


CRIMINAL DOCKET		DOCKET NUMBER 0755CR000616	NO. OF COUNTS 1	Trial Court of Massachusetts District Court Department	
DEFENDANT NAME AND ADDRESS Sean Mccabe 11 Masthead Lane Centerville, MA 02632		DOB 10/24/1966	GENDER Male	COURT NAME & ADDRESS Stoughton District Court 1288 Central Street Stoughton, MA 02072 (781)344-2131	
		DATE COMPLAINT ISSUED 02/20/2007			
		PRECOMPLAINT ARREST DATE 02/19/2007		INTERPRETER REQUIRED	
FIRST FIVE OFFENSE COUNTS					
COUNT 1	CODE 265/15A/A	OFFENSE DESCRIPTION A&B WITH DANGEROUS WEAPON c265 §15A(b) <i>Amended: Assault - Battery</i> <i>10-19-07</i>			OFFENSE DATE 02/19/2007
DEFENSE ATTORNEY <i>Michael F. Cleary Esq</i>		OFFENSE CITY/TOWN Stoughton		POLICE DEPARTMENT Stoughton PD	
DATE & JUDGE		DOCKET ENTRY		DATE & JUDGE	
<i>2-20-07 Johnson Smith</i>		<input type="checkbox"/> Attorney appointed (SJC R. 3:10) <input type="checkbox"/> Atty denied & Deft. Advised per 211 D §2A <input checked="" type="checkbox"/> Waiver of Counsel found after colloquy <i>Crummins</i>		Counsel Fee (211D § 2A(2)) \$ _____ <input type="checkbox"/> WAIVED	
		Terms of release set: <input checked="" type="checkbox"/> PR <input type="checkbox"/> Bail <input type="checkbox"/> See Docket for special condition <input type="checkbox"/> Held (276 §58A)		Counsel Contribution (211D § 2) \$ _____ <input type="checkbox"/> WAIVED	
<i>4-25-07 Crummins</i>		Arraigned and advised: <input type="checkbox"/> Potential of bail revocation (276 §58) <input type="checkbox"/> Right to bail to review (276 §58) <input type="checkbox"/> Right to drug exam (111E § 10)		Default Warrant Fee (276 § 30(1)) \$ _____ <input type="checkbox"/> WAIVED	
		Advised of right to jury trial <input checked="" type="checkbox"/> Waiver of jury found after colloquy <input type="checkbox"/> Does not waive		Default Warrant Arrest Fee (276 § 30(2)) \$ _____ <input type="checkbox"/> WAIVED	
		Advised of trial rights as pro se (Dist. Ct. Supp.R.4)		Probation Supervision Fee (276 § 87A) \$ <i>780.-</i> <input type="checkbox"/> WAIVED	
		Advised of right of appeal to Appeals Ct. (M.R. Crim P.R. 28)		Bail Order Forfeited	
SCHEDULING HISTORY					
NO.	SCHEDULED DATE	EVENT	RESULT	JUDGE	TAPE START/STOP
1	02/20/2007	Arraignment	<input checked="" type="checkbox"/> Held <input type="checkbox"/> Cont'd	<i>Johnson Smith</i>	
2	<i>4-25-07</i>	<i>PTA</i>	<input type="checkbox"/> Held <input checked="" type="checkbox"/> Cont'd	<i>Crummins</i>	
3	<i>6-25-07</i>	<i>PTA</i>	<input type="checkbox"/> Held <input type="checkbox"/> Cont'd		
4	<i>6-22-07</i>	<i>SRE</i>	<input checked="" type="checkbox"/> Held <input type="checkbox"/> Cont'd	<i>Crummins</i>	
5	<i>8-20-07</i>	<i>PTA</i>	<input type="checkbox"/> Held <input checked="" type="checkbox"/> Cont'd	<i>Johnson-Smith</i>	
6	<i>10-19-07</i>	<i>DCE</i>	<input checked="" type="checkbox"/> Held <input type="checkbox"/> Cont'd	<i>Crummins</i>	
7	<i>10-18-08</i>	<i>CWF</i>	<input type="checkbox"/> Held <input checked="" type="checkbox"/> Cont'd <i>(Saturday)</i>		
8	<i>10-17-08</i>	<i>CWF</i>	<input checked="" type="checkbox"/> Held <input type="checkbox"/> Cont'd	<i>Turcotte</i>	
9			<input type="checkbox"/> Held <input type="checkbox"/> Cont'd		
10			<input type="checkbox"/> Held <input type="checkbox"/> Cont'd		
APPROVED ABBREVIATIONS ARR = Arraignment PTH = Pretrial hearing DCE = Discovery compliance & jury selection BTR = Bench trial JTR = Jury trial PCH = Probable cause hearing MOT = Motion hearing SRE = Status review SRP = Status review of payments FAT = First appearance in jury session SEN = Sentencing CWF = Continuance-without-finding scheduled to terminate PRO = Probation scheduled to terminate DFTA = Defendant failed to appear & was defaulted WAR = Warrant Issued WARD = Default warrant issued WR = Warrant or default warrant recalled PVH = probation revocation hearing.					
A TRUE COPY ATTEST:		CLERK-MAGISTRATE / ASST CLERK <i>X</i>		TOTAL NO. OF PAGES	ON (DATE)

CRIMINAL DOCKET - OFFENSES		DEFENDANT NAME Sean Mccabe		DOCKET NUMBER 0755CR000616		
COUNT / OFFENSE 1 A&B WITH DANGEROUS WEAPON C265 §15A(b)		DISPOSITION DATE AND JUDGE 10-19-07 <i>Crummins</i>				
DISPOSITION METHOD <input type="checkbox"/> Guilty Plea or <input checked="" type="checkbox"/> Admission to Sufficient Facts accepted after colloquy and 278 §29D warning <input type="checkbox"/> Bench Trial <input type="checkbox"/> Jury Trial <input type="checkbox"/> Dismissed upon: <input type="checkbox"/> Request of Commonwealth <input type="checkbox"/> Request of Victim <input type="checkbox"/> Request of Defendant <input type="checkbox"/> Failure to prosecute <input type="checkbox"/> Other: <input type="checkbox"/> Filed with Defendant's consent <input type="checkbox"/> Nolle Prosequi <input type="checkbox"/> Decriminalized (277 §70 C)		FINE/ASSESSMENT	SURFINE	COSTS 50-	OUI §24D FEE	OUI VICTIMS ASMT
		HEAD INJURY ASMT	RESTITUTION	V/W ASSESSMENT	BATTERER'S FEE	OTHER
		SENTENCE OR OTHER DISPOSITION <input checked="" type="checkbox"/> Sufficient facts found but continued without a finding until: 10/18/08 <input type="checkbox"/> Defendant placed on probation until: <input type="checkbox"/> Defendant placed on pretrial probation (276 §87) until: <input type="checkbox"/> To be dismissed if court costs / restitution paid by: <i>stay away Cumberland Farms</i> <i>stay away no contact jennifer gilbert</i>				
FINDING <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Responsible <input type="checkbox"/> Not Responsible <input type="checkbox"/> Probable Cause <input type="checkbox"/> No Probable Cause		FINAL DISPOSITION <input checked="" type="checkbox"/> Dismissed on recommendation of Probation Dept. <input type="checkbox"/> Probation terminated: defendant discharged <input type="checkbox"/> Sentence or disposition revoked (see cont'd page)		JUDGE <i>Superior</i>	DATE 10-17-08 <i>Turcotte</i>	
COUNT / OFFENSE		DISPOSITION DATE AND JUDGE				
DISPOSITION METHOD <input type="checkbox"/> Guilty Plea or <input type="checkbox"/> Admission to Sufficient Facts accepted after colloquy and 278 §29D warning <input type="checkbox"/> Bench Trial <input type="checkbox"/> Jury Trial <input type="checkbox"/> Dismissed upon: <input type="checkbox"/> Request of Commonwealth <input type="checkbox"/> Request of Victim <input type="checkbox"/> Request of Defendant <input type="checkbox"/> Failure to prosecute <input type="checkbox"/> Other: <input type="checkbox"/> Filed with Defendant's consent <input type="checkbox"/> Nolle Prosequi <input type="checkbox"/> Decriminalized (277 §70 C)		FINE/ASSESSMENT	SURFINE	COSTS	OUI §24D FEE	OUI VICTIMS ASMT
		HEAD INJURY ASMT	RESTITUTION	V/W ASSESSMENT	BATTERER'S FEE	OTHER
		SENTENCE OR OTHER DISPOSITION <input type="checkbox"/> Sufficient facts found but continued without a finding until: <input type="checkbox"/> Defendant placed on probation until: <input type="checkbox"/> Defendant placed on pretrial probation (276 §87) until: <input type="checkbox"/> To be dismissed if court costs / restitution paid by: 6789A000007/24/08U-W FUND 54.00				
FINDING <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Responsible <input type="checkbox"/> Not Responsible <input type="checkbox"/> Probable Cause <input type="checkbox"/> No Probable Cause		FINAL DISPOSITION <input type="checkbox"/> Dismissed on recommendation of Probation Dept. <input type="checkbox"/> Probation terminated: defendant discharged <input type="checkbox"/> Sentence or disposition revoked (see cont'd page)		JUDGE	DATE	
COUNT / OFFENSE		DISPOSITION DATE AND JUDGE				
DISPOSITION METHOD <input type="checkbox"/> Guilty Plea or <input type="checkbox"/> Admission to Sufficient Facts accepted after colloquy and 278 §29D warning <input type="checkbox"/> Bench Trial <input type="checkbox"/> Jury Trial <input type="checkbox"/> Dismissed upon: <input type="checkbox"/> Request of Commonwealth <input type="checkbox"/> Request of Victim <input type="checkbox"/> Request of Defendant <input type="checkbox"/> Failure to prosecute <input type="checkbox"/> Other: <input type="checkbox"/> Filed with Defendant's consent <input type="checkbox"/> Nolle Prosequi <input type="checkbox"/> Decriminalized (277 §70 C)		FINE/ASSESSMENT	SURFINE	COSTS	OUI §24D FEE	OUI VICTIMS ASMT
		HEAD INJURY ASMT	RESTITUTION	V/W ASSESSMENT	BATTERER'S FEE	OTHER
		SENTENCE OR OTHER DISPOSITION <input type="checkbox"/> Sufficient facts found but continued without a finding until: <input type="checkbox"/> Defendant placed on probation until: <input type="checkbox"/> Defendant placed on pretrial probation (276 §87) until: <input type="checkbox"/> To be dismissed if court costs / restitution paid by:				
FINDING <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Responsible <input type="checkbox"/> Not Responsible <input type="checkbox"/> Probable Cause <input type="checkbox"/> No Probable Cause		FINAL DISPOSITION <input type="checkbox"/> Dismissed on recommendation of Probation Dept. <input type="checkbox"/> Probation terminated: defendant discharged <input type="checkbox"/> Sentence or disposition revoked (see cont'd page)		JUDGE	DATE	

CRIMINAL COMPLAINT ORIGINAL		DOCKET NUMBER 0755CR000616	NO. OF COUNTS 1	Trial Court of Massachusetts District Court Department 	
DEFENDANT NAME & ADDRESS Sean Mccabe 11 Masthead Lane Centerville, MA 02632			COURT NAME & ADDRESS Stoughton District Court 1288 Central Street Stoughton, MA 02072 (781)344-2131		
DEFENDANT DOB 10/24/1966	COMPLAINT ISSUED 02/20/2007	DATE OF OFFENSE 02/19/2007	ARREST DATE 02/19/2007		
OFFENSE CITY / TOWN Stoughton	OFFENSE ADDRESS		NEXT EVENT DATE & TIME 02/20/2007 10:00 am		
POLICE DEPARTMENT Stoughton PD	POLICE INCIDENT NUMBER 07-179-AR		NEXT SCHEDULED EVENT Arraignment		
OBTN TSTU200700179			ROOM / SESSION Arraignment Session		
The undersigned complainant, on behalf of the Commonwealth, on oath complains that on the date(s) indicated below the defendant committed the offense(s) listed below and on any attached pages.					

COUNT CODE	DESCRIPTION
1	265/15A/A A&B WITH DANGEROUS WEAPON c265 §15A(b)

Amend A&B Court 10-19-07

On 02/19/2007 did, by means of a dangerous weapon, a hand sanitizer and cigarette lighters, assault and beat Jennifer Gilbert, in violation of G.L. c.265, §15A (b).
 PENALTY: state prison not more than 10 years; or house of correction not more than 2½ years; or not more than \$5000 fine; or both such fine and imprisonment. District Court has final jurisdiction under G.L. c.218, §26.

SIGNATURE OF COMPLAINANT <i>X Susan E. Walsh</i>	SWORN TO BEFORE CLERK-MAGISTRATE/ASST. CLERK <i>X Carol Keenan</i>		DATE 2.20.07CG
NAME OF COMPLAINANT <i>SUSAN E. WALSH</i>	A TRUE COPY ATTEST <i>X</i>	CLERK-MAGISTRATE/ASST. CLERK	DATE

TENDER OF PLEA OR ADMISSION & WAIVER OF RIGHTS	DOCKET NO. <i>07SSCR000616</i>	Trial Court of Massachusetts District Court Department
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NAME OF DEFENDANT <i>Sean McCabe</i>	COURT DIVISION Stoughton District Court 1288 Central Street Stoughton MA. 02072
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SECTION I CONDITIONAL TENDER OF PLEA OR ADMISSION

Defendant tenders the following: PLEA OF GUILTY ADMISSION TO FACTS SUFFICIENT FOR A FINDING OF GUILTY

COUNT NO.	DEFENDANT'S RECOMMENDATION(s) <small>(Include all fees, costs and conditions of probation)</small>	PROSECUTOR'S RECOMMENDATION(s) <small>(Required when Prosecutor disagrees with Defendant's recommendations)</small>	JUDGE'S DISPOSITION WHEN DEFENDANT'S RECOMMENDATION IS REJECTED
1	<i>CWOF 1 year</i>	<i>am recommended to A+B - Stay away and have no contact with Jennifer Girard - Steganacy from Conrad Lewis</i>	

DIST. / MUN. CTS. R. CRIM. P. 4(c) REQUIRES COUNSEL TO CONSULT WITH THE PROBATION DEPARTMENT REGARDING PROBATIONARY TERMS.

SIGNATURE OF DEFENSE COUNSEL OR PRO SE DEFENDANT <i>X [Signature]</i>	DATE <i>10-19-07</i>	SIGNATURE OF PROSECUTOR <i>X [Signature]</i>	DATE <i>10/19/07</i>
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THE COURT <input checked="" type="checkbox"/> ACCEPTS DEFENDANT'S TENDER <input type="checkbox"/> REJECTS DEFENDANT'S TENDER	DATE <i>10/19/07</i>
SIGNATURE OF JUDGE <i>X [Signature]</i>	

DEFENDANT'S DECISION WHEN COURT REJECTS DEFENDANT'S RECOMMENDATION

Defendant WITHDRAWS the tendered plea or admission. Defendant ACCEPTS judge's disposition set forth above.

SIGNATURE OF DEFENSE COUNSEL <i>X</i>	DATE	SIGNATURE OF DEFENDANT <i>X</i>	DATE
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ORDER OF PROBATION CONDITIONS UPON FINDING OF GUILTY OR SUFFICIENT FACTS	<input checked="" type="checkbox"/> RISK/NEED OR OUI SUPERVISION <input type="checkbox"/> ADMINISTRATIVE SUPERVISION	DOCKET NO(s). IN WHICH PROBATION WAS ORDERED 0755CR000616
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PROBATIONER'S NAME & ADDRESS Sean McCabe 11 Masthead Ln Centerville MA 02632	DISPOSITION CWOF C508737-5221 508 775 6530	 Trial Court of Massachusetts District Court Department Stoughton District Court 1288 Central Street Stoughton MA. 02072
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TO THE ABOVE-NAMED PROBATIONER: You are hereby placed on probation by this Court. Unless you are excused by your probation officer, you must appear in court on the probation end date indicated, at which time a report on your probation progress will be made. If you fail to appear on that date or any other date required, a warrant may be issued for your arrest.

	PROBATION START DATE 10-19-07
	PROBATION END DATE 10-18-08

GENERAL CONDITIONS OF PROBATION (You must comply with Items 1-6 unless struck out by judge.)

1. Obey all court orders and all local, state and federal laws, including any support order, as defined in G.L. c. 119A, § 1A.
2. Report to your probation officer at such times and places as he or she requires, and make no false statements to your probation officer.
3. Notify your probation officer within 48 hours if you change residence or employment.
4. Pay any ordered Probation Supervision Fees monthly or, if permitted by the court, perform community service monthly.
5. Submit a DNA sample to the State Police, if required to do so by law. Register with the Sex Offender Registry, if required to do so by law.
6. Sign all releases necessary for supervision and verification of compliance.

(You must also comply with Items 7-9 if "RISK/NEED OR OUI SUPERVISION" is checked above.)

7. Allow the probation officer to visit you in your home with or without notice.
8. Report to your probation officer within 48 hours after you are released from any incarceration.
9. Do not leave Massachusetts unless you get the express permission of your probation officer and sign a waiver of rendition.

SPECIAL CONDITIONS OF PROBATION (You must also comply with all items checked below and all payments ordered.)

10. **EMPLOYMENT/SCHOOL:** Remain employed or make reasonable efforts to obtain employment or attend school, and provide verification as required.
11. **WORK/SCHOOL VISITS:** Allow the probation officer to visit your place of employment or school with or without notice.
12. **SUBSTANCE ABUSE EVALUATION/TREATMENT:** As directed by the probation officer, and subject to review by a judge on request, submit to and successfully complete any substance abuse evaluation, treatment and aftercare at a non-residential program. and/or a residential program.
13. **DRUG/ALCOHOL TESTING:** Remain drug free alcohol free. Submit to random testing as required.
14. **MENTAL HEALTH EVALUATION/TREATMENT:** Submit to evaluation Complete treatment and take medications as prescribed
15. **SPECIFIC PROGRAMS:** Complete the following program(s), including any aftercare: Driver Alcohol Education (G. L. c. 90, § 24D)
 14-Day Residential Driver Alcohol Education Certified Batterer's Intervention Anger Management Treatment Other:
16. **HAVE NO CONTACT WITH** and **STAY** (distance) _____ **AWAY FROM:** (name/s) **Jennifer Gilbert**
17. **COMMUNITY SERVICE:** Perform _____ hours of community service as directed by probation **Cumberland Farms**
18. **HOME CONFINEMENT:** Submit to home confinement and electronic monitoring until _____ pursuant to the schedule approved by the Court.
19. **OTHER CONDITIONS:**

20. Make all **FINANCIAL PAYMENTS** listed below, as directed by probation.

TYPE	AMOUNT	DUE DATE AND/OR TERMS
Counsel Fee/Contribution	\$	
Default Warrant Fee	\$	
Default Warrant Arrest Fee	\$	
Court Costs	\$	
Fine/Surfine/Civil Assessment	\$	
Restitution	\$	
Victim/Witness Assessment	\$ 50	
Probation Fee & Surcharge	\$ 780	
OUI § 24D State Fee	\$	
OUI Victims Assessment	\$	
Head Injury Assessment/Surfine	\$	
Drug Analysis Fee	\$	
Batterer's Program Assessment	\$	

JUDGE'S SIGNATURE

SIGNATURE OF JUDGE: *Francis A. Curran* DATE: **10-19-07**

INTERPRETER'S SIGNATURE

SIGNATURE OF INTERPRETER, if any: I have translated the terms of this Order and the acknowledgment set forth above to the probationer prior to his/her signature.

DATE: _____

PROBATIONER'S ACKNOWLEDGMENT OF ORDER

SIGNATURE OF PROBATIONER: I have read and understand the above conditions of probation and I agree to observe them. I understand that if I violate any such condition it may result in my arrest, revocation of probation, the entry of a guilty finding (if not already entered), and the imposition or execution of sentence. I have received a copy of this Order.

DATE: **10/19/07**

PROBATION OFFICER'S SIGNATURE

SIGNATURE OF WITNESSING PROBATION OFFICER: *[Signature]* DATE: **10/19/07**

APPEARANCE OF COUNSEL

**Trial Court of Massachusetts
District Court Department**



DOCKET NUMBER:

COURT NAME AND ADDRESS

07 55 CR 616
YEAR COURT CASE TYPE CASE NUMBER
NUMBER

Stoughton District Court
1288 Central Street
Stoughton, MA. 02072

*e.g. '83', '94' etc.
**e.g. 'CR', 'CV' etc.

To the Clerk - Magistrate:

Please enter my appearance as attorney for

Sean McCabe

in the above numbered court action.

ATTORNEY NAME

Michael F. Cleary

B.B.O. NUMBER (Required)

631422

ATTORNEY FIRM

Law Office of Michael F. Cleary

TELEPHONE NUMBER

(781) 858-5383

STREET ADDRESS

15 Cleveland Rd

CITY/TOWN

Taunton

STATE

MA

ZIP CODE

02780

x

Michael F. Cleary

SIGNATURE OF ATTORNEY

6-22-07

DATE

WAIVER OF COUNSEL

DOCKET NUMBER

07-0666

**Trial Court of Massachusetts
District Court Department**



COURT DIVISION

COMMONWEALTH VS

Sean McCabe

NAME OF DEFENDANT

WAIVER OF COUNSEL

I, the above named defendant, have been informed of my right to have a lawyer represent me at every stage of the proceedings in this case, and that if I cannot afford to hire my own lawyer, this court will assign the Committee for Public Counsel Services to provide representation for me. KNOWING THAT I HAVE A RIGHT TO HAVE A LAWYER REPRESENT ME, I NEVERTHELESS ELECT TO PROCEED IN THIS MATTER WITHOUT A LAWYER AND WAIVE MY RIGHT TO SUCH A LAWYER.

4/25/07
DATE

DATE

SIGNATURE OF DEFENDANT

SIGNATURE OF PARENT/GUARDIAN OF JUVENILE

APPLICATION FOR CRIMINAL COMPLAINT

APPLICATION NO.(COURT USE ONLY)

07CR000616

PAGE

1 of 1

Trial Court of Massachusetts District Court Department



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.

**STOUGHTON DISTRICT COURT
1288 CENTRAL ST
STOUGHTON, MA. 02072**

ARREST STATUS OF ACCUSED
 HAS HAS NOT been arrested

INFORMATION ABOUT ACCUSED

NAME (FIRST MI LAST) AND ADDRESS SEAN MCCABE 11 MASTHEAD LN CENTERVILLE, MA. 02632				BIRTH DATE		SOCIAL SECURITY NUMBER	
				10/24/1966		028-44-4340	
				PCF NO.		MARITAL STATUS	
						MARRIED	
				DRIVERS LICENSE NO.		STATE	
				S39139041		MA	
HAIR		RACE		HEIGHT		WEIGHT	
BRO		W		509		250	
				EYES		EYES	
				M		BLU	
EMPLOYER/SCHOOL				MOTHER'S MAIDEN NAME (FIRST MI LAST)		FATHER'S NAME (FIRST MI LAST)	
SELF EMPLOYED				ELIZABETH DEAVER		CHARLES MCCABE	

CASE INFORMATION

COMPLAINANT NAME (FIRST MI LAST)			COMPLAINANT TYPE			PD
JOHN P BONNEY			<input checked="" type="checkbox"/> POLICE <input type="checkbox"/> CITIZEN <input type="checkbox"/> OTHER			STU
ADDRESS			PLACE OF OFFENSE			
26 Rose Street Stoughton, MA. 02072			STOUGHTON, MA			
			INCIDENT REPORT NO.		OBTN	
			07-179-AR		TSTU200700179	
			CITATION NO(S).			

OFFENSE CODE	DESCRIPTION	OFFENSE DATE
265/15A/A	A&B WITH DANGEROUS WEAPON	02/19/2007
VARIABLES (e.g. victim name, controlled substance, type and value of property, other variable information; see Complaint Language Manual)		
VICTIM(S): JENNIFER GILBERT; WEAPON(S): Blunt Object;		

REMARKS	COMPLAINANT'S SIGNATURE	DATE FILED
	<i>[Signature]</i>	02/19/07

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

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
9/24/07	<input checked="" type="checkbox"/> PROBABLE CAUSE FOUND FOR ABOVE OFFENSE(S) NO(S). <input checked="" type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. BASED ON <input checked="" type="checkbox"/> FACTS SET FORTH IN ATTACHED STATEMENT(S) <input type="checkbox"/> TESTIMONY RECORDED: TAPE NO. _____ START NO. _____ END NO. _____ <input type="checkbox"/> WARRANT <input type="checkbox"/> SUMMONS TO ISSUE ARRAIGNMENT DATE: 2/20/07	<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	<i>[Signature]</i>



Stoughton Police Department
Arrest Report

Arrest #: 07-179-AR
Call #: 07-2125

Date/Time Reported: 02/19/2007 @ 1216
Arrest Date/Time: 02/19/2007 @ 1240
Booking Date/Time: 02/19/2007 @ 1240
OBTN: TSTU200700179
Court: STOUGHTON DISTRICT COURT
Court Date: 02/20/2007 @ 0830
Reporting Officer: Patrolman JOHN BONNEY
Assisting Officer: LIEUTENANT ROBERT DEVINE
Booking Officer: LIEUTENANT ROBERT DEVINE
Approving Officer: LIEUTENANT ROBERT DEVINE



Signature: *[Handwritten Signature]* 4

#	DEFENDANT (S)	SEX	RACE	AGE	SSN	PHONE
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1	MCCABE, SEAN 11 MASTHEAD LN CENTERVILLE MA 02632 HEIGHT: 509 WEIGHT: 250 BODY: HEAVY DOB: 10/24/1966 LICENSE NUMBER: NOT AVAIL.	M	W	40	028-44-4340	508-775-6530
					HAIR: BROWN EYES: BLUE COMPLEXION: FAIR PLACE OF BIRTH: BOSTON ETHNICITY: NOT HISPANIC	

[APPEARANCE]

SHIRT: PULLOVER - SHORT SLEEVE
GLASSES WORN: NO

[FAMILY/EMPLOYMENT INFORMATION]

MARITAL STATUS: MARRIED
SPOUSE'S NAME: COOKE, MARNIE
FATHER'S NAME: MCCABE, CHARLES
MOTHER'S NAME: DEEVER, ELIZABETH

EMPLOYER/SCHOOL: SELF EMPLOYED
OCCUPATION: CONTRACTOR

02/19/2007

Arrest Number: 07-179-AR

1 of 1

Sean Mccabe

Arrested on: 02/19/2007

Time: 1240

Property

Searched By

Patrolman JOHN P BONNEY

Searched Date

02/19/2007

Time

1241

Released To

Released Date

Time

Returned By

Returned Date

Time

\$19 CASH

BALLCAP

MONEY CLIP WITH ASSORTED CREDIT CARDS

SIGN: SJB
The above list is my property

DATE: 2/19/07 TIME: 1:00 PM

SIGN: SK
I have received the above property

DATE: 2/19/07 TIME: 4:00 PM

Stoughton Police Department
Arrest Report

Page: 2
02/19/2007

Arrest #: 07-179-AR
Call #: 07-2125

#	DEFENDANT(S)	SEX	RACE	AGE	SSN	PHONE
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[RIGHTS/BOOKING CHECKS]

RIGHTS ADVISED BY: LIEUTENANT ROBERT C DEVINE
 PHONE USED: Y PHONED DATE/TIME: 02/19/2007 @ 1241
 ARRESTEE SECURED: Y 02/19/2007 1241
 ARRESTEE CELL #: M3
 FINGERPRINTED: N
 PHOTOGRAPHED: N
 SUICIDE CHECK: Performed
 PERSONS: State
 NCIC VEHICLE CHECK: Not Performed
 INJURY OR ILLNESS: N

#	OFFENSE(S)	A/C	STATE LAW
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LOCATION TYPE: Convenience Store Zone: SOUTH AREA
 CUMBERLAND FARMS
 309 PARK ST.
 STOUGHTON MA 02072

1	A&B WITH DANGEROUS WEAPON OCCURRED: 02/19/2007 1216 WEAPON/FORCED USED: Blunt Object AGGR. ASSAULT/HOMICIDE: Argument	C	265 15A
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#	VICTIM(S)	SEX	RACE	AGE	SSN	PHONE
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1	GILBERT, JENNIFER 29 FRAIRY ST MEDFIELD MA DOB: 03/23/1983 EMPLOYER: CUMBERLAND FARMS 781-341-4728 INJURIES: None ETHNICITY: Not of Hispanic Origin RESIDENT STATUS: Non Resident VICTIM CONNECTED TO OFFENSE NUMBER(S): 1 RELATION TO: MCCABE SEAN	F	W	23	NOT AVAIL	781-767-4747
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Stranger

NARRATIVE FOR PATROLMAN JOHN P BONNEY

Ref: 07-179-AR

Entered: 02/19/2007 @ 1337 Entry ID: JPB
Modified: 02/19/2007 @ 1344 Modified ID: JPB
Approved: 02/19/2007 @ 1344 Approval ID: JPB

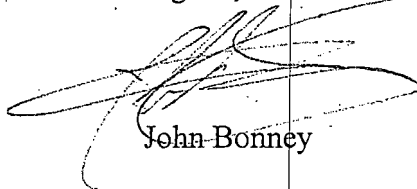
On February 19, 2007 at approximately 1216hrs. I was dispatched to the area of 309 Park St. for an assault and battery on a female. While travelling to the location I learned that the suspect, later identified as MCCABE, Sean, was heading s/b on Park St. towards Brockton. MCCABE was driving a gray Ford F-150 (MA 7395EB). As I approached the Brockton line I noticed the truck and it started to pull to the right as I was behind it with lights and siren activated. MCCABE drove slowly over the Brockton line and pulled into a parking lot so as to get out of the traffic lane.

I approached MCCABE, who stayed in his vehicle, and asked him what happened at Cumberland Farms. He informed me that he was filling his truck with gas and the attendant shut the pump off because he was using his wallet to engage the pump so he did not have to use his hands. The pump was turned back on and he again used his wallet to engage the pump because it was cold outside.

The attendant once again shut the pump off. MCCABE then stated that he went inside to pay for the gas he used. He told the attendant, later identified as GILBERT, Jennifer, that there was no need to shut the pump off. GILBERT responded by saying, "you can leave at any time now." MCCABE then told me that he got mad and knocked a bunch of lighters off the counter.

I later received a transmission from Officer Barrett, who was at Cumberland Farms speaking with Gilbert, that the items knocked off the counter hit Gilbert. Due to the fact that MCCABE pushed the items (lighters and hand sanitizer) off the counter striking Gilbert MCCABE was charged with assault and battery with a dangerous weapon. MCCABE was placed in custody and transported to the police station where he was booked in the usual manner and without incident. MCCABE was informed of his rights and afforded a phone call.

Signed,



John Bonney

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NARRATIVE FOR PATROLMAN SANDRA A BARRETT

Ref: 07-179-AR

Entered: 02/19/2007 @ 1408

Entry ID: SAB

Modified: 02/19/2007 @ 1408

Modified ID: SAB

On February 19, 2007 I, Officer Barrett in marked cruiser #891, was dispatched to Park St. to look for Mass reg. 7395EB, Gray Ford Pick-up that left 380 Park St. and was heading towards Brockton. Dispatched informed us that the employee of Cumberland Farms called to report that she was assaulted. While traveling down Park St. Officer Bonney told us he had the suspect stopped at the Brockton line. I was then asked to return to the store to speak to the victim.

When I arrived at at Cumberland Farms I spoke to Jennifer Gilbert. She was crying, shaking and extremely upset. She explained to me that a male party was outside pumping gas when he wedged an object into the handle area to avoid from holding it. Ms. Gilbert stopped the pump from inside the store and told him that he had to hold the handle. The suspect, later identified as Sean McCabe, then entered the store. Ms. Gilbert explained to me that he started swearing at her saying, "What the fuck is the problem?" Her and another employee tried to explain to him that he had to hold the handle. He then became even more agitated and told her to turn it on and he paid for the gas already. She refused. Mr. McCabe then pushed several items on the counter at her, striking her. One of items was a display rack filled with lighters and the other item was a container of mini antibacterial gels. The items were all over the floor in the clerks area. I was able to take the videotape and return to the station.

Mr. McCabe was subsequently arrested by Officer Bonney.

Officer  Barrett #170