

RECEIVED BY
OFFICE OF CITY CLERK

TO: Cambridge City Council/ Senate City Manager JUN -6 PM 3:45
FROM: R. Malika Franks (CAYWCA Resident Room #500), CAMBRIDGE MA.
DATE: June 6, 1996
RE: ADT Security Alarm System Installation in Room #500

I have been a resident of the Cambridge YWCA (CAYWCA) since December of 1989; and until November 3, 1994...I had one living child. Since his murder-death, all I have left is his box of ashes and they are in my room at the CAYWCA.

Because of the recent, more frequently occurring burglaries inside the residence at the CAYWCA, I am requesting that the Cambridge City Council give me written permission (Which is required by the ADT Securities System for installation) to install a Security System in my room at my own expense.

ADT Security has given me a tentative installation date of June 14, 1996 between the hours of 8:00 and 9:00 a.m. I have reported numerous break-ins to the Residence Office both verbally -in-person and in writing; have been requesting a security door-guard since my last forced-entry (see Cambridge Police Reports/enclosed) on March 15, 1996.

First to Residence Coordinator, Laurie Speicher and then to Deanna Graham who replaced Laurie; both said they would talk to Helen and get back to me. When both these women saw me coming towards them (to get an update on their progress)...they both dashed into the Residence Office and shut the door in my face...obviously they did not want to talk.

Last Friday, May 31, 1996; a resident of the Family Shelter at the CAYWCA, could not find her (3) gold rings as she was leaving the building. When she returned the same day, she earnestly began a diligent search in her room for her three rings. She did not realize until Saturday (6/1/96) evening that her jewelry had indeed been stolen out of her room (#416). She was very upset and crying; I was on my way out of the building, but I did stop at the front desk and report to three CAYWCA Staff who were present: Lenille was very upset and asked Mary Gill, who was the receptionist on duty, to please record the theft in the CAYWCA Daily-Log Book.

Ms. Patricia Jackson (who was Residence Office Staff on duty) immediately interrupted and told Ms. Gill not to write anything in the book, but call upstairs to the part-time/-weekend-staff-person, and report the problem to her. I left the building and did not return until 11:30 p.m., the Security Guard had already made her rounds by the time I returned to the Residence.

Sunday morning, as I am exiting the bathroom, Lenille came running up to me and grabbed my hand pulling me towards her room to show me something...her three gold rings had been returned by whoever took them at 6:30 in the morning. That's when she got up to make her coffee...she noticed the rings just inside her door, on the floor in the corner (right at the door).

I suspect that her rings were returned by someone who did not want the incident to become public knowledge; the resident in #415 had a guard installed on her door by maintenance the same month my room was broken into and a resident in #418 had her door repair-ed by the Maintenance Staff the same day she reported the problem.

The break-ins seem to be well organized and coordinated (how else could someone who is usually home be robbed in the (25) twenty-five minutes it took me to go to the store for a Pepsi?

Since my last break-in...I filled the empty space outside my door where the thief (ves) were hiding to break into my room (you can hear someone coming). But the Residential Services Director, Helen Siciliano insists that I remove my (security) boxes from the empty hallway that leads to a locked-from-the-inside-emergency-exit-door to the roof.

To protect my son's ashes from desecration and my personal property, I must pay for the security system to keep thieves out and' according to ADT, the police will respond the moment they are notified and we just might be able to catch this band of thieves in the act. To me...it will be well worth the personal expense.

Would be most grateful for a prompt response from this City Council so that I may confirm the installation date.

Thank you for your consideration,

R. Malika Franks

R. Malika Franks,
CAYWCA Resident Room #500

Cambridge Police Department Investigative Report

FILE NUMBER 94-12970018

1. Time of Occurrence M <u>2</u> D <u>16</u> Y <u>94</u> T <u>12</u> ⁰⁰ ^{PM} 12:30 PM	2. Date of Report M <u>2</u> D <u>16</u> Y <u>94</u> T <u>5</u> ⁰⁰ ^{PM} UNK	4. Weather Conditions N.C.I.C./TT#
5. Offense(s) B + E D/T Late.	6. Location of Offense 7 Temple St. #500 Sector <u>2</u>	7. Type of Premise Dwelling
8. Business/Complainant's Name Malika Franks	10. Sex F	Race Bk
9. Business/Complainant's Address 7 Temple St. Apt #500	11. T E L 491-6055	D.O.B. 7-4-48
12. Reporting Person (If Other Than Victim) Address Camb. MA.		Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/>

13. Was There A Witness To The Crime? If Yes, Check Box

14. Indicate with proper code in boxes provided person's relationship to investigation. (W-1: Witness #1, NI: Not Interviewed #2, RP: Reporting Person, PK: Person w/Knowledge, V: Victim, AV: Additional Victim)

Person Interviewed	D.O.B.	Address (Number and Street)	Apt. #	City, State, Zip Code	T	E	L	Res	Bus
<u>8</u>									

15. Nature of Injury Hospital Taken To Attending Physician Type of Conveyance

16. Number of Suspects

17. Can A Suspect Be Identified? If Yes, Check Box

18. Using Appropriate Codes indicate who can identify suspect(s). (See Box 14)

Suspect #1	Suspect #2

19. Can A Suspect Be Described? If Yes, Check Box

Suspect #1 Race	Sex	Age	Ht.	Wt.	Hair	Eyes	Other	Clothing and Unusual Characteristics

20. Can A Suspect Be Named? If Yes, Check Box

21. Can A Suspect Be Located? If Yes, Check Box

22. Is Suspect(s) Known To The Police? * If Yes, Check Box

23. Can Suspect Vehicle Be Identified? If Yes, Check Box

Registration Information	State	Year	Make	Color	Special Characteristics/V.I.N.	Stolen Car Yes No	Stolen Plate Yes No	Listing Yes No
						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

24. Is Stolen Property Traceable?

General Description of Property	Total Value	Turned Over To	Property Sheet Attached	w/Victim	N/A
<u>boxes ("empty" for packing)</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Is There Physical Evidence Present? If Yes, Check Box and Explain in Narrative

26. Is There Significant Circumstantial Evidence Present? If Yes, Check Box and Explain in Narrative

27. Is There A Significant M.O.? If Yes, Check Box and Explain in Narrative

Point of Entry	Point of Exit	Type of Instrument Used (if known)	Unusual Features of Crime
<u>Front door</u>	<u>Front door</u>	<u>Forced door</u>	

28. Narrative: Summarize details of crime including progression of events, names of other officers or units assisting. For any information which is an extension of any of the blocks, indicate block number in box provided at left.

Block	Narrative
<u>8</u>	<u>R.P. stated that between above times & date some unknown person(s) did break into her Apt #6 via forced front door.</u>

29. Is There Reason To Believe Crime may Be Solved? If Yes, Check Box

30. Is Follow Up Investigation Necessary From Factors Listed Above? If Yes, Check Box

31. Reporting Officer(s) Signature [Signature] Badge #/Date 175 2-16-94

32. Field Supervisor Rank/Name

33. Responding Supervisor (if same, write same)

34. Reviewing Officer Signature Date

35. Complainant's Signature Malika Franks Date

Mail In Phone In Walk In C/D Juvenile Accident Inv

DOMESTIC ABUSE

OFFICERS

ARREST HEARING SUMMONS WARRANT
 The within named complainant requests that a complaint issue against the within named defendant, charging said defendant with the offense(s) listed below.
 COURT DIVISION
 Cambridge District Court
 40 Thorndike St. - P.O. Box 338
 East Cambridge, MA 02141

DATE OF APPLICATION 2/17/94	DATE OF OFFENSE 2/16/94	PLACE OF OFFENSE Cambridge	NO.	OFFENSE	G.L. Ch. and Sec.
NAME OF COMPLAINANT R. Malika Franks					
ADDRESS AND ZIP CODE OF COMPLAINANT 9 Temple St. #Penthouse 500 Cambridge, MA 02139			1.	Breaking & entering daytime w/int. to commit misd.	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT Helen Siciliano 7 Temple St. Cambridge, MA 02139			2.	Larceny < 250	
			3.	Mal. dest. prop. < 250	
			4.	Bob had made his determination	

COURT USE ONLY → A hearing upon this complaint application will be held at the above court address on DATE OF HEARING 3/3/94 TIME OF HEARING AT 10:00 a.m. ← COURT USE ONLY

CASE PARTICULARS — BE SPECIFIC

NO.	NAME OF VICTIM Owner of property, person assaulted, etc.	DESCRIPTION OF PROPERTY Goods stolen, what destroyed, etc.	VALUE OR PROPERTY Over or under \$250.	TYPE OF CONTROLLED SUBSTANCE OR WEAPON Marijuana, gun, etc.
1	R. Malika Franks →	had to wait 1 1/2 hours for Helen Siciliano because *he wanted to give her a chance to defend herself so that the hearing officer (who turned out to be himself) would not grant my complaint.		11:45 a.m. outie
2				
3				
4		* Mr. Bob Pacheco		3.3.94

OTHER REMARKS:
 Both yellow
 Seen Complainant's copies for other remarks
 X _____
 SIGNATURE OF COMPLAINANT

DEFENDANT IDENTIFICATION INFORMATION — Complete data below if known.

DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
OCCUPATION		EMPLOYER/SCHOOL		MOTHER'S NAME (MAIDEN)		FATHER'S NAME		

↓ COURT USE ONLY ↓

DATE	DISPOSITION	AUTHORIZED BY
3/3/94	NO PROCESS TO ISSUE <input type="checkbox"/> At request of complainant <input type="checkbox"/> Complainant failed to prosecute <input checked="" type="checkbox"/> Insufficient evidence having been presented	[Signature] RECEIVED
	PROCESS TO ISSUE <input type="checkbox"/> Sufficient evidence presented <input type="checkbox"/> Defendant failed to appear TYPE OF PROCESS <input type="checkbox"/> Warrant <input type="checkbox"/> Summons returnable 3/3/94 11:15 AM	
	<input type="checkbox"/> Continued to _____	

COMMENTS

COURT COPY



City of Cambridge Police Department



TELEPHONE
(617) 349-3300
FAX
(617) 349-3320

*Superior Court
1st flr.*

ADDRESS ALL COMMUNICATIONS TO
5 WESTERN AVENUE, CAMBRIDGE, MASSACHUSETTS 02139

Malika Franks

In regards to police report # *94-1297* filed on *2/16/94*, you are hereby requested to contact this Investigator as soon as possible.

The purpose of this is to obtain more information that is necessary to further investigate your complaint. Please call (617) 349-3370 between the hours of 8:30 am and 9:00 am

Monday through Friday.

Your prompt response can assist me in the completion of your case.

Sincerely,

W. Phillips Jr.

Detective

RECEIVED
FEB 18 11:15 AM '94
SULLIVAN
CLERK OF SUPERIOR COURT
JUDICIAL DEPARTMENT
CAMBRIDGE, MASSACHUSETTS

Cambridge Police Department Investigative Report

FILE NUMBER 96-2201

1. Time of Occurrence FROM: <u>6:35 PM</u> M <u>3</u> D <u>16</u> Y <u>96</u>		2. Date of Report P.M M <u>3</u> D <u>19</u> Y <u>96</u> T <u>3:45</u>		4. Weather Conditions <u>Clear</u>		N.C.I.C./T/F	
TO: <u>10:00 AM</u>		UNK		5. Offense(s) <u>ATT. B&E</u>		6. Location of Offense <u>7 TEMPLE ST.</u>	
Sector		7. Type of Premise <u>DWELLING</u>		10. Sex <u>F</u>		Race <u>B</u>	
8. Business/Complainant's Name <u>MALIKA H. FRANKS</u>		9. Business/Complainant's Address <u>CAMBRIDGE</u>		11. T <u>491-6055</u>		Res. <input checked="" type="checkbox"/>	
12. Reporting Person (If Other Than Victim)		Address		L Res. Bus.		L Res. Bus.	

13. Was There A Witness To The Crime? <input type="checkbox"/> If Yes, Check Box							
14. Indicate with proper code in boxes provided person's relationship to investigation. (W-1: Witness #1; NI: Not Interviewed #2; RP: Reporting Person; PK: Person w/Knowledge; V: Victim; AV: Additional Victim)							
Person Interviewed <u>#8</u>	D.O.B.	Address (Number and Street)	Apt. #	City, State, Zip Code	T E L	Res. Bus.	
					T E L	Res. Bus.	
					T E L	Res. Bus.	
15. Nature of Injury		Hospital Taken To		Attending Physician		Type of Conveyance	

16. Number of Suspects							
17. Can A Suspect Be Identified? <input type="checkbox"/> If Yes, Check Box							
18. Using Appropriate Codes Indicate who can identify suspect(s). (See Box 14)				Suspect #1		Suspect #2	
19. Can A Suspect Be Described? <input type="checkbox"/> If Yes, Check Box							
Suspect #1 Race	Sex	Age	Ht.	Wt.	Hair	Eyes	Other
							Clothing and Unusual Characteristics
Suspect #2 Race	Sex	Age	Ht.	Wt.	Hair	Eyes	Other
							Clothing and Unusual Characteristics
20. Can A Suspect Be Named? <input type="checkbox"/> If Yes, Check Box							
Suspect #1 (Include any A.K.A. information)				Suspect #2 (Include any A.K.A. information)			
21. Can A Suspect Be Located? <input type="checkbox"/> If Yes, Check Box							
Suspect #1 Can be located at				Suspect #2 can be located at			
22. Is Suspect(s) Known To The Police? <input type="checkbox"/> If Yes, Check Box							
23. Can Suspect Vehicle Be Identified? <input type="checkbox"/> If Yes, Check Box							

Susp. Veh. Information		State	Year	Make	Color	Special Characteristics/V.I.N.	Stolen Car Yes <input type="checkbox"/> No <input type="checkbox"/>	Stolen Plate Yes <input type="checkbox"/> No <input type="checkbox"/>	Listing Yes <input type="checkbox"/> No <input type="checkbox"/>	
24. Is Stolen Property Traceable? <input type="checkbox"/> If Yes, Check Box										
General Description of Property					Total Value	Turned Over To	Property Sheet Attached <input type="checkbox"/>	w/Victim <input type="checkbox"/>	N/A <input type="checkbox"/>	
25. Is There Physical Evidence Present? <input type="checkbox"/> If Yes, Check Box and Explain In Narrative										
26. Is There Significant Circumstantial Evidence Present? <input type="checkbox"/> If Yes, Check Box and Explain In Narrative										
27. Is There A Significant M.O.? <input type="checkbox"/> If Yes, Check Box and Explain In Narrative										
Point of Entry		Point of Exit			Type of Instrument Used (if known)			Unusual Features of Crime		

28. Narrative: Summarize details of crime including progression of events, names of other officers or units assisting. For any information which is an extension of any of the blocks, indicate block number in box provided at left.

Block 8 Reports that on above date sometime between 6:30pm - 10:00pm, unk person did try to gain entry into her home. Rp reports that lock to door was damaged, also pry marks on door, and chips of paint removed. Nothing missing @ this time. Rp states that there have been other breaks in apt bldg w/in past month.

31. Reporting Officer(s) Signature <u>L. Veon</u>		Badge #/Date <u>459 3-19-96</u>		29. Is There Reason To Believe Crime may Be Solved? <input type="checkbox"/> If Yes, Check Box.		30. Is Follow Up Investigation Necessary From Factors Listed Above? <input type="checkbox"/> If Yes, Check Box.	
32. Field Supervisor		Rank/Name		33. Responding Supervisor (if same write same)		34. Reviewing Officer Signature	
35. Complainant's Signature <u>R. Malika Franks</u>		Date <u>3/19/96</u>		Mail In <input type="checkbox"/>		Phone In <input type="checkbox"/>	
				Walk In <input checked="" type="checkbox"/>		C.I.D. <input checked="" type="checkbox"/>	
				Juvenile <input type="checkbox"/>		Accident Inv <input type="checkbox"/>	

DOMESTIC ABUSE
 HATE CRIME

OFFICERS

Cambridge Police Department Investigative Report

FILE NUMBER **94-10105**

1. Time of Occurrence FROM: 11 D 1 94 T 10 AM		2. Date of Report 11 D 1 94 T 12 05 PM		4. Weather Conditions N.C.I.C./T/F		
TO: 11 30 AM		S <u> </u> M <u> </u> T <u> </u> W <u> </u> T <u> </u> F <u> </u> S <u> </u>		UNK		
Offense	5. Offense(s) B + E		6. Location of Offense 7 Temple ST		7. Type of Premise Rooming House	
	F		8. Business/Complainant's Name Malika Franks		10. Sex F Race Blk D.O.B.	
	M		9. Business/Complainant's Address 7 Temple ST CAMB		11. TEL 491-6055 Res. Bus. Res. Bus.	
	12. Reporting Person (If Other Than Victim)		Address			

13. Was There A Witness To The Crime? <input checked="" type="checkbox"/>		If Yes, Check Box			
14. Indicate with proper codes in boxes provided person's relationship to investigation. (W-1: Witness #1, NI: Not interviewed #2, RP: Reporting Person, PK: Person w/Knowledge, V: Victim, AV: Additional Victim)					
Person Interviewed	D.O.B.	Address (Number and Street)	Apt. #	City, State, Zip Code	T E L Res. Bus.
					T E L Res. Bus.
15. Nature of Injury		Hospital Taken To		Attending Physician	

16. Number of Suspects		17. Can A Suspect Be Identified? <input checked="" type="checkbox"/>		If Yes, Check Box	
18. Using Appropriate Codes Indicate who can identify suspect(s). (See Box 14)					
Suspect #1		Suspect #2			
19. Can A Suspect Be Described? <input checked="" type="checkbox"/>		If Yes, Check Box			
Suspect #1 Race	Sex	Age	Ht	Wt	Hair Eyes Other Clothing and Unusual Characteristics
Suspect #2 Race	Sex	Age	Ht	Wt	Hair Eyes Other Clothing and Unusual Characteristics
20. Can A Suspect Be Named? <input checked="" type="checkbox"/>		If Yes, Check Box			
Suspect #1 (Include any A.K.A. information)		Suspect #2 (Include any A.K.A. information)			
21. Can A Suspect Be Located? <input checked="" type="checkbox"/>		If Yes, Check Box			
Suspect #1 Can be located at		Suspect #2 can be located at			

22. Is Suspect(s) Known To The Police? <input checked="" type="checkbox"/>		If Yes, Check Box							
23. Can Suspect Vehicle Be Identified? <input checked="" type="checkbox"/>		If Yes, Check Box							
Registration Information	State	Year	Make	Color	Special Characteristics/VIN	Stolen Car Yes No	Stolen Plate Yes No	Listing Yes No	
24. Is Stolen Property Traceable? <input checked="" type="checkbox"/>		If Yes, Check Box		General Description of Property		Total Value	Turned Over To	Property Sheet Attached w/Victim N/A	
25. Is There Physical Evidence Present? <input checked="" type="checkbox"/>		If Yes, Check Box and Explain in Narrative		26. Is There Significant Circumstantial Evidence Present? <input checked="" type="checkbox"/>		If Yes, Check Box and Explain in Narrative		27. Is There A Significant M.O.? <input checked="" type="checkbox"/>	
Point of Entry		Point of Exit		Type of Instrument Used (if known)		Unusual Features of Crime			

28. Narrative: Summarize details of crime including progression of events, names of other officers or units assisting. For any information which is an extension of any of the blocks, indicate block number in box provided at left.

Block	RP States between the above times on the above date she found her window open RP believes some one was in her room to plant something inside. RP did not see any one or find anything missing. RP states her papers were destroyed some papers are missing i.e., Rent receipts & Petitions signed by other residents (mail & visitors, etc)		
29. Reporting Officer(s) Signature	Badge #/Date	29. Is There Reason To Believe Crime may Be Solved? <input checked="" type="checkbox"/>	30. Is Follow Up Investigation Necessary From Factors Listed Above? <input checked="" type="checkbox"/>
31. Reporting Officer Signature	Rank/Name	31. Responding Supervisor (if same write same)	32. Reviewing Officer Signature
32. Field Supervisor	Rank/Name	33. Responding Supervisor (if same write same)	34. Reviewing Officer Signature
35. Complainant's Signature	Date	35. Complainant's Signature	Date
36. Complainant's Signature	Date	36. Complainant's Signature	Date

DOMESTIC ABUSE

HARVARD LEGAL AID BUREAU
1511 SOUTH CONSUETTE STREET
CAMBRIDGE, MA 02139
R. MALIKA FRANKS
7 TEMPLE STREET #500
CAMBRIDGE, MA 02139

617-491-6055 or 265-0878

(617) 493-2403
(617) 496-2657 (FAX)

HARVARD 04-29-96
91

April 29, 1996

April 29, 1996
Hon. Judge S. Singleton, Jr.
Cambridge District Court
(Post Office Box #338)
Forty Thorndike Street
Cambridge, MA 02141
ATTN: JUDGE'S LOBBY

Your Honor:

99 X
0.05
01 *4.95
*4.95
*0.25 TX
*5.20
*20.00
*14.80
18-4745
16-43

Since you advised me to get an attorney; I have been actively seeking legal counsel, see 4-24-96 I received from Jennifer Thelen, SJC Rule 3:03 Counsel, from Harvard Legal Aid Bureau.

I also want you to know that since your decision in my favor: I was jumped by a woman and her significant other (both will be testifying against me in court on May 8, 1996) and another woman who' first name is "Debbie", entered my room (she thought I wasn't home). The CAYWCA Staff has to date refused to allow me to look at the Resident-Photo-File to identify these women that I might file a legal complaint against them. This leaves me in the position of only being able to file a cross-complaint(s)...and only after-the-fact.

I am going to do the best I can in court...but I am NOT a lawyer ...I am an expert tailor, doubt that is going to be very helpful in filing court proceeding. I just want you to know that I am going to do the best I can.

Sincerely,
R. Malika Franks
R. Malika Franks
Docket #: 2290-93

attys as of 4-29-96
according to Caywca
Residence Front Desk

125 Summer St. 11th fl
Boston 473-1292
Caywca's Referral Sec
Joseph...
875 Main Ave
Camb 864-8055
125th / 1st 1/2 hr
782-1145
Committee for Civil
Rights - Dr. Barb Dyer
their office does not
handle this type of case

Consent Communication #10

S-328

Communication was received from R. Milika Franks, CAYWCA resident, transmitting request for permission to install a security system in her room at her own expense.

In City Council June 10, 1996

Referred to City Clerk on
motion of Councillor Duchay