



COMPLAINT/ARREST AFFIDAVIT										POLICE CASE NO 2057-00113					
SPECIAL OPERATION										<input checked="" type="checkbox"/> FELONY <input checked="" type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF <input type="checkbox"/> WARRANT <input type="checkbox"/> FUGITIVE WARRANT <input type="checkbox"/> In state <input type="checkbox"/> Out of state					
IDS NO		AGENCY CODE 01		MUNICIPAL P.D. DEF ID NO		MIDPD RECORDS AND ID NO		STUDENT ID NO		GANG ACTIVITY RELATED <input checked="" type="checkbox"/> <input type="checkbox"/> FRAUD RELATED ARREST <input checked="" type="checkbox"/> <input type="checkbox"/>					
DEFENDANT'S NAME (LAST FIRST MIDDLE) Conway, Markus, Andrew						ALIAS and / or STREET NAME			SIGNAL <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500						
DOB (MM/DD/YYYY) 03/15/2028		AGE 29	RACE W	SEX M	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic ETHNICITY ANGLO	HEIGHT 5'9"	WEIGHT 144	HAIR COLOR BRO	HAIR LENGTH SHORT	HAIR STYLE STR	EYES BRO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GLASSES	FACIAL HAIR CLN	TEETH NOR	
SCARS TATTOOS UNIQUE PHYSICAL FEATURES (Location Type Description)										PLACE OF BIRTH (City State/Country) Quincy, MA					
LOCAL ADDRESS (Street Apt Number) 3 Cooper View Drive,						(City) Comity, NH		(State) NH		(Zip) 03591		PHONE NA		CITIZENSHIP USA	
PERMANENT ADDRESS (Street Apt Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN						(City)		(State/Country)		(Zip)		PHONE		OCCUPATION coder	
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip)						PHONE		ADDRESS SOURCE <input type="checkbox"/> DL <input type="checkbox"/> Verbal <input type="checkbox"/>		<input type="checkbox"/> Verbal <input type="checkbox"/>		<input type="checkbox"/> Verbal <input type="checkbox"/>		<input type="checkbox"/> Verbal <input type="checkbox"/>	
DRIVER'S LICENSE NUMBER / STATE SB4323157 MA				SOCIAL SECURITY NO				WEAPON SEIZED? Type <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If Def has Concealed Weapons Permit PERMIT # W		INDICATION OF Alcohol influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N LINK <input type="checkbox"/> Drug influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
ARREST DATE (MM/DD/YYYY) 10/18/2057		ARREST TIME (H:MM) 2333		ARREST LOCATION (include name of business) 89 Eldridge Road, Comity, NH 03591								GRID			
CO-DEFENDANT NAME (Last First Middle) 1 Conway, Kevin, James				DOB (MM/DD/YYYY) 11/21/2030				<input checked="" type="checkbox"/> IN CUSTODY <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input checked="" type="checkbox"/> MISDEMEANOR							
CO-DEFENDANT NAME (Last First Middle) 2				DOB (MM/DD/YYYY)				<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR							
CO-DEFENDANT NAME (Last First Middle) 3				DOB (MM/DD/YYYY)				<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR							
JUV only	<input type="checkbox"/> Parent (Name) (Street Apt Number) (City) (State/Country) (Zip) (Phone) Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care														
CHARGES													WARRANT TYPE OR TRAFFIC CITATION		
1	Sabotage of the War Effort		<input checked="" type="checkbox"/> F S <input type="checkbox"/> ORD COUNTS 1	STATUTE NUMBER	VIOL OF SECT	CODE OF	UCR	DV	<input type="checkbox"/> AC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #						
2	Treason		<input checked="" type="checkbox"/> F S <input type="checkbox"/> ORD COUNTS 1	STATUTE NUMBER	VIOL OF SECT	CODE OF	UCR	DV	<input type="checkbox"/> AC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #						
3	Trespassing		<input checked="" type="checkbox"/> F S <input type="checkbox"/> ORD COUNTS 1	STATUTE NUMBER	VIOL OF SECT	CODE OF	UCR	DV	<input type="checkbox"/> AC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #						
4			<input type="checkbox"/> F S <input type="checkbox"/> ORD COUNTS	STATUTE NUMBER	VIOL OF SECT	CODE OF	UCR	DV	<input type="checkbox"/> AC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #						
The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe that the above named Defendant committed the following violation of law On the 18th day of October, 20 57 at 2333 (H:MM) at 89 Eldridge Road Comity NH (Location include name of business) (Narrative be specific)															
DHS Agent Neal Dixon arrested both Kevin and Markus Conway for attempting to Interfere with operations critical to the war effort and National security. He stated that his agency will charge them as saboteurs and requested that we hold them overnight. He specified charges but will not provide any other information as it is classified.															
This appears to be an escalation of the Conways' previous complaints against Jack Rickers. Both were caught trespassing though Markus denies crossing the property line and claims he was arrested in their cabin. Both deny tampering with the site.															
HOLD FOR OTHER AGENCY			VERIFIED BY			<input type="checkbox"/> HOLD FOR BOND HEARING DO NOT BOND OUT (Officer Must Appear at Bond Hearing)			<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvéniles notify Juvenile Division) anytime that my address changes.			<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.			
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT OFFICER'S / COMPLAINTANT'S SIGNATURE Edward Shaw NAME (Printed)			COURT ID NUMBER/LOC CODE Comity AGENCY NAME			SWORN TO AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS DAY OF _____ Deputy of the Court or Notary Public			Signature of Defendant / Juvenile and Parent or Guardian			 (right thumb print)			

OBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT				POLICE CASE NO 2057-00113		COMPLAINT/ARREST AFFIDAVIT	
SPECIAL OPERATION		<input checked="" type="checkbox"/> FELONY <input checked="" type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF		JAIL NO		P.M.H.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			COURT CASE NO
IDS NO		AGENCY CODE 01		MUNICIPAL P.D. DEF ID NO		MOPD RECORDS AND ID NO			STUDENT ID NO
DEFENDANT'S NAME (LAST FIRST MIDDLE) Conway, Kevin, James		ALIAS and / or STREET NAME				SIGNAL <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500			FRAUD RELATED ARREST <input checked="" type="checkbox"/> N
DOB (MM/DD/YYYY) 11/21/2030		AGE 27		RACE W SEX M		ETHNICITY ANGLO			
SCARS TATTOOS UNIQUE PHYSICAL FEATURES (Location Type Description) Inactive Smart Tattoos on Arms and Back		PLACE OF BIRTH (City State/Country) Boston MA				INDICATION OF Alcohol influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK Drug influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			CITIZENSHIP USA
LOCAL ADDRESS (Street Apt Number) 3 Cooper View Drive,		(City) Comity, NH		(State) 03591		PHONE (617) 554-3794			
PERMANENT ADDRESS (Street Apt Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN		(City) (State/Country) (Zip)		PHONE		ADDRESS SOURCE <input type="checkbox"/> DL <input type="checkbox"/> Verbal			
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street) (City) (State/Country) (Zip)		PHONE		ADDRESS SOURCE <input type="checkbox"/> DL <input type="checkbox"/> Verbal					
DRIVER'S LICENSE NUMBER / STATE SB1574323 MA		SOCIAL SECURITY NO		WEAPON SEIZED? Type <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Def has Concealed Weapons Permit PERMIT # W			
ARREST DATE (MM/DD/YYYY) 10/18/2057		ARREST TIME (H:MM) 2333		ARREST LOCATION (include name of business) 89 Eldridge Road, Comity, NH 03591				GRID	
CO-DEFENDANT NAME (Last, First Middle) 1 Conway, Markus, Andrew		DOB (MM/DD/YYYY) 03/15/2028		<input checked="" type="checkbox"/> IN CUSTODY <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input checked="" type="checkbox"/> MISDEMEANOR			
CO-DEFENDANT NAME (Last, First Middle) 2		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
CO-DEFENDANT NAME (Last, First Middle) 3		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE		<input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
JUV <input type="checkbox"/> Parent (Name) (Street Apt Number) (City) (State/Country) (Zip) (Phone) Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care							
CHARGES		CHARGE AS	COUNTS	STATUTE NUMBER	VIOL OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
1 Sabotage of the War Effort		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> CRD	1						<input type="checkbox"/> AC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> JAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT
2 Treason		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> CRD	1						<input type="checkbox"/> AC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> JAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT
3 Trespassing		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> CRD	1						<input type="checkbox"/> AC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> JAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT
4		<input type="checkbox"/> F.S. <input type="checkbox"/> CRD							<input type="checkbox"/> AC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> JAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT
The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe that the above named Defendant committed the following violation of law On the 18th day of October , 20 57 at 2333 (H:MM) at 89 Eldridge Road Comity NH (Location include name of business) (Narrative be specific)									
<p><i>DHS Agent Neal Dixon arrested both Kevin and Markus Conway for attempting to interfere with operations critical to the war effort and national security. He stated that his agency will charge them as saboteurs and requested that we hold them overnight. He specified charges but won't provide any other information as it's classified.</i></p> <p><i>This appears to be an escalation of the Conways' previous complaints against Jack Rickers. Both were caught trespassing but deny tampering with the site.</i></p>									
HOLD FOR OTHER AGENCY		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING DO NOT BOND OUT (Officer Must Appear at Bond Hearing)		<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvettes notify Juvenile Division) anytime that my address changes.			
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT		SWORN TO AND SUBSCRIBED BEFORE ME		THE UNDERSIGNED AUTHORITY THIS		<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.			
OFFICER'S / COMPLAINTANT'S SIGNATURE Edward Shaw		COURT ID NUMBER/LOC CODE Comity		DAY OF _____		Signature of Defendant / Juvenile and Parent or Guardian		(right thumb print)	
NAME (Printed) Edward Shaw		AGENCY NAME		Deputy of the Court or Notary Public					

COMPLAINT/ARREST AFFIDAVIT CONTINUATION -

OBT'S NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION				POLICE CASE NO 2057-00113		
JAIL NO				COURT CASE NO				
IDS NO		AGENCY CODE 01	MUNICIPAL P.D. DEF. ID NO	MDDP RECORDS AND ID NO				
DEFENDANT'S NAME (LAST FIRST MIDDLE) Conway, Kevin, James						DOB (MM/DD/YYYY) 11/21/2030		
ADDITIONAL CO-DEFENDANT NAME (Last, First Middle) 4 Conway, Markus, Andrew				DOB (MM/DD/YYYY) 03/15/2028		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR		
ADDITIONAL CO-DEFENDANT NAME (Last, First Middle) 5				DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR		
ADDITIONAL CHARGES	CHARGE AS	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PJ <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #
6	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PJ <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #
7	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PJ <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #
8	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV. PJ <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #
<p>10/21/57</p> <p>Unable to confirm charges with DHS. Unable to reach Agent Dixon. Jack Rickers Refused to provide a statement. Released both Conway brothers with a warning.</p>								
HOLD FOR OTHER AGENCY		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING DO NOT BOND OUT (Officer Must Appear at Bond Hearing)		<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvéniles notify Juvenile Division) anytime that my address changes.		
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT		SWORN TO AND SUBSCRIBED BEFORE ME		THE UNDERSIGNED AUTHORITY THIS _____		<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.		
OFFICER'S / COMPLAINANT'S SIGNATURE Edward Shaw		COURT ID NUMBER/LOC CODE Comity		DAY OF _____		Signature of Defendant / Juvenile and Parent or Guardian		
NAME (Printed)		AGENCY NAME		Deputy of the Court or Notary Public				

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