/COURT			
I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.									
CHARGES									
DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <b>NONE</b>									
PRISONER SIGNATURE		ARRESTING OFFICER		BOOKING OFFICER		OFFICER IN CHARGE			
[REDACTED]		<b>TILLEY, B</b>		<b>PONTBRIAND, J</b>		<b>PONTBRIAND, J</b>			
COMPLAINANT		<b>CONNELLY, J</b>							
IS ARRESTEE A JUVENILE <input type="checkbox"/> YES									
NAME OF PARENT OR GUARDIAN NOTIFIED				NAME OF PROBATION OFFICER NOTIFIED				TIME	
[REDACTED]				OFFICER MAKING NOTIFICATION				TIME	
BAIL COMMISSIONER				AMOUNT OF BAIL				DATE AND TIME OF BAIL	
<b>Jack Higgins</b>				<b>\$90.</b>				<b>5/12/15</b>	
DISPOSITION									