



Lexington Police

HELD FOR COURT
ARREST/BOOKING REPORT
PROTECTIVE CUSTODY REPORT

1. CASE NUMBER 08-000025	2. DATE AND TIME OF OFFENSE 01/07/08 10:18	3. INVESTIGATING	4. REPORTING OFFICER Tuomi, Michael L	ID NO. 162
5. OBTN TRACKING NUMBER TLEX200800138	6. LOCATION OF OFFENSE 36 Eldred St, Lexington, MA 02420		7. ASSISTING OFFICER(S) Mazerall, John R	ID NO. 141

8. LAST NAME Reilly	FIRST Brendan	INITIAL M	9. RESIDENCE ADDRESS 17 Reeves Rd		CITY Bedford	STATE MA	ZIP 01730			
10. DATE OF BIRTH 06/18/1986	11. SOCIAL SECURITY NO. [REDACTED]		12. PLACE OF BIRTH MA		13. TELEPHONE NO.					
14. SEX Male	15. RACE White	16. AGE 21	17. HGT.	18. WGT.	19. HAIR	20. EYES	21. BUILD HVY	22. GLASSES?	23. COMPLEXION	24. PECULIARTIES
25. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED		26. SPOUSE (MAIDEN)			27. FATHERS NAME		28. MOTHERS NAME (MAIDEN)			
29. VISIBLE INJURY, ILLNESS OR COMPLAINTS OF INJURY OR ILLNESS <input type="checkbox"/> NO <input type="checkbox"/> YES		30. OCCUPATION			31. EMPLOYER/SCHOOL - NAME & ADDRESS					
32. DRIVERS LICENSE NUMBER & STATE S30739234 / MA MA		33. VEHICLE REG. NO. & STATE -		34. VEHICLE- YEAR, MAKE, MODEL & COLOR			35. VEHICLE TOWED <input type="checkbox"/> NO <input type="checkbox"/> YES TOW COMPANY			

36. OFFENSE - REASON FOR CUSTODY		CHAPTER	SECTION	37. RIGHTS ADVISED BY:	
				38. TELEPHONE USED: <input type="checkbox"/> NO <input type="checkbox"/> YES	
				39. PHOTOS & PRINTS TAKEN BY <input type="checkbox"/> NO <input type="checkbox"/> YES	
40. CJS/NCIC CHECKS <input type="checkbox"/> Q1 <input type="checkbox"/> QH <input type="checkbox"/> BOP	41. SUBJECT WANTED? <input type="checkbox"/> NO <input type="checkbox"/> YES BY:		42. RENDITION? NAME OF OFFICAL REQUESTING RENDITION <input type="checkbox"/> NO <input type="checkbox"/> YES		

43. Q5 SUICIDE CHECKS: <input type="checkbox"/> NO <input type="checkbox"/> YES	44. IS SUBJECT PRESENTLY TAKING ANY MEDICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHAT TYPE?		45. IS SUBJECT CURRENTLY UNDER PSYCHIATRIC CARE? <input type="checkbox"/> NO <input type="checkbox"/> YES NAME OF DOCTOR:		
46. HAS SUBJECT PREVIOUSLY ATTEMPTED SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY		47. IS SUBJECT CONTEMPLATING SUICIDE? <input type="checkbox"/> NO <input type="checkbox"/> YES PROVIDE SPECIFICS NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? HOW?			
48. QUESTIONING OFFICER	ID NO	49. INABLE TO COMMUNICATE WITH DETAINEE <input type="checkbox"/> REASON			

60. BAIL CLERK NAME		61. BAIL CLERK NOTIFIED BY	ID NO.	62. DATE AND TIME OF NOTIFICATION		63. DID THIS OFFENSE INVOLVE ABUSE AS DEFINED IN M.G.L. CHAPTER 209A? <input type="checkbox"/> NO <input type="checkbox"/> YES	
64. BAIL AMOUNT		65. BAIL CLERK SIGNATURE			66. DATE AND TIME RELEASED		
67. SUBJECT TRANSFERRED TO		68. DATE AND TIME TRANSFERRED		69. TRANSPORTING OFFICER		70. RECEIVING OFFICAL SIGNATURE AND RANK	
71. SHIFT SUPERVISOR NAME		72. REPORTING OFFICER SIGNATURE			73. ID NO.		74. SHIFT

1 CASE NO.	JULIAN DATE 7	CASE NUMBER 08-000025																
BAILED/HELD BY:			Bail - Date & Time:															
P.R:	Bail Amount \$: 0	Surety:																
Docket #:		Date of Arraignment:																
Case Continued to:																		
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