



**Welcome to the Leicester Police Department's
New On Line Printable Form Section**

**To the left you will see the available forms you can access
and print at your convenience, then fill out and
submit to the Leicester Police Department.**

**We hope this new method of obtaining these necessary forms
will enhance our Departments readiness to serve you.**



Commonwealth of Massachusetts

Motor Vehicle Crash Operator Report

When Should You File a Report

- You should file a report if you're the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over \$1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

When Should You NOT File a Report

- You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

Why this Report is Important

Data from this report is used for many purposes including:

- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

How To Complete This Form

Please carefully complete all sections of this form that apply to your crash, **circling the answer** where appropriate. Illegible reports will be returned to you.

Section A: Crash Location

- Provide the city/town where the crash occurred, the date and time of the crash, and the number of vehicles involved.
- Complete section A1 or A2.
- Use official names of all locations, streets and landmarks.
- Use street name and route #, if applicable.
- Be as precise as possible when describing the location.
- Provide enough information to locate the crash to a specific point, not just a street or roadway.

Section B: Vehicle You Were Driving

- Provide information on your license and the vehicle you were driving.
- Use the codes provided to indicate the cause of the crash.

Section C: You and Your Passengers

- Provide information on you and your passengers at the time of the crash.
- Use the codes provided to indicate occupant information.

Section D: Other Vehicles Involved in the Crash

- Provide information on the other vehicle(s) and operator(s) involved in the crash.
- If more than one vehicle involved, please use additional form completing Section D only.

Section E: Non-Motorist(s) Involved

- Provide information on the non-motorist(s) involved in the crash.
- If more than one non-motorist involved, please use additional form completing Section E only.

Section F: Crash Conditions

- Use the codes provided to indicate the conditions at the time of the crash.

Section G: Crash Diagram

- Draw a diagram of how the crash occurred.
- On the diagram, Vehicle 1 represents your vehicle.

Section H: Witness Information

- List all the people who saw the crash but were not involved.

Section I: Property Damage Information

- Indicate all non-vehicular property that was damaged in the crash.

Section J: Description of What Happened

- Describe the crash including events prior to the crash for your vehicles and all other vehicles.

Section K: Signature

- Please sign and print your name and indicate the date you completed the form.

Where to send completed reports:

- Mail or deliver one copy to your local police department in the city or town where the crash occurred.
- Mail one copy to your Insurance Company.
- Mail one copy to the RMV at the following address:

Crash Records
Registry of Motor Vehicles
P.O. Box 199100
Boston, MA 02119-9100

Section A: Crash Location

City/Town Where Crash Occurred	Date of Crash	Time of Crash ____ : ____ AM ____ PM	# Vehicles Involved:
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Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

<p>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	OR	<p>SECTION A2: Complete this Section if the crash did <u>NOT</u> occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p>
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Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____		Was vehicle damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver's License Number	License State	Date of Birth	Age	Sex __M__F	License Class __D__A__B__C __M__Unknown	Commercial Driver's License Endorsements H__ Hazardous N__ Tank vehicles P__ Passenger transport T__ Doubles/Triples X__ Tank and Hazardous	
Your Full Name (Last, First, Middle)		Street Address		City/Town		State	Zip
Insurance Company		Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make	

Indicate your type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

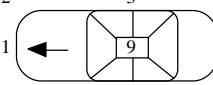
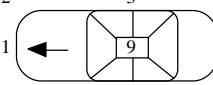
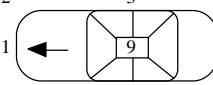
Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
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Vehicle Travel Direction __N__S__E__W	What Was Your Vehicle Doing Prior to the Crash?				
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first?	What happened 2 ^d (if applicable)?	What happened 3 ^d (if applicable)?	What happened 4 th (if applicable)?
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

<p>Collision with</p> <p>1 Motor vehicle in traffic</p> <p>2 Parked motor vehicle</p> <p>3 Pedestrian</p> <p>4 Cyclist</p> <p>5 Animal- deer</p> <p>6 Animal- other</p> <p>7 Moped</p> <p>8 Work zone maintenance equipment</p> <p>9 Railway vehicle (train, engine)</p> <p>10 Other movable object</p> <p>11 Unknown movable object</p> <p>20 Curb</p> <p>21 Tree</p> <p>22 Utility pole</p>	<p>23 Light pole or other post/support</p> <p>24 Guardrail</p> <p>25 Median barrier</p> <p>26 Ditch</p> <p>27 Embankment/Sloping shoulder</p> <p>28 Highway traffic signpost</p> <p>29 Overhead sign support</p> <p>30 Fence</p> <p>31 Mailbox</p> <p>32 Crash cushion/Impact attenuator</p> <p>33 Bridge</p> <p>34 Bridge overhead structure</p> <p>35 Other fixed object (wall, building, tunnel)</p> <p>36 Unknown fixed object</p>	<p>Non-Collision</p> <p>40 Ran off road right</p> <p>41 Ran off road left</p> <p>42 Cross median/centerline</p> <p>43 Overturn/rollover</p> <p>44 Equipment failure (blown tire, brakes, etc)</p> <p>45 Fire/explosion</p> <p>46 Immersion</p> <p>47 Jackknife</p> <p>48 Cargo/equipment loss or shift</p> <p>49 Separation of units</p> <p>50 Downhill runaway</p> <p>51 Other non-collision</p> <p>52 Unknown non-collision</p> <p>97 Other</p> <p>99 Unknown</p>
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Was your Vehicle Towed From the Scene Due to Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Vehicle Damaged Area</p> <p>(circle up to three)</p>	<table style="width: 100%;"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0 None</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">  </td> <td style="text-align: center;">5</td> <td style="text-align: center;">10 Undercarriage</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> <td style="text-align: center;">11 Totaled</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">97 Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">99 Unknown</td> </tr> </table>	2	3	4	0 None	1		5	10 Undercarriage	8	7	6	11 Totaled				97 Other				99 Unknown
2	3	4	0 None																			
1		5	10 Undercarriage																			
8	7	6	11 Totaled																			
			97 Other																			
			99 Unknown																			

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)											
Name of Passenger 1 (Last, First, Middle)	Address										
	City/Town			State			Zip				
Name of Passenger 2 (Last, First, Middle)	Address										
	City/Town			State			Zip				
Name of Passenger 3 (Last, First, Middle)	Address										
	City/Town			State			Zip				

A. Seating Position		B. Safety System Used		C. Air Bag Status		D. Air Bag Switch	
1 Front seat - left side (or motorcycle driver)	9 Third row - right side	0 None used	1 Shoulder and lap belt	1 Deployed-front	1 Switch in ON position	2 Deployed-side	2 Switch in OFF position
2 Front seat - middle	10 Sleeper section of cab	1 Shoulder and lap belt	2 Lap belt only	3 Deployed both front and side	3 ON-OFF switch not present	3 Deployed both front and side	4 Unknown if switch is present
3 Front seat - right side	11 Enclosed passenger area	2 Lap belt only	3 Shoulder belt only	4 Not deployed	99 Unknown	4 Not deployed	99 Unknown
4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	3 Shoulder belt only	4 Child safety seat	5 Not applicable		5 Not applicable	
5 Second seat - middle	13 Trailing unit	4 Child safety seat	5 Helmet	99 Unknown		99 Unknown	
6 Second seat - right side	14 Riding on vehicle exterior	5 Helmet	99 Unknown				
7 Third row - left side (or motorcycle passenger)	97 Other	99 Unknown					
8 Third row - middle	99 Unknown						
E. Ejected From Vehicle?		F. Trapped?		G. Injured?		H. Transported for Medical Care?	
0 Not ejected	0 Not trapped	1 Fatal injury	1 Not transported	1 Fatal injury	97 Other	2 EMS (emergency service)	99 Unknown
1 Totally ejected	1 Freed by mechanical means	<u>Non-fatal injury:</u>	2 EMS (emergency service)	2 Incapacitating	99 Unknown	3 Police	
2 Partially ejected	2 Freed by non-mechanical means	3 Non-incapacitating		3 Non-incapacitating			
3 Not applicable	99 Unknown	4 Possible		4 Possible			
99 Unknown							

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____		Number of injured occupants: _____		Was Vehicle Damage above \$1000? __Yes __No		Moped? __Yes __No		Hit and Run? __Yes __No	
Driver's License Number	License State	Date of Birth	Age	Sex __M__F	License Class __D__A__B__C __M__Unknown	Commercial Driver's License Endorsements H__Hazardous N__Tank vehicles P__Passenger transport T__Doubles/Triples X__Tank and Hazardous			
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town		State Zip	
Insurance Company			Vehicle Registration #		Reg. Type	Reg. State	Vehicle Year	Vehicle Make	
Indicate type of vehicle									
1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other					
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown					
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle						
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles							
Full Name of Vehicle Owner (Last, First, Middle)					Street Address		City/Town		State Zip
Vehicle Travel Direction	What Was the Vehicle Doing Prior to the Crash?					Vehicle Damaged Area (circle up to three)			
__N__S __E__W	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other	2	3	4	0 None
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown	1	5	6	10 Undercarriage
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing			8	7	6	11 Totaled
									97 Other
									99 Unknown

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved				
1 Pedestrian		2 Cyclist		3 Skater
97 Other		99 Unknown		
What was the non-motorist doing prior to the crash?			Where was the non-motorist prior to the crash?	
1 Entering or crossing location	6 Working on vehicle	1 Marked crosswalk at intersection	6 Median (but not on shoulder)	
2 Walking, running, or cycling	7 Standing	2 At intersection but no crosswalk	7 Island	
3 Working	97 Other	3 Non-intersection crosswalk	8 Shoulder	
4 Pushing vehicle	99 Unknown	4 In roadway	9 Sidewalk	
5 Approaching or leaving vehicle		5 Not in roadway	10 Shared-use path or trails	
			99 Unknown	
Date of Birth/Age	Sex __M__F	Full Name of Non-Motorist (Last, First, Middle)		Street Address
				City/Town
				State
				Zip
Safety Equipment?		Injured?		Transported for Medical Care?
0 None used	9 Lighting	1 Fatal injury	1 Not transported	97 Other
6 Helmet	10 Other	<u>Non-fatal injury:</u>	2 EMS (emergency service)	99 Unknown
7 Protective pads (elbows, knees, etc.)	99 Unknown	2 Incapacitating	3 Police	
8 Reflective clothing		3 Non-incapacitating	If transported, please indicate Hospital/Medical Facility:	
		4 Possible		

Section F: Crash Conditions

Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	Weather Conditions (up to two) 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown	Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	Was the traffic control device functioning at the time of the crash? 1 ___ Yes 2 ___ No	Road Surface 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	Roadway Intersection Type 1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
Trafficway Description 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown	School Bus Related? 1 ___ Yes 2 ___ No	Work Zone Related? 1 ___ Yes 2 ___ No	Manner of Collision 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction 6 Head on 7 Rear to rear 99 Unknown		

Section G: Crash Diagram

 Indicate North by Arrow	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:</p> <p>→ = Direction 1 = Vehicle 1 (Your Vehicle) 2 = Vehicle 2 O = Pedestrian/Non-motorist = North</p> <p>Select one of the following if the crash did not occur on a public way:</p> <p>___ Off-street parking lot ___ Garage ___ Mall/shopping center ___ Other private way</p>
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Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

Section J: Description of What Happened

Section K: Signature

_____ "Signed under Pains and Penalties of Perjury"	Print _____	Date _____
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**LEICESTER POLICE & FIRE
ALARM REGISTRATION FORM**

REGISTRATION: _____
NAME, PERSON OR FIRM PHONE

ALARMED PREMISE: _____
ADDRESS

ALARM MONITORING CO: _____
NAME PHONE

TYPE OF PREMISE:	CONDITION REPORTED BY ALARM
<input type="checkbox"/> Commercial	<input type="checkbox"/> Burglary
<input type="checkbox"/> Residential	<input type="checkbox"/> Hold up
	<input type="checkbox"/> Fire

TYPE OF ALARM SYSTEM:	SOUNDS OUTSIDE PREMISE:
<input type="checkbox"/> Monitored Off-site	<input type="checkbox"/> Yes
<input type="checkbox"/> Audible	<input type="checkbox"/> No
<input type="checkbox"/> Both	

CONTACT PERSON IN CASE OF AN ALARM:
(Also include your own Cell Phone #, Work #, and Pager #)

1. _____
NAME PHONE
2. _____
NAME PHONE
3. _____
NAME PHONE

**PLEASE FORWARD THE COMPLETED ALARM REGISTRATION FORM ALONG
WITH YOUR \$25.00 ALARM REGISTRATION FEE (CHECK OR MONEY ORDER
MADE PAYABLE TO THE TOWN OF LEICESTER)
AND SEND TO THE LEICESTER POLICE DEPARTMENT
90 SO. MAIN ST., LEICESTER, MA. 01524.**



The Commonwealth of Massachusetts

Firearms Record Bureau
200 Arlington Street, Suite 2200
Chelsea, MA 02150

CHANGE OF ADDRESS NOTIFICATION FOR LICENSE TO CARRY FIREARMS AND FIREARMS IDENTIFICATION CARD

Massachusetts General Law Chapter 140, Section 129B states:

A cardholder shall notify, in writing, the licensing authority that issued such card, the chief of police into whose jurisdiction such cardholder moves and the executive director of the criminal history systems board of any change of address. Such notification shall be made by certified mail within 30 days of its occurrence. Failure to so notify shall be cause for revocation or suspension of such card.

Massachusetts General Law Chapter 140, Section 131(l) states:

Any licensee shall notify, in writing, the licensing authority who issued said license, the chief of police into whose jurisdiction the licensee moves and the executive director of the criminal history systems board of any change of address. Such notification shall be made by certified mail within 30 days of its occurrence. Failure to so notify shall be cause for revocation or suspension of said license.

Instructions:

1. Please PRINT CLEARLY the information being requested below;
2. Please make a legible photocopy of both sides (1 copy for each side) of your firearms identification card or license to carry firearms and attach these copies to this sheet as page # 2 and 3;
3. Make 3 photo copies of this completed form and the attached page # 2 and 3;
4. Mail by **certified mail this original with attached page # 2 and 3** to:

**Commonwealth of Massachusetts
Firearms Record Bureau
200 Arlington Street, Suite 2200
Chelsea, MA 02150**

Attention: Change of Address Notification

5. Mail 1 copy to the police department that issued your firearms identification card or license to carry firearms;
6. Mail 1 copy to the police department in the city/town that you have moved to;
7. Retain 1 copy in your important files for future reference.

Date:

First Name

Middle Initial

Last Name

Date of Birth

License to Carry #

Firearms Identification Card #

My new address is:

Number

Street

Apartment #

City/Town

State

Zip Code



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Public Safety
Criminal History Systems Board
200 Arlington Street, Suite 2200
Chelsea, Massachusetts 02150

www.mass.gov/chsb

Tel: (617) 660-4600
Fax: (617) 660-4613
TTY Tel: (617) 660-4606

Edward A. Flynn
Secretary

Barry J. LaCroix
Executive Director

Dear Applicant:

This letter and attached petition are being provided to you so that your petition for review by the Firearm Licensing Review Board ("FLRB") pursuant to Chapter 150 of the Acts of 2004, may be processed and reviewed as efficiently as possible.

It is important that you understand that the FLRB has the authority to review only misdemeanor convictions, and that the FLRB may not review convictions for:

- a) an assault or battery on a family or household member, or a person with whom you have had a substantive dating relationship, as defined by G.L. c. 209A, § 1;
- b) a crime involving use, possession, ownership, transfer, purchase, sale, lease, rental, receipt or transportation of weapons or ammunition for which a term of imprisonment may be imposed;
or
- c) a crime regulating the use, possession or sale of controlled substances.

In addition, the statute specifies that the FLRB may not review a petition if the petitioner:

- a) has a felony conviction;
- b) has multiple misdemeanor convictions, unless the offenses arise from one incident;
- c) was denied a license to carry or firearm identification card on the basis of suitability rather than a disqualifying conviction (the District Court is the appropriate forum for appeal in this case); or
- d) is disqualified for a reason other than a misdemeanor conviction, such as having an active warrant or restraining order.

Finally, the FLRB may not review a petition until after the passage of five (5) years since the misdemeanor conviction or release from supervision, whichever is last occurring.

Please be advised that the FLRB will review your criminal history as a result of the filing of this petition.

Should your petition be eligible for review, you will be notified in writing of a hearing date. At the hearing you will have the opportunity to appear and/or submit documentary and testimonial evidence in

support of your petition. The FLRB requests that you submit all documents that you wish it to consider prior to the hearing date to ensure a timely review. As required by the statute, you bear the burden of proof by clear and convincing evidence that you are a suitable person to receive a firearm identification (FID) card or a license to carry (LTC) notwithstanding the disqualifying conviction.

We have included a list of documents (attached) which we recommend that you include with your petition. While it is not necessary to retain the services of an attorney to represent you at the hearing, you should feel free to do so if you so choose.

Please note that if your petition is successful, and the FLRB determines that you are a suitable candidate for a LTC or FID card relative to the misdemeanor conviction, you must still apply to your local police chief for the LTC or FID card, and the final determination on issuing is made by the licensing authority.

To file a petition with the Firearm Licensing Review Board to start the review process, please forward:

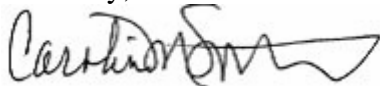
- 1) the completed petition;
- 2) the required \$100.00 filing fee (payable to the Commonwealth of Massachusetts);
- 3) a copy of a current or previous application for an LTC or FID card, as filed with your local licensing authority;
- 4) any documentation which will assist the FLRB in making its determination;
- 5) a list of witnesses, if any, that you want to have testify on your behalf;
- 6) a notice that you request the services of a stenographer to produce a verbatim transcript of the hearing, if you wish to have these services available. (Please note that the hearing is digitally recorded by CHSB, but that the petitioner is responsible for the cost of a stenographer's services.)

All information should be sent to the:

Firearm Licensing Review Board
Criminal History Systems Board
200 Arlington St., Suite 2200
Chelsea, MA 02150

Please be sure to have your signature on the petition notarized. Should you have any questions regarding this application or the supporting documentation, please contact the Criminal History Systems Board at 617-660-4780, or visit our web site at www.mass.gov/chsb/frb, for more information.

Sincerely,



Caroline Sawyer
Director of Firearm Support Services

Recommended Supporting Documentation

- 1) A written statement, including specific proof and/or examples that demonstrate, by clear and convincing evidence, your suitability to possess a FID or LTC. If you have additional criminal charges that did not result in a conviction, these also may be addressed in the statement.
- 2) A certified copy of the criminal conviction(s) that disqualifies you from being eligible to have a FID or LTC (you can obtain this from the trial clerk's office of the courthouse in which you were convicted).
- 3) A list of witnesses, if any, that you plan on calling at the hearing to testify, specifying each witness' full name, address and date of birth.
- 4) You may also include additional information, including certificates of training or education that you believe may be important for the FLRB to consider (i.e. firearm safety courses, letters of commendations, honorable discharge, etc.). In order to meet the evidentiary requirements at the hearing you will need to ask that the keeper of the records authenticate that the documents are true and accurate and kept in the usual course of business.
- 5) You may include letters of recommendation, including from your local police chief.
- 6) The arrest report pertaining to the conviction may be submitted. You may obtain a copy of the arrest report from the police department that investigated the case. You will need to ask that the police department certify that the report is an official business record pursuant to G.L. c. 233, § 78. The police department may need to redact information that is confidential by statute prior to giving you the report. This documentation is especially important if you have been convicted of assault and battery, so that you may demonstrate to the FLRB that the assault is not domestic in nature.

APPLICATION FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD (FID) OR LICENSE TO CARRY FIREARMS OR LICENSE TO POSSESS A MACHINE GUN

***** **POLICE DEPARTMENT USE ONLY** *****
 IT IS THE RESPONSIBILITY OF THE LICENSING AUTHORITY TO ENSURE THE IDENTITY OF THE NEW/RENEWAL APPLICANT IS TRUE AND ACCURATE, AND IN THE CASE OF A RENEWAL, THAT THE APPLICANT IS LINKED TO THE ORIGINAL TRACKING NUMBER.

IF RENEWAL ORIGINAL TRACKING NUMBER ¹ NEW LTC OR FID NUMBER
 F (_ _ _) _ _ _ _ _ _ _ _ _ _ (_ _ _) _ _ _ _ _ _ _ _ _ _
 City/Town 9 Digit License Number City/Town 9 Digit License Number

¹ THE ORIGINAL TRACKING NUMBER IS OBTAINED FROM THE FIRST ISSUED LTC/FID ISSUED UNDER THE GUN CONTROL ACT OF 1998, WHICH WENT INTO EFFECT ON OCTOBER 21, 1998.

 PLEASE COMPLETE THIS APPLICATION FORM AND TAKE IT TO YOUR LOCAL LICENSING AUTHORITY. (LOCAL POLICE DEPARTMENT). DO NOT MAIL TO THE FIREARMS RECORD BUREAU.

PLEASE CHECK ONE:

[] NEW APPLICANT
 [] RENEWAL – MOST RECENT LICENSE TO CARRY/FID CARD NUMBER _____
 ISSUED FROM WHICH CITY/TOWN? _____, MA EXPIRATION DATE _____

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:

[] FIREARMS IDENTIFICATION CARD RESTRICTED (MACE/PEPPER SPRAY) [] CHECK IF CLASS A CLUB LICENSE *
 [] FIREARMS IDENTIFICATION CARD * NOTE: ONLY THE COLONEL OF THE
 [] CLASS B LICENSE TO CARRY FIREARMS NON-LARGE CAPACITY MASSACHUSETTS STATE POLICE CAN ISSUE A
 [] CLASS A LICENSE TO CARRY FIREARMS LARGE CAPACITY CLUB LICENSE.
 [] LICENSE TO POSSESS A MACHINE GUN

1. TWO **PHOTOGRAPHS** ARE REQUIRED FOR LICENSING. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL POLICE DEPARTMENT.
2. IF APPLICATION IS FOR FIRST FID OR LTC, A COPY OF THE **FIREARMS SAFETY CERTIFICATE OR HUNTER SAFETY COURSE CERTIFICATE** MUST BE ATTACHED TO THIS APPLICATION.
3. IF ISSUED FOR **EMPLOYMENT PURPOSES** A LETTER FROM EMPLOYER ON COMPANY LETTERHEAD REQUESTING ISSUANCE AND REASON MUST ACCOMPANY THIS APPLICATION.

(EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION)

CITY/TOWN OF: _____, MA

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

RESIDENTIAL ADDRESS (Include Number, Street, City/Town, Zip Code) _____ / () _____
 TELEPHONE NUMBER _____

IF CLUB LICENSE ADDRESS OF CLUB (Include Number, Street, City/Town, Zip Code) _____ / () _____
 TELEPHONE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ MOTHER'S MAIDEN NAME _____ FATHER'S FULL NAME _____

HEIGHT _____ FT _____ IN _____ WEIGHT _____ BUILD _____ COMPLEXION _____ HAIR COLOR _____ EYE COLOR _____

OCCUPATION _____ S. S. NUMBER (Optional) _____ DRIVER'S LICENSE NUMBER _____

EMPLOYED BY (SEE # 3 ABOVE) _____ ADDRESS _____ TELEPHONE NUMBER _____

WARNING

ANY PERSON WHO KNOWINGLY FILES AN APPLICATION CONTAINING FALSE INFORMATION SHALL BE PUNISHED BY A FINE OF NOT LESS THAN \$500 NOR MORE THAN \$1,000 OR BY IMPRISONMENT FOR NOT LESS THAN 6 MONTHS NOR MORE THAN 2 YEARS IN A HOUSE OF CORRECTION, OR BY BOTH SUCH FINE AND IMPRISONMENT (M.G.L. c.140, § 131).

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

SPACE FOR EXPLANATION AND DETAILS ARE PROVIDED ON PAGE 3.

1. ARE YOU A CITIZEN OF THE UNITED STATES? _____
IF NATURALIZED GIVE DATE, PLACE AND NATURALIZATION NUMBER: _____.
2. HAVE YOU EVER USED OR BEEN KNOWN BY ANOTHER NAME? _____. IF YES PROVIDE NAME AND EXPLAIN: _____
3. WHAT IS YOUR AGE? * _____ *YOU MUST BE 21 YEARS OF AGE TO APPLY FOR A LICENSE TO CARRY FIREARMS, 18 YEARS OF AGE* TO APPLY FOR A FIREARMS IDENTIFICATION CARD. * 15 YEARS OF AGE BUT LESS THAN 18 YEARS OF AGE WITH SUBMISSION OF A CERTIFICATE FROM PARENT OR GUARDIAN GRANTING PERMISSION TO APPLY FOR A FIREARMS IDENTIFICATION CARD.
4. HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
5. HAVE YOU EVER BEEN CONVICTED OF THE UNLAWFUL USE, POSSESSION, OR SALE OF NARCOTIC OR HARMFUL DRUGS AS DEFINED IN M.G.L. c. 94C, § 1? _____
6. HAVE YOU EVER BEEN CONVICTED OF A CRIME PUNISHABLE BY INCARCERATION BY MORE THAN (1) ONE YEAR? _____
7. IN ANY STATE OR FEDERAL JURISDICTION HAVE YOU EVER BEEN CONVICTED AS AN ADULT OR ADJUDICATED A YOUTHFUL OFFENDER OR DELINQUENT CHILD FOR THE COMMISSION OF (a) A FELONY; (b) A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR MORE THAN 2 YEARS; (c) A VIOLENT CRIME AS DEFINED IN M.G.L. c. 140, § 121; (d) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION, OWNERSHIP, SALE, TRANSFER, RENTAL, RECEIPT OR TRANSPORTATION OF WEAPONS OR AMMUNITION FOR WHICH A TERM OF IMPRISONMENT MAY BE IMPOSED; OR (e) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION OR SALE OF CONTROLLED SUBSTANCES AS DEFINED IN M.G.L. c. 94, § 1? _____
8. HAVE YOU EVER BEEN CONFINED TO ANY HOSPITAL OR INSTITUTION FOR MENTAL ILLNESS? _____
9. ARE YOU OR HAVE YOU EVER BEEN UNDER TREATMENT FOR OR CONFINEMENT FOR DRUG ADDICTION OR HABITUAL DRUNKENNESS? _____
10. HAVE YOU EVER APPEARED IN ANY COURT AS A DEFENDANT FOR ANY CRIMINAL OFFENSE (EXCLUDING NON-CRIMINAL TRAFFIC OFFENSES)? _____
11. ARE YOU NOW UNDER ANY CHARGE(S) FOR ANY OFFENSE(S) AGAINST THE LAW? _____
12. ARE YOU NOW OR HAVE YOU EVER BEEN THE SUBJECT OF A M.G.L. c. 209A RESTRAINING ORDER OR INVOLVED IN A DOMESTIC VIOLENCE CHARGE? _____
13. HAS ANY LICENSE TO CARRY FIREARMS, PERMIT TO POSSESS FIREARMS, OR FIREARMS IDENTIFICATION CARD ISSUED TO YOU UNDER THE LAWS OF ANY STATE, TERRITORY OR JURISDICTION EVER BEEN SUSPENDED, REVOKED OR DENIED? _____
14. ARE YOU CURRENTLY THE SUBJECT OF ANY OUTSTANDING ARREST WARRANT IN ANY STATE OR FEDERAL JURISDICTION? _____

NAME _____ DOB: _____

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FOUR THROUGH FOURTEEN, GIVE DETAILS WHICH MUST INCLUDE DATES, CIRCUMSTANCES AND LOCATION:

(IF NECESSARY USE SEPARATE SHEET OF PAPER TO COMPLETE)

OTHER THAN MASSACHUSETTS, WHAT OTHER STATE, TERRITORY OR JURISDICTION HAVE YOU RESIDED IN?

HAVE YOU EVER HELD A LICENSE TO CARRY IN ANY OTHER STATE, TERRITORY OR JURISDICTION? _____
IF "YES", WHEN, WHERE AND LICENSE NUMBER:

LIST NAME AND ADDRESSES OF TWO REFERENCES (NOT REQUIRED IF APPLYING FOR A FIREARMS IDENTIFICATION CARD):

1. _____

2. _____

REASON (S) FOR REQUESTING THE ISSUANCE OF CARD OR LICENSE:

CHANGE OF ADDRESS NOTIFICATION REQUIREMENTS:

MASSACHUSETTS GENERAL LAW REQUIRES THAT:

ANY LICENSEE SHALL NOTIFY, IN WRITING, THE LICENSING AUTHORITY WHO ISSUED SAID LICENSE, THE CHIEF OF POLICE INTO WHOSE JURISDICTION THE LICENSEE MOVES AND THE EXECUTIVE DIRECTOR OF THE CRIMINAL HISTORY SYSTEMS BOARD OF ANY CHANGE OF ADDRESS. SUCH NOTIFICATION SHALL BE MADE BY CERTIFIED MAIL WITHIN 30 DAYS OF ITS OCCURRENCE. FAILURE TO SO NOTIFY SHALL BE CAUSE FOR REVOCATION OR SUSPENSION OF SAID LICENSE (M.G.L. c.140, § 131 (l)).

A CARDHOLDER SHALL NOTIFY, IN WRITING, THE LICENSING AUTHORITY THAT ISSUED SUCH CARD, THE CHIEF OF POLICE INTO WHOSE JURISDICTION SUCH CARDHOLDER MOVES AND THE EXECUTIVE DIRECTOR OF THE CRIMINAL HISTORY SYSTEMS BOARD OF ANY CHANGE OF ADDRESS. SUCH NOTIFICATION SHALL BE MADE BY CERTIFIED MAIL WITHIN 30 DAYS OF ITS OCCURRENCE. FAILURE TO SO NOTIFY SHALL BE CAUSE FOR REVOCATION OR SUSPENSION OF SUCH CARD (M.G.L. c.140, § 129B (11)).

I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE JUST CAUSE FOR DENIAL OR REVOCATION OF MY LICENSE TO CARRY FIREARMS AND MAY BE USED IN A CRIMINAL PROCEEDING PURSUANT TO M.G.L c. 140, §§ 129 AND 131.

SIGNED UNDER THE PENALTIES OF PERJURY THIS _____ DAY OF _____, _____
(DAY) (MONTH) (YEAR)

SIGNATURE OF APPLICANT _____

APPLICANT: BRING TO YOUR LOCAL LICENSING AUTHORITY (POLICE DEPARTMENT). DO NOT MAIL THE FIREARMS RECORD BUREAU.

LICENSING AUTHORITY (LOCAL POLICE DEPARTMENT:

PLEASE RETAIN ONE COPY FOR YOUR FILES, FORWARD ONE COPY TO THE FIREARMS RECORD BUREAU WITH THE COMPLETED LTC/FID OR MG LICENSE FOR DATA ENTRY AND ONE COPY TO THE MASS STATE POLICE WITH THE APPLICANT'S FINGERPRINT CARD (FINGERPRINT CARD REQUIRED FOR NEW APPLICANT, ONLY) FOR APPROPRIATE FINGERPRINT SUPPORTED CRIMINAL RECORD CHECK.



Chief of Police
Andrew J. Sluckis

Leicester Police Department

90 South Main Street
Leicester, Massachusetts 01524



INCIDENT REPORT REQUEST

Today's Date: _____

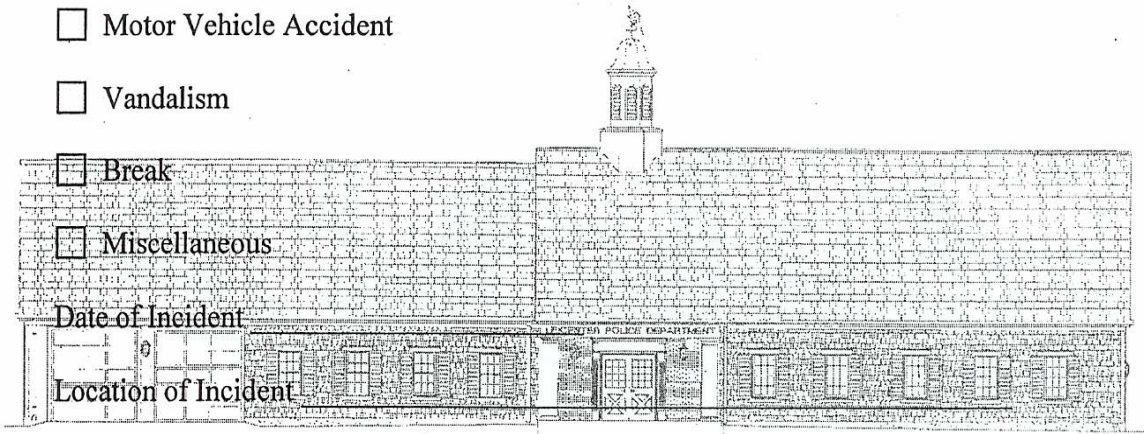
Type of Report

Motor Vehicle Accident

Vandalism

Break

Miscellaneous



Date of Incident _____

Location of Incident _____

Involved Name _____

Requesting Party's Name _____

Mailing Address _____

Phone Number _____

Police Use Only

_____ Mail to Requestor

_____ Requestor to Pick-up

_____ Fee Collected

_____ Date Collected



The Commonwealth of Massachusetts

Registry of Motor Vehicles

P.O. Box 55896

Boston, MA 02205-5896

REGISTRY OF MOTOR VEHICLES COMPLAINT OF IMPROPER OPERATION

I am filing a complaint with the Registry of Motor Vehicles concerning the improper operation of a motor vehicle. The motor vehicle registration number is _____. The vehicle make, model, and color are _____.

Complainant Information

Your Name _____ Date of Birth _____

Telephone Number _____

Your Address: _____

Please provide the following information concerning the improper operation of the motor vehicle you observed. Be as specific about the details of the incident as possible.

Date of the Incident: _____ Time of the Incident: _____

City/Town of the Incident: _____

Location of the Incident (Street or Highway): _____

Was this Reported to the Police? (check one) Yes No

If yes, which Police Department _____

Description of the Improper Operation: _____

Signature: _____ Date _____

Signed under the penalties of perjury

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SUBMITTING

The RMV's Driver Control Unit is prepared to investigate this complaint. **If a hearing is scheduled in this matter, you will be notified and required to attend. Do not submit this complaint to the agency unless you are prepared to attend the hearing and give your testimony as to what occurred.**

NOTE: This form in its entirety is available to the other party upon request.

**COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD**

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: _____ **Date of birth:** _____

Address: _____ **Telephone number:** _____

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ **Date:** _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name (PLEASE PRINT): _____

Date of birth or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Other information (e.g. license plate number, parents' names, etc.): _____

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).



DEPARTMENT OF POLICE
LEICESTER, MASSACHUSETTS

Date: _____

SOLICITORS — HAWKERS — PEDDLERS
"APPLICATION FOR PERMIT"

APPLICATION FEE: \$2.00

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SOC. SEC. NUMBER: _____

HEIGHT: _____ WEIGHT: _____ COLOR EYES: _____ COLOR HAIR: _____

COMPANY, AGENCY, OR ORGANIZATION REPRESENTED: _____

PRODUCT, COMMODITY, ITEM, MATERIAL - TO BE SOLD OR DISTRIBUTED: _____

DATE APPLICABLE: FROM _____ TO _____

(Permits requested, if approved, will expire on the date stated, unless it is revoked. In all cases the Permit will expire on December 31st of the year it was issued.)

I, _____ do state under penalties of perjury that I am not now, and will not during the effective dates of this Permit be in violation of Chapter 93A, and Chapter 101 of the General Laws of the Commonwealth of Massachusetts, and/or other laws, Statutes, Rules, and Regulations or By-Laws.

Date: _____ Signed: _____

(On attached Form, list all persons who will be covered by this Permit)

Leicester Town By-Law Governing Solicitors, Hawkers and Peddlers:

No person or persons, as defined by Chapter 93A Section 1A, shall solicit, canvass, or distribute with intent to sell any item or product door to door within the Town of Leicester, unless said person or persons have received a license permitting the soliciting, canvassing or selling from the Chief of Police. A license shall be granted upon a showing that such solicitation, canvassing or selling is in conformance with the Laws of the State of Massachusetts and does not constitute an unethical, illegal or deceptive practice as defined by Massachusetts General Laws, Chapters 93A and 101, and any rules and regulations promulgated by the Attorney General's Office. Such soliciting, canvassing or selling shall be limited to weekdays only, between the hours of 10:00 A.M. and 4:30 P.M. A license, when issued, shall be granted for specific dates. Whoever violates this section shall be punished by a fine not to exceed \$50.00.