

# Complaint Control Form

Please Print (Black Ink) or Type

page of

Complaint # <b>05762</b>		Date Complaint Taken <b>5/2/05</b>		Day <b>Mon</b>		Location Complaint Received (District/Unit) <b>IAD</b>				
Nature of Complaint <input type="checkbox"/> Violation of Criminal Law <input checked="" type="checkbox"/> Violation of Rules & Regulations <span style="margin-left: 200px;"><b>30410C</b></span>										
Area/District of Occurrence: <b>B-2</b>		Date of Occurrence <b>4/29/05</b>		Day <b>Fri</b>		Address/Location of Occurrence <b>135 Townsend St</b>			CC# Associated with Complaint <b>010218246</b>	
Complainant	Name (Last, First, MI) <b>Anderson, Jennifer</b>			Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Race: See Reverse <b>B/N</b>		D.O.B./Age <b>4/21/72-33</b>	Social Security # <b>029507500</b>		
	Address: <b>191 Green St #104</b>			City/Town: <b>J.R</b>		Zip Code: <b>02500</b>	Occupation: <b>Marketing manager</b>			
Complainant	Place of Employment: <b>Harvard Univ</b>			Telephone #: (H) <b>617-490-1705</b> (W) <b>617-490-2917</b> Cell Phone ( )						Pager ( )
	Name (Last, First, MI):			Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race: See Reverse		D.O.B./Age:	Social Security #:		
Complainant	Address:			City/Town:		Zip Code:	Occupation:			
	Place of Employment:			Telephone #: (H) ( ) (W) ( ) Cell Phone ( )						Pager ( )
Employee	Name of Employee Complained Against (Last, First, MI): <b>Ward Robert</b>				Rank: <b>P.O.</b>	ID #:	Badge #:	District/Unit Assigned: <b>B-2</b>		
	D.O.B./Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race: See Reverse	Height:	Weight:	Build:	Eyes:	Hair:	On Duty <input checked="" type="checkbox"/> Off Duty <input type="checkbox"/> Detail <input type="checkbox"/>	
Employee	Name of Employee Complained Against (Last, First, MI): <b>Flaven</b>				Rank: <b>P.O.</b>	ID #:	Badge #:	District/Unit Assigned: <b>B-2</b>		
	D.O.B./Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race: See Reverse	Height:	Weight:	Build:	Eyes:	Hair:	On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/> Detail <input type="checkbox"/>	
Witness	Name (Last, First, MI):			Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race: See Reverse	D.O.B./Age:	Occupation:		Social Security #:	
	Address:			City/Town:		Zip Code:	Relationship to Complainant:			
Witness	Place of Employment:			Telephone #: (H) ( ) (W) ( ) Cell Phone ( )						Pager ( )
	Name (Last, First, MI):			Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race: See Reverse	D.O.B./Age:	Occupation:		Social Security #:	
Witness	Address:			City/Town:		Zip Code:	Relationship to Complainant:			
	Place of Employment:			Telephone #: (H) ( ) (W) ( ) Cell Phone ( )						Pager ( )

District/Unit Supervisor Receiving Complaint:				District/Unit Assigned:				ID #:	
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Internal Affairs Notified Pursuant to Rule 109 S45		Person Notified:			By Whom:		
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Narrative (Summary):  
 The complainant states that P.O. Ward struck her repeatedly on her face while P.O. Flaven held her. The complainant was handcuffed and P.O. Ward turned the handcuffs causing her pain. Complainant states P.O. Flaven touched her breast while she was on the ground.

Original: 1920 must be forwarded to I.A.D. on the date received by fax and department mail.  
 Complainant Should Sign at End of Narrative: **Jennifer S. Anderson**

BOSTON POLICE DEPARTMENT  
CAD INCIDENT HISTORY

INCIDENT HISTORY FOR: 050218246

RECEIVED: 04/29/2005 21:05:41

ENTERED: 04/29/2005 21:06:41

DISPATCHED: 04/29/2005 21:09:39

ENROUTE: 04/29/2005 21:09:39

ONSCENE: 04/29/2005 21:18:55

CLOSED: 04/30/2005 00:03:26

BY: PCT10 90479  
BY: PCT10 90479  
BY: PDT03 93651

INITIAL FINAL REMOVE DK/GROUP

TYPE: TYPE:  
REMOVE REMOVE

INITIAL PRIORITY: 2

DISPOSITION: RPT

POLICE BLOCK: 0231201

GROUP: 02

LOCATION: 135 TOWNSEND ST ,RX btwn HAROLD ST & CRESTWOOD PK

LOCATION INFO: APT A10

NAME: HART, LLOYD

SOURCE: 9

FIRE BLOCK: 2168

BEAT: 3

VERIFIED: (V)

ADDRESS: 135  
TOWNSEND ST

FINAL PRIORITY: 2

PRIMARY UNIT:  
B104F

EMS BLOCK:  
0819202

MAP PAGE: 1017

PHONE:  
6174426526

# BOSTON POLICE INCIDENT REPORT

ORIGINAL  SUPPLEMENTARY

KEY SITUATIONS DOMESTIC VIOLENCE		COMPLAINT NO. 050218246	REPORT DIST. B2	CLEARANCE DIST.
TYPE OF INCIDENT A&B PO		CRIME CODE 0	STATUS	DATE OF OCCUR. A.04/29/05
LOCATION OF INCIDENT 135 TOWNSEND ST		APT.	DISPATCH TIME 09:09 PM	TIME OF OCCUR. A.09:05 PM
VICTIM-COMP. (LAST, FIRST, MI) HART,LLOYD	PHONE (617)-828-2630	SEX MALE	RACE BLACK NON-HISPANIC	MARITAL STATUS UNMARRIED
ADDRESS 135 TOWNSEND ST,ROXBURY,MA,02119-0000	APT. A10	OCCUPATION BOOK RETAILER	AGE 51	D.O.B. 11/7/1953
VICTIM-COMP. (LAST, FIRST, MI) WARD,ROBERT	PHONE (617)-343-4270	SEX MALE	RACE WHITE NON-HISPANIC	MARITAL STATUS N/A
ADDRESS 135 DUDLEY ST,ROXBURY,MA,02119-0000	APT.	OCCUPATION POLICE OFFICER	AGE 0	D.O.B. 1/1/2005
VICTIM-COMP. (LAST, FIRST, MI) FLAVEN,MICHAEL	PHONE (617)-343-4270	SEX MALE	RACE WHITE NON-HISPANIC	MARITAL STATUS N/A
ADDRESS 135 DUDLEY ST,ROXBURY,MA,02119-0000	APT.	OCCUPATION POLICE OFFICER	AGE 0	D.O.B. 1/1/2005
PERSON REPORTING P.O.S WARD AND FLAVEN		ADDRESS 135 DUDLEY ST,ROXBURY,MA,02119-0000	APT.	PHONE (617)-343-4270
WAS THERE A WITNESS TO THE CRIME				
PERSON INTERVIEWED	AGE	LOCATION OF INTERVIEW	APT.	HOME ADDRESS
				RES. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> BUS <input type="checkbox"/>
NUMBER OF PERPETRATORS: 1 — CAN SUSPECT BE IDENTIFIED AT THIS TIME				
STATUS ARRESTED	NAME (LAST, FIRST, MI) ANDERSON,SENETHRA TALEESE	S.S. NO. 029-58-7560	BOOKING NO. 20050132902	PHOTO NO. ALIAS
WARRANT NO.	ADDRESS 191 GREEN ST,JAMAICA PLAIN,MA,00000-0000	SEX FEMALE	RACE BLACK NON-HISPANIC	AGE 33
		HEIGHT 5-06	DOB 4/21/1972	
SPECIAL CHARACTERISTICS(INCLUDING CLOTHING)		WEIGHT 150	BUILD SLIM	HAIR BLACK
				EYES BROWN
CAN SUSPECT VEHICLE BE DESCRIBED				
STATUS	REG. STATE	REG. NO.	PLATE TYPE	YEAR(EXP.)
VEHICLE MAKE YEAR	VEHICLE NO.	STYLE	COLOR(TOP-BOTTOM)	
OPERATOR'S NAME	LICENSE NO.	STATE	OPERATOR'S ADDRESS	
OWNERS'S NAME	OWNERS'S ADDRESS			
CAN PROPERTY BE IDENTIFIED				
STATUS	TYPE OF PROPERTY	SERIAL OR I-DENTI-GUARD NO.	BRAND NAME-DESCRIPTION	MODEL
VALUE	UCR			
IS THERE A SIGNIFICANT M.O.				
TYPE OF WEAPON-TOOL HANDS,FINGERNAILS	NEIGHBORHOOD RESIDENCE/HOME	TYPE OF BUILDING RESIDENTIAL APT	PLACE OF ENTRY FLOOR	
WEATHER CLOUDY	LIGHTING ARTIFICIAL	TRANSPORTATION OF SUSPECT	VICTIM'S ACTIVITY WORKING	
UNUSUAL ACTIONS AND STATEMENTS OF PERPETRATOR SEE NARRATIVE			RELATIONSHIP TO VICTIM X GIRLFRIEND OF VICTIM # 1	
IS THERE ANY PHYSICAL EVIDENCE (DESCRIPTION AND DISPOSITION IN NARRATIVE)				
IS THERE ANY OTHER REASON FOR INVESTIGATION (REASON BELOW)				
BLOCK NARRATIVE AND ADDITIONAL INFORMATION				
NO.	ABOUT 9:09 PM OFFICERS WARD AND FLAVEN IN THE B104F RESPONDED TO A R/C FOR A REMOVAL AT 135 TOWNSEND ST. ON ARRIVAL OFFICERS SPOKE TO VICTIM #1( LLOYD HART ) WHO STATED THAT THE SUSPECT( HIS FORMER EMPLOYEE AND FORMER LOVER) WAS IN THE HALLWAY AND REFUSED TO LEAVE AFTER BEING ASKED SEVERAL TIMES. VICTIM #1 ( HART ) DIRECTED OFFICERS TO THE BASEMENT HALL WAY WHERE THE OFFICERS OBSERVED THE SUSPECT. SUSPECT REPEATEDLY ASKED VICTIM #1 ( HART ) " WHY ARE YOU DOING THIS TO ME LLOYD?" AND REFUSED TO ACKNOWLEDGE THE OFFICERS PRESENCE WHEN THEY ASKED THE SUSPECT WHAT THE PROBLEM WAS. WHEN THE OFFICERS INFORMED THE SUSPECT THAT SHE COULD BE ARRESTED FOR TRESPASSING, THE SUSPECT BEGAN SCREAMING AT THE OFFICERS. THE SUSPECT THEN TURNED AND ATTEMPTED TO WALK			

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UNIT ASSIGNED B104F	TOUR OF DUTY 3	REPORTING OFFICER'S NAME ROBERT A WARD	REPORTING OFFICER'S SIGNATURE <i>Robert A Ward</i>	REPORTING OFFICER'S ID 8636	PARTNER'S ID 90495	FI NO
DATE OF REPORT 04/30/05	SPECIAL UNITS NOTIFIED(REPORTING)					TELETYPE NO.
TIME COMPLETED 12:38 AM	PATROL SUPERVISOR NAME	PAT. SUP. ID	DUTY SUP. NAME SCOTT W GILLIS	DUTY SUP. SIGNATURE <i>Gillis</i>	DUTY SUP. ID 10030	

GHSNI

# BOSTON POLICE INCIDENT REPORT

ORIGINAL  SUPPLEMENTARY

KEY SITUATIONS <b>DOMESTIC VIOLENCE</b>		COMPLAINT NO. 050218246	REPORT DIST. B2	CLEARANCE DIST.
TYPE OF INCIDENT A&B PO	CRIME CODE 0	STATUS		DATE OF OCCUR. A.04/29/05
LOCATION OF INCIDENT 135 TOWNSEND ST		APT.	DISPATCH TIME 09:09 PM	TIME OF OCCUR. A.09:05 PM

VICTIM-COMP. (LAST, FIRST, MI) HART, LLOYD	PHONE (617)-828-2630	SEX MALE	RACE BLACK NON-HISPANIC	MARITAL STATUS UNMARRIED
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ADDRESS 135 TOWNSEND ST, ROXBURY, MA, 02119-0000	APT. A10	OCCUPATION BOOK RETAILER	AGE 51	D.O.B. 11/7/1953
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VICTIM-COMP. (LAST, FIRST, MI) WARD, ROBERT	PHONE (617)-343-4270	SEX MALE	RACE WHITE NON-HISPANIC	MARITAL STATUS N/A
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ADDRESS 135 DUDLEY ST, ROXBURY, MA, 02119-0000	APT.	OCCUPATION POLICE OFFICER	AGE 0	D.O.B. 1/1/2005
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VICTIM-COMP. (LAST, FIRST, MI) FLAVEN, MICHAEL	PHONE (617)-343-4270	SEX MALE	RACE WHITE NON-HISPANIC	MARITAL STATUS N/A
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ADDRESS 135 DUDLEY ST, ROXBURY, MA, 02119-0000	APT.	OCCUPATION POLICE OFFICER	AGE 0	D.O.B. 1/1/2005
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PERSON REPORTING P.O. WARD AND FLAVEN	ADDRESS 135 DUDLEY ST, ROXBURY, MA, 02119-0000	APT.	PHONE (617)-343-4270
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WAS THERE A WITNESS TO THE CRIME				
PERSON INTERVIEWED	AGE	LOCATION OF INTERVIEW	APT.	HOME ADDRESS

NUMBER OF PERPETRATORS: 1 — CAN SUSPECT BE IDENTIFIED AT THIS TIME

PERSONS	STATUS ARRESTED	NAME (LAST, FIRST, MI) ANDERSON, SENETHRA TALEESE	S.S. NO. 029-58-7560	BOOKING NO. 20050132902	PHOTO NO.	ALIAS
	WARRANT NO.	ADDRESS 191 GREEN ST, JAMAICA PLAIN, MA, 00000-0000	SEX FEMALE	RACE BLACK NON-HISPANIC	AGE 33	HEIGHT 5-06
	SPECIAL CHARACTERISTICS (INCLUDING CLOTHING)		WEIGHT 150	BUILD SLIM	HAIR BLACK	EYES BROWN

CAN SUSPECT VEHICLE BE DESCRIBED						
STATUS	REG. STATE	REG. NO.	PLATE TYPE	YEAR (EXP)	MODEL	
VEHICLE MAKE YEAR	VEHICLE NO.	STYLE	COLOR (TOP-BOTTOM)			
OPERATOR'S NAME	LICENSE NO.	STATE	OPERATOR'S ADDRESS			
OWNER'S NAME	OWNER'S ADDRESS					

CAN PROPERTY BE IDENTIFIED						
STATUS	TYPE OF PROPERTY	SERIAL OR I-DENTI-GUARD NO.	BRAND NAME-DESCRIPTION	MODEL	VALUE	UCR

IS THERE A SIGNIFICANT M.O.			
TYPE OF WEAPON-TOOL HANDS, FINGERNAILS	NEIGHBORHOOD RESIDENCE/HOME	TYPE OF BUILDING RESIDENTIAL APT	PLACE OF ENTRY FLOOR
WEATHER CLOUDY	LIGHTING ARTIFICIAL	TRANSPORTATION OF SUSPECT	VICTIM'S ACTIVITY WORKING
UNUSUAL ACTIONS AND STATEMENTS OF PERPETRATOR SEE NARRATIVE		RELATIONSHIP TO VICTIM X GIRLFRIEND OF VICTIM # 1	

IS THERE ANY PHYSICAL EVIDENCE (DESCRIPTION AND DISPOSITION IN NARRATIVE)

IS THERE ANY OTHER REASON FOR INVESTIGATION (REASON BELOW)

BLOCK NO.	NARRATIVE AND ADDITIONAL INFORMATION
	<p>ABOUT 9:09 PM OFFICERS WARD AND FLAVEN IN THE B104F RESPONDED TO A R/C FOR A REMOVAL AT 135 TOWNSEND ST. ON ARRIVAL OFFICERS SPOKE TO VICTIM #1 (LLOYD HART) WHO STATED THAT THE SUSPECT (HIS FORMER EMPLOYEE AND FORMER LOVER) WAS IN THE HALLWAY AND REFUSED TO LEAVE AFTER BEING ASKED SEVERAL TIMES. VICTIM #1 (HART) DIRECTED OFFICERS TO THE BASEMENT HALLWAY WHERE THE OFFICERS OBSERVED THE SUSPECT. SUSPECT REPEATEDLY ASKED VICTIM #1 (HART) "WHY ARE YOU DOING THIS TO ME LLOYD?" AND REFUSED TO ACKNOWLEDGE THE OFFICERS PRESENCE WHEN THEY ASKED THE SUSPECT WHAT THE PROBLEM WAS. WHEN THE OFFICERS INFORMED THE SUSPECT THAT SHE COULD BE ARRESTED FOR TRESPASSING, THE SUSPECT BEGAN SCREAMING AT THE OFFICERS. THE SUSPECT THEN TURNED AND ATTEMPTED TO WALK</p>

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UNIT ASSIGNED B104F	TOUR OF DUTY 3	REPORTING OFFICER'S NAME ROBERT A WARD	REPORTING OFFICER'S SIGNATURE <i>Robert A Ward</i>	REPORTING OFFICER'S ID 8636	PARTNER'S ID 90495	FI NO
DATE OF REPORT 04/30/05	SPECIAL UNITS NOTIFIED(REPORTING)					TELETYPE NO.
TIME COMPLETED 12:38 AM	PATROL SUPERVISOR NAME	PAT. SUP. ID	DUTY SUP. NAME SCOTT W GILLIS	DUTY SUP. SIGNATURE <i>Gillis</i>	DUTY. SUP. ID 10030	

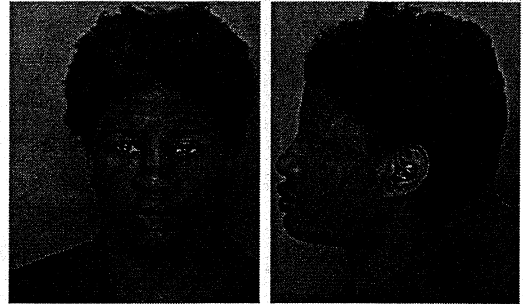


**Boston Police Department  
Arrest Booking Form**

Report Date: 10/21/2005 12:46:17 PM  
Booking Status: Verified  
Printed By User:

District: 02  
Court of Appearance: Roxbury District Court  
Master Name: ANDERSON, Senethra Taleese  
Location of Arrest: 135 Townsend St  
Booking Name: ANDERSON, Senethra Taleese  
Alias:  
Address: 191 Green St 104 JAMAICA PLAIN MA US

UCR Code: 0424  
Age: 33



**Charges:**

Assault and Battery on A Police Officer (injuries) (265-13D)  
Resisting Arrest (268-32B)  
Trespassing (266-120)

Booking Number: 05-01329-02  
Booking Date: 04/30/2005 00:02

Incident Number: 050218246  
Arrest Date: 04/29/2005 21:09

CR Number: 002307-05  
RA Number:

Sex: Female	Height: 5' 6"	Occupation: Sales Assoc
Race: Black Non-Hispanic	Weight: 150	Employer/School: Black Library
Date of Birth: 04/21/1972	Build: Slim	Emp/School Addr: Washington St BOSTON MA
Place of Birth: BOSTON MA	Eye Color: Brown	Social Sec Number: 029-58-7560
Marital Status: Single	Hair Color: Black	Operators License: 029587560
Mother's Name: FAULK, Deborah	Complexion: Medium Brown	State: MA
Father's Name: ANDERSON, David		
Phone Used: N	Breathalyzer Used: N	
Examined at Hospital: N	Clothing Desc: red shirt blue pants black shoes	
Examined by EMS: N		
Scars/Marks/Tattoos:		
Arresting Officer: BPD 90495 FLAVEN, Michael	Cell Number: LH	
Booking Officer: BPD 11420 Jefferson, Tarus J	Partner's #: 08636	
Informed of Rights: BPD 12275 ONEILL, Maryann	Unit #: B104F	
Placed in Cell By: BPD 12275 ONEILL, Maryann	Trans Unit #: BG04F	
Searched By: BPD 12275 ONEILL, Maryann		
Cautions: NONE	Booking Comments:	Visible Injuries:
Person Notified:	Relationship:	Phone:
Address:		Juv. Prob. Officer:
Notified By:		Notified Date/Time:
Bail Set By:		
Bailed By:		
Amount:		
BOP Check: BPD 90495 FLAVEN, Michael		
Suicide Check:		
BOP Warrant: <i>Green/Clark</i>		
BOP Court:		

**APPLICATION FOR CRIMINAL COMPLAINT**

APPLICATION NO. (COURT USE ONLY)

PAGE

1 of 1

Trial Court of Massachusetts  
District Court Department



ROXBURY DISTRICT COURT

~~Berchester District Court~~

510 Washington Street

Dorchester, MA 02124

85 WARREN ST

ROXBURY, MA 02119

ARREST STATUS OF ACCUSED

HAS  HAS NOT been arrested

I, the undersigned complainant, request that a criminal complaint issue against the accused charging the offense(s) listed below. If the accused **HAS NOT BEEN ARRESTED** and the charges involve:

- ONLY MISDEMEANOR(S), I request a hearing  **WITHOUT NOTICE** because of an imminent threat of  
 BODILY INJURY  COMMISSION OF A CRIME  FLIGHT  **WITH NOTICE** to accused.  
 ONE OR MORE FELONIES, I request a hearing  **WITHOUT NOTICE**  **WITH NOTICE** to accused.

WARRANT is requested because prosecutor represents that accused may not appear unless arrested.

**INFORMATION ABOUT ACCUSED**

NAME (FIRST MI LAST) AND ADDRESS

Senethra Anderson  
191 Green st  
Jamaica Plain, MA

BIRTH DATE

4-21-72

SOCIAL SECURITY NUMBER

029-58-7560

PCF NO.

MARITAL STATUS

Single

DRIVERS LICENSE NO.

029587560

STATE

MA

GENDER

Female

HEIGHT

5-06

WEIGHT

150

EYES

BRN

HAIR RACE COMPLEXION SCARS/MARKS/TATTOOS

BLK BNH M Brow

BIRTH STATE OR COUNTRY

MASS

DAY PHONE

EMPLOYER/SCHOOL

Black Library

MOTHER'S MAIDEN NAME (FIRST MI LAST)

Debra Faulk

FATHER'S NAME (FIRST MI LAST)

David ANDERSON

**CASE INFORMATION**

COMPLAINANT NAME (FIRST MI LAST)

P.O WARD + P.O. Flaven

COMPLAINANT TYPE

POLICE  CITIZEN  OTHER

PD

BOSTON

ADDRESS

135 DUDLEY ST  
ROXBURY, MA 02119

PLACE OF OFFENSE

135 Townsend ST

INCIDENT REPORT NO.

050218246

OBTN

CITATION NO(S).

OFFENSE CODE	DESCRIPTION	OFFENSE DATE
1 266-120	TRESPASSING	4-29-05
VARIABLES (e.g. victim name, controlled substance, type and value of property, other variable information; see Complaint Language Manual) Comm of MASS		
2 265-13D	ASSAULT + BATT on a Police ofc w/injury	4-29-05
VARIABLES Comm of MASS - P.O Flaven + P.O WARD		
3 268-32B	RESISTING ARREST	4-29-05
VARIABLES Comm of MASS		

REMARKS: \_\_\_\_\_ COMPLAINANT'S SIGNATURE: *X Robert A. Gelfand* DATE FILED: 5-02-05

COURT USE ONLY: A HEARING UPON THIS COMPLAINT APPLICATION WILL BE HELD AT THE ABOVE COURT ADDRESS ON: \_\_\_\_\_ DATE OF HEARING: \_\_\_\_\_ AT \_\_\_\_\_ TIME OF HEARING: \_\_\_\_\_ COURT USE ONLY

DATE	PROCESSING OF NON-ARREST APPLICATION (COURT USE ONLY)	CLERK/JUDGE
	NOTICE SENT OF CLERK'S HEARING SCHEDULED ON:	
	NOTICE SENT OF JUDGE'S HEARING SCHEDULED ON:	
	HEARING CONTINUED TO:	
	APPLICATION DECIDED WITHOUT NOTICE TO ACCUSED BECAUSE: <input type="checkbox"/> IMMINENT THREAT OF <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> CRIME <input type="checkbox"/> FLIGHT BY ACCUSED <input type="checkbox"/> FELONY CHARGED AND POLICE DO NOT REQUEST NOTICE <input type="checkbox"/> FELONY CHARGED BY CIVILIAN; NO NOTICE AT CLERK'S DISCRETION	

DATE	COMPLAINT TO ISSUE	COMPLAINT DENIED	CLERK/JUDGE
5-2-05	<input checked="" type="checkbox"/> PROBABLE CAUSE FOUND FOR ABOVE OFFENSE(S) NO(S). <input checked="" type="checkbox"/> 1. <input checked="" type="checkbox"/> 2. <input checked="" type="checkbox"/> 3. BASED ON <input type="checkbox"/> FACTS SET FORTH IN ATTACHED STATEMENT(S) <input checked="" type="checkbox"/> TESTIMONY RECORDED: TAPE NO. _____ START NO. _____ END NO. _____ <input type="checkbox"/> WARRANT <input type="checkbox"/> SUMMONS TO ISSUE ARRAIGNMENT DATE: _____	<input type="checkbox"/> NO PROBABLE CAUSE FOUND <input type="checkbox"/> REQUEST OF COMPLAINANT <input type="checkbox"/> FAILURE TO PROSECUTE <input type="checkbox"/> AGREEMENT OF BOTH PARTIES <input type="checkbox"/> OTHER: COMMENT:	J.W.

**LAW OFFICE OF  
JENNIFER A. MASELLO**  
15 COURT SQUARE, SUITE 210  
BOSTON, MA 02108  
TEL: (617) 263-1211  
FAX: (617) 742-7581

May 25, 2005

Senethra Anderson  
191 Green St.  
Jamaica Plain, MA 02130

Re: Commonwealth v. Anderson, Docket # 0502CR001719

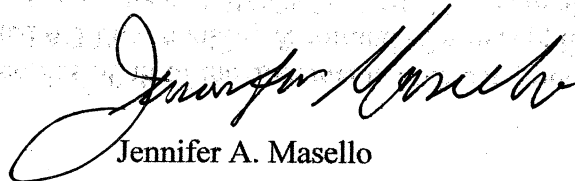
Dear Ms. Anderson:

As per your request, I am enclosing copies of all of the documents I have in your file. They are the following: the police report dated 4/30/05, booking & miranda forms, application for complaint dated 5/2/05 and a copy of the docket sheet #0502CR001719. These are all of the documents that I have in my possession at this time.

Please be advised that I was appointed by the court to represent you only in the above criminal matter (docket # 0502CR001719). I do not represent you in any other matters. I am a criminal defense attorney. If you are seeking advice regarding a possible civil suit against the police officers who arrested you, I would advise you to seek another more experienced attorney, preferably a civil litigator (someone who practices that type of law).

As I indicated in my May 24, 2005 letter to you, I expect to meet with you on **Tuesday, May 31, 2005** at the Roxbury District Court. I will be away from my office for the next 5 days to attend to a personal matter. I will not be able to respond to any calls during that time. I look forward to meeting with you on Tuesday, May 31, 2005.

Yours truly,



Jennifer A. Masello

November 28, 2006

**Administrative Office**

Edward W. Brooke Courthouse  
24 New Chardon Street  
Boston, MA 02114  
617-788-4800

NOV 29 05 PM 2:34 RCVD

Senethra T. Anderson  
191 Green Street Apt# 104  
Jamacia Plain Ma. 02134  
857-488-0966

Re: The Roxbury Court Division  
Boston Municipal Court Department

Honorable Chief Justice Charles R. Johnson:

This letter is to inform you that throughout the commonwealth v Anderson case#0502CR001719 the Roxbury Trial Court used unethical means to maliciously prosecute and wrongfully convict Ms. Anderson.

A request for Review of the Roxbury District Courts policy practices is sought. A formal complaint has been filed with the Supreme Judicial Court No# SJ-2006-0376, enclosed is a copy of the official complaint. This document will also be forward to the Attorney Generals office for investigation of public corruption, under M.G. L. chapter 12 section 5k

Exhibit A photo array of Ms. Anderson  
Exhibit B Two different copy's same # 0502CR001719, complaint  
Exhibit C Docket Sheet

Respectfully Yours,

  
Senethra T. Anderson

Cc, SI Receptionist Received BMC



# Boston Police Department

## Prisoner Booking Form

Booking Name: ANDERSON

First: Senethra

Middle: Taleese

Suffix:

Home Address: 191 Green St, JAMAICA PLAIN MA US

Sex: Female

Race: Black Non-Hispanic

Date of Birth: 04/21/1972

District: 02

Booking Number: 05-01329-02

Arrest Date: 04/29/2005 21:09

Incident Number: 050218246

Booking Date: 04/30/2005 00:02

Charges: Trespassing (266-120)

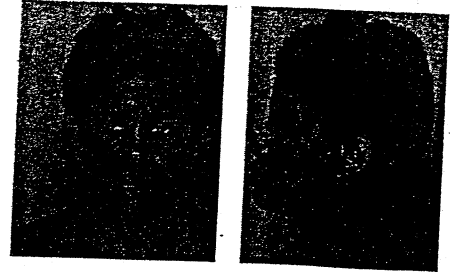
Assault and Battery on A Police Officer (injuries) (265-13D)

Resisting Arrest (268-32B)

Report Date: 04/30/2005 00:21

Booking Status: Unverified

Printed By: Jefferson, Tarus J



### Miranda Warning

Before asking you any questions, it is my duty to advise you of your rights:

- 1) You have the right to remain silent;
- 2) If you choose to speak, anything you say may be used against you in a court of law or other proceeding;
- 3) You have the right to consult with a lawyer before answering any questions and you may have him present with you during questioning;
- 4) If you cannot afford a lawyer and you want one, a lawyer will be provided for you by the State without cost to you;
- 5) You may also waive the right to counsel and your right to remain silent and you may answer any question or make any statement you wish. If you decide to answer any questions you may stop any time to consult with a lawyer.

Do you understand what I have told you?

Yes, I understand

Informed Rights By Officer:

BPD 12275 ONEILL, Maryann

*[Handwritten signature of prisoner]*

*[Handwritten signature of officer]*

Signature of Prisoner

11:22pm

12:22pm

Signature of Officer

### Prisoner Property

Property Storage No: 177.01

Property: veriaon cell phone, black cloth, 2 brown - *why would I have to*  
gloves, keys, fingernail file, coin necklace *Brown gloves*

Telephone Used: No  
 Breathalyzer Used: No  
 Examined at Hospital: No  
 Examined by EMS: No  
 Visible Injuries: none visible

Acknowledgement of property items being held

*[Handwritten signature of prisoner]*

Signature of Prisoner

Name: ANDERSON, SENETHRA T

Unit #: BE00209107

Acct #: EL000001120  
Discharge Date: 07/05/05


### Discharge Summary Report

She did endorse having some preoccupation about problems with her health. However, she would not elaborate.

In summary, her guarded manner responding to the TAI test suggested that she was experiencing more difficulties in her life than she is willing to endorse at this time, but did not indicate that she met criteria for any major mental illness.

PAST MEDICAL HISTORY: The patient indicated that she had an abnormal Pap smear test and HPV virus by history. She, however, refused a Pap smear test as well as a gynecological consult from this facility. She indicated that she would make these appointments on her own and she was assessed by the clinical treatment team to have the capacity to make such decisions.

DISCHARGE DIAGNOSES:

AXIS I: None.  
AXIS II: Rule out schizoid personality disorder.  
AXIS III:   
AXIS IV: Legal charges.  
AXIS V: 50-55.

DISCHARGE MEDICATIONS: None.

CONDITION ON DISCHARGE: psychological testing completed supported that there is no underlying violent or suicidal ideation or that she was feeling paranoid to leave the hospital or assault anyone. She was, therefore, found to be safe to be released, that decision would need to be made by the judge. She was found to be competent to stand trial and was found to also not meet the criteria for involuntary commitment.

DISCHARGE DISPOSITION: The patient was returned to court on July 5, 2005. The patient had decided to make her own arrangements for a primary care appointment and for counseling as she was not willing to accept treatment or follow up from this facility. She was not prescribed any medications and it was strongly suggested that she follow up with a gynecology appointment, which she refused to allow us to arrange for her.

**Erich Lindemann Mental Health Center**  
**Certification/Recertification Form**

20 91 07

ANDERSON, SENETHRA  
FEMALE DOB 04/21/72  
6/15/05  
CENTRAL UNIT

Patient Name: Senethra Anderson

**Certification of Admission**

I certify that Hospitalization is necessary

(check all applicable categories).

- |   |  |
|---|--|
| <input type="checkbox"/> Danger to self               | <input type="checkbox"/> Vulnerable to rapid                             |
| <input checked="" type="checkbox"/> Danger to others  | decompensation in the absence of   |
| <input type="checkbox"/> Unable to reason or care for | adequate supportive structure  |
| self due to Psychiatric illness                       | <input type="checkbox"/> Active treatment phase to achieve stabilization |
|   | <input type="checkbox"/> Active discharge planning                       |

**Commitment**

10 & 11  12  7 & 8  15  16  18  Other (please specify):

[Signature]  
Attending Physician

6/17/05  
Date

I do not certify this hospitalization for the following reason:

\_\_\_\_\_

\_\_\_\_\_  
Attending Physician

\_\_\_\_\_  
Date

**Recertification on or before the 12th day of Hospitalization**

Due: 6/28

I recertify that hospitalization is medically necessary for the following reasons:

(check all applicable categories).

- |   |  |
|---|--|
| <input type="checkbox"/> Danger to self               | <input type="checkbox"/> Vulnerable to rapid                             |
| <input type="checkbox"/> Danger to others             | decompensation in the absence of   |
| <input type="checkbox"/> Unable to reason or care for | adequate supportive structure  |
| self due to Psychiatric illness                       | <input type="checkbox"/> Active treatment phase to achieve stabilization |
|   | <input type="checkbox"/> Active discharge planning                       |

**Commitment type**

10 & 11  12  7 & 8  15  16  18  Other (please specify):

\_\_\_\_\_  
Attending Physician

\_\_\_\_\_  
Date

I do not certify this hospitalization for the following reason:

\_\_\_\_\_ NHLOG

[Signature]  
Attending Physician

6/28/05  
Date