



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: 5/14/19 Case #: [REDACTED]

Requesting Agency: North Adams Police Dept.

Requestors Name: Detective Brad Vivori

ID #: 3073 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: bvivori@northadams-ma.gov

Probe Information:

License #: _____ SS #: _____

Last Name: _____ First Name: _____

Notes: _____

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

TO: MSP Facial Recognition Team

Hi, My name is Brad Vivori, I am a Detective with the North Adams Police Department. I am emailing you in regards to a larceny case I am investigating. The case involves the theft of approximately \$26,000 from a medical billing company in our area CASE # [REDACTED] I have written several search warrants and obtained bank account info on each person. Unfortunately the account information appears fictitious and or stolen.

Attached are several screen shots of the suspect from an ATM transaction. Hoping you may be able to help identify the suspect. Any questions please call and leave me a message. Thanks

FROM: Detective Brad Vivori

North Adams Police Department

