

LITTLETON POLICE DEPARTMENT PRESS RELEASE INFORMATION

2025-003568

ARREST

DATE (S) & TIME (S): On 4/14/25 at approximately 5:32 PM

ARRESTING OFFICER: Ofc. Monahan

****Please note that the arresting officer may not be the officer that investigated the incident****

LOCATION: Kittridge Lane

TYPE OF INCIDENT / OFFENSE: Arrest on a Warrant

ARREST MADE? YES NO



IF YES, IDENTIFY ARREST INFORMATION BELOW:

NAME: Mary Smolinsky CHARGE: See Above

AGE: 33 yoa BAIL: Summons

TOWN OF RESIDENCE: Woodsville, NH COURT: 5/6/2025

RELATED TO ANOTHER INCIDENT? YES NO

IF YES, DATE OF PRIOR INCIDENT: _____

****The charges and allegations are merely accusations and the defendant is presumed innocent unless and until proven guilty.****

LITTLETON POLICE DEPARTMENT PRESS RELEASE INFORMATION

2025-003569

ACCIDENT

DATE (S) & TIME (S): On 4/14/25 at approximately 5:46 PM

LOCATION: Bethlehem Road

TYPE OF INCIDENT / OFFENSE: Two Car Motor Vehicle Accident

ARREST MADE? YES NO

IF YES, IDENTIFY ARREST INFORMATION BELOW:

NAME: Pamela Leslie
John McGee Jr. (Parked) CHARGE: _____

AGE: 67 yoa (PL)
66 yoa (JM) BAIL: _____

TOWN OF RESIDENCE: Bethlehem, NH (PL)
Twin Mountain, NH (JM) COURT: _____

RELATED TO ANOTHER INCIDENT? YES NO

IF YES, DATE OF PRIOR INCIDENT: _____

Both vehicles sustained damage. There were no personal injuries reported.

LITTLETON POLICE DEPARTMENT PRESS RELEASE INFORMATION

CITATIONS

DATE (S) & TIME (S): Between 4/12/25 and 4/18/25

LOCATION: Various Locations Throughout Littleton

15 for Speed; 4 for Defective Equipment; 9 for Inspection Requirements; 3 for Registration Requirements; 2 for Move Over Law; 1 for Hands Free; 1 for Stop Sign Violation; 2 for Failure to Display Plates; 1 for Lights Required; 1 for Traffic Control Device;

TYPE OF INCIDENT / OFFENSE: 1 for Unsecure Load

ARREST MADE? YES NO

IF YES, IDENTIFY ARREST INFORMATION BELOW:

NAME: _____ CHARGE: See Above

AGE: _____ BAIL: _____

TOWN OF RESIDENCE: _____ COURT: _____

RELATED TO ANOTHER INCIDENT? YES NO

IF YES, DATE OF PRIOR INCIDENT: _____