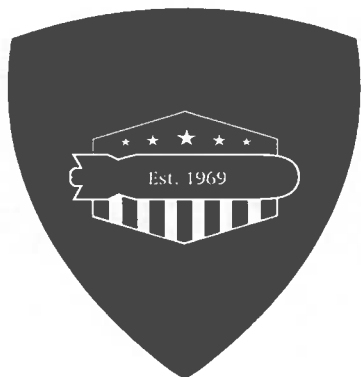




# South Toms River Police Dept

Incident #: 24ST25537

Reporting Officer: Palino, Dominick J

Report Time: 08/03/2024 19:35:17

## Incident

Incident Nature  
DWI

Address  
334 ATLANTIC CITY BLVD;  
SOCIAL LEAF DISPENSARY  
SOUTH TOMS RIVE, New  
Jersey 08757

Occurred From  
08/03/2024 19:35:17

Occurred To  
08/03/2024 19:35:17

Received By  
Hubbard, Megan

How Received  
LEO Initiated

Contact  
Palino, D J

Disposition  
Closed Case

Miscellaneous Entry

Disposition Date  
08/03/2024

Cleared  
N

Judicial Status

Cleared Date

Clearance  
Report Required

Cargo Theft Related

Responding Officer(s)  
Palino, Dominick J

Stratton, Garrett

Lehr, Tyler

Hill, Hailey

Case Numbers  
24ST25537

Circumstances  
Code

Comment

DWI/DUI

Adult Arrest

ATS Warrant

CDS Possession

## Offenses

## Weapons Offense

Completed?  
C

Method Of Entry

Gambling Motivated?

Premises Entered?

Location Type  
17

Cargo Theft Related?

Statute  
2C:39-7a

Description  
Possession Any Weapon By  
Convicted Felon

Category

Bias Motivation

88

Offender Used

A

Criminal And Gang

P

Weapons

20

## Weapons Offense

Completed?  
C

Method Of Entry

Gambling Motivated?

Premises Entered?

Location Type  
17

Cargo Theft Related?

Statute  
2C:39-5

Description  
Possession Weapon W/O  
Permit

Category

Bias Motivation

88

Offender Used

A

Criminal And Gang

P

Weapons

20

## DUI Alcohol or Drugs

|                    |                                                  |                      |
|--------------------|--------------------------------------------------|----------------------|
| Completed?<br>C    | Method Of Entry                                  | Gambling Motivated?  |
| Premises Entered?  | Location Type<br>09                              | Cargo Theft Related? |
| Statute<br>39:4-50 | Description<br>Under Influence Drugs;<br>Alcohol | Category             |

Bias Motivation

88

Offender Used

A

## Persons

[REDACTED]

### Offender

|                                                                 |                     |                           |
|-----------------------------------------------------------------|---------------------|---------------------------|
| Address<br>23 3RD AVENUE<br>TOMS RIVER New<br>Jersey 08757-5012 | Phone<br>[REDACTED] | DOB<br>[REDACTED]         |
| Race<br>N-Black/African American,<br>Non-                       | Sex<br>Male         | Ethnicity<br>Non-Hispanic |
| Height<br>6'00"                                                 | Weight<br>170       |                           |

## Property

### LICENSE PLATE

### Property

|                                             |                            |                       |
|---------------------------------------------|----------------------------|-----------------------|
| Brand<br>PA                                 | Model<br>TEMP TAG          | Serial Number         |
| Color<br>White/White                        | Quantity<br>1              | Total Value<br>\$1.00 |
| Measurement                                 | Amount Recovered<br>\$0.00 | Date Recovered        |
| Status<br>Seized/Impounded<br>Property/Evid | Owner<br>[REDACTED]        |                       |

**Drug****Property**

|                                                     |                                     |                              |
|-----------------------------------------------------|-------------------------------------|------------------------------|
| Brand<br><b>UNKNOWN</b>                             | Model                               | Serial Number                |
| Color<br><b>Black/Green</b>                         | Quantity<br><b>3</b>                | Total Value<br><b>\$0.00</b> |
| Measurement<br><b>Gram</b>                          | Amount Recovered<br><b>\$0.00</b>   | Date Recovered               |
| Status<br><b>Seized/Impounded<br/>Property/Evid</b> | Owner<br><b>WHITFIELD, ROBERT W</b> |                              |

**Knife****Property**

|                                                     |                                   |                                     |
|-----------------------------------------------------|-----------------------------------|-------------------------------------|
| Brand<br><b>CRKI</b>                                | Model<br><b>POCKET KNIFE</b>      | Serial Number                       |
| Color<br><b>Black</b>                               | Quantity<br><b>1</b>              | Total Value<br><b>\$50.00</b>       |
| Measurement                                         | Amount Recovered<br><b>\$0.00</b> | Date Recovered<br><b>08/08/2024</b> |
| Status<br><b>Seized/Impounded<br/>Property/Evid</b> | Owner<br><b>[REDACTED]</b>        |                                     |

**Knife****Property**

|                                                     |                                   |                                     |
|-----------------------------------------------------|-----------------------------------|-------------------------------------|
| Brand<br><b>KNIFE</b>                               | Model<br><b>SWITCH BLADE</b>      | Serial Number                       |
| Color<br><b>Brown/Gold</b>                          | Quantity<br><b>1</b>              | Total Value<br><b>\$50.00</b>       |
| Measurement                                         | Amount Recovered<br><b>\$0.00</b> | Date Recovered<br><b>08/08/2024</b> |
| Status<br><b>Seized/Impounded<br/>Property/Evid</b> | Owner<br><b>[REDACTED]</b>        |                                     |

**Vehicles****Vehicle****2008 Jeep LIB**

|                                 |                                   |              |
|---------------------------------|-----------------------------------|--------------|
| License<br><b>4931855</b>       | State<br><b>Pennsylvania</b>      | Color        |
| VIN<br><b>1J8GN28K28W200283</b> | Owner                             | License Type |
| Value<br><b>\$0.00</b>          | Amount Recovered<br><b>\$0.00</b> |              |

## Narratives

### Original Narrative

**08/03/2024 21:41:12**

1 MALE 41, DWI, ATS WARRANT, AND UNLAWFUL POSESSION

PTL. PALINO #316

### Supplemental Narrative

**08/03/2024 21:40:43 Palino, Dominick J**

8/3/2024 19:35:17

On the above date and time I Ptl. Palino #316 was operating marked patrol vehicle #2903 within the jurisdiction of South Toms River. While on patrol in the area of the Social Leaf Dispensary (334 Atlantic City Blvd), I observed a 2008 Jeep Liberty Silver in color head southbound through the parking lot. I immediately observed the registration displayed on the vehicle which was bearing PA temporary registration, "4931855". With experience in identifying fictitious temporary registrations and previous professional encounters with specifically fictitious PA temporary registrations I observed this specific registration to indicate signs of it being fictitious. With the Jeep going southbound through the parking lot, I was able to get my marked patrol vehicle behind the Jeep and activate my overhead emergency lights to conduct a motor vehicle. At this point I activated my lights and the driver of the Jeep came to a complete stop in the Social Leaf Parking lot. I advised OCRR of my traffic stop location and the PA temporary registration.

I then exited my marked patrol vehicle and made a drivers side approach. Once at the drivers side window, I had immediately recognized the driver as [REDACTED] of the vehicle due to previous professional encounters. I then advised [REDACTED] that my body worn camera is activated and the reason for the stop was the fictitious temporary registration displayed on the rear of his vehicle. [REDACTED] began speaking to me when I then detected a strong odor of an alcoholic beverage emanating from his persons. I also observed [REDACTED] to have slurred and slow speech along with bloodshot and watery eyes. I then asked [REDACTED] if he had anything to drink in which he replied yes. At this time I had ask Ptl. Stratton #302 and Ptl. Lehr #318 to start my way to assist me. I then continued speaking to [REDACTED] where I had ask him to provide me his proper documentation in which he did not have. At this point I had [REDACTED] exit the vehicle. When I opened the drivers side door to assist [REDACTED] in exiting the vehicle, I immediately observed a switch blade type of knife in the drivers side door which I immediately confiscated for officer safety. [REDACTED] was then escorted to the rear of his vehicle and front of my patrol vehicle in which I then observed that he was moving at a very slow pace and swaying.

Both officers Stratton and Lehr arrived on scene at this time. I had then asked [REDACTED] if he would participate in field sobriety tests to make sure he is okay to operate the motor vehicle. [REDACTED] then advised us officers on scene that he is not doing any tests and refuses. Ptl. Stratton then asked [REDACTED] if he could run HGN test to test his eyes in which [REDACTED] replied no. [REDACTED] was having a tough time being able to stand while talking to officers and his speech was observed to be very slurred and slow. [REDACTED] then advised officers to just arrest him and

take him down to headquarters because he was unwilling to do the tests. [REDACTED] did complain about ankle pain and did not want to participate in any tests at all as well. At this time [REDACTED] was then advised he will be placed under arrest for Driving While Intoxicated. [REDACTED] was placed in handcuffs which were double locked and fitted for comfort. [REDACTED] was then searched that yielded negative results and placed in the rear of my marked patrol vehicle.

Ptl. Lehr and I then began a search of the vehicle that was within arms reach to look for any intoxicants that could have impaired [REDACTED] ability to drive. a search was conducted in the vehicle in which officers found two black capsules filled with "Hash Oil" and a small empty container containing marijuana residue. All three things found were not in proper container by a dispensary or prescribed by a doctor. Also, while during the search of the vehicle another switch blade type of knife was also found in the center console area. Both the knives that were found inside [REDACTED] car were placed back in the vehicle due to him saying they were for "work". Let it be noted that later on officers discovered that [REDACTED] is a convicted felon and is not to be in any possession of any type of weapon. Due to the knives being back in the vehicle, officers applied for a search warrant which is pending. The items that contained Hash Oil and Marijuana were seized at the time the search was concluded.

I then entered my patrol vehicle while Ptl. Lehr waited for the tow. The vehicle was towed at the scene and transported to DPW lot which is under full surveillance at all times. I then advised OCRR of my starting and ending mileage back to headquarters for further processing. While in route to headquarters I contacted the Pennsylvania Department Of Transportation where they were provided my proper credentials and confirmed that the registration displayed on [REDACTED] vehicle is in fact fictitious. Once at headquarters [REDACTED] was escorted inside in which he was placed on the bench where the 20 minute observation then took place. Ptl. Stratton filled out the proper documentation and ran the alcotest in which [REDACTED] then refused to submit samples of his breath. [REDACTED] was then charged accordingly for refusing. While conducting a CCH of [REDACTED] it was determined [REDACTED] is a certain persons and is not allowed to be in possession of an type of weapons. [REDACTED] was then charged for the two switch blades in his vehicle. [REDACTED] was then fingerprinted and booked accordingly. Ptl. Hill then signed onto the radio and advised OCRR that she will be transporting [REDACTED] to OCJ. [REDACTED] was then transported to OCJ without incident.

BWC Activated

## Supplemental Narrative

08/03/2024 21:40:43 Palino, Dominick J

South Toms River Police Department Arrestee Report

Were handcuffs double locked? YES

Was the arrestee searched incident to arrest?YES

Was the vehicle's back seat checked prior to shift and prior to transport?YES

Was the arrestee seat-belted into the patrol vehicle?YES

Was the vehicle's back seat checked after EVERY transport (HQ, OC Jail, Escort etc.)?YES

Was the starting and ending mileage called into dispatch?  
YES

Were weapons secured prior to entering the booking room?YES

Was the arrestee searched again, prior to being placed into a cell?YES

Was the arrestee directed to read the PREA statement on the booking room wall?YES

Was the arrestee questioned (before 2 hours) of any persons depending on their care?YES

Was an arrestee CCH check conducted?YES

Was the arrestee searched again PRIOR to being transported to county jail?YES

Was the arrestee continually in the presence of an officer? If so, who?YES 316,302,318

DWI - Was the arrestee handcuffed to the bench while awaiting breath testing?YES

DWI - Was there a 20-minute, continual face-to-face observation done? By who? YES  
What time?

DWI - Were all electronic devices removed from testing room? (BWC, radio, smart watches, cell phone)?

YES

Criminal Offenses- Were contemporaneous notes placed into the case file?YES

RESPONSE CODE 1 / 2 ?N/A

## Supplemental Narrative

**08/03/2024 22:14:37 Hubbard, Megan**

CAD Call info/comments

=====

19:41:12 08/03/24 - Hubbard, M - From: Stratton, G  
MALE REFUSED FST 316 WILL HAVE MALE 41 START A 17 FOR JOHNS LAW

19:41:18 08/03/24 - Hubbard, M - From: Stratton, G  
JEEP PATRIOT

19:42:45 08/03/24 - Hubbard, M  
JERSEY SHORE TOWING 20 MINS  
19:47:26 08/03/24 - Hubbard, M  
VEH NEG 99

19:54:43 08/03/24 - Hubbard, M - From: Palino, D J  
MALE 41 ENRT 10-3 SM 24.2

19:54:52 08/03/24 - Hubbard, M  
\$1000 ATS OUT OF STR  
19:55:56 08/03/24 - Hubbard, M  
SUSPENDED 3/5/24 FOR OPERATING DURING A SUSPENSION PERIOD / ORG SUSPENSION  
5/17/18 COURT ORDERED CHILD SUPPORT  
19:59:21 08/03/24 - Hubbard, M - From: Palino, D J  
EM 26.1

20:02:17 08/03/24 - Hubbard, M - From: Palino, D J  
EM 26.1

20:10:27 08/03/24 - Hubbard, M - From: Lehr, T  
TOW HAS THE VEH

20:11:11 08/03/24 - Lehr, T  
VEH. SECURED IN YARD

20:17:04 08/03/24 - Hubbard, M - From: Palino, D J  
RUN A CCH ON THE 41

20:18:06 08/03/24 - Hubbard, M  
CCH FAXED DOWN

21:36:07 08/03/24 - Hubbard, M  
Nature change from MV STOP to DWI

21:52:10 08/03/24 - Hubbard, M - From: Hill, Hailey  
MALE 41 ENRT TO OCJ SM 127301

21:59:01 08/03/24 - Hubbard, M - From: Hill, Hailey  
OUT AT OCJ EM 127311

## Supplemental Narrative

**08/10/2024 15:58:57 Stratton, Garrett**

19:35:17  
08/03/2024

On the above date and time I, Ptl. Stratton, was on scene assisting Ptl. Palino #316 in a DWI investigation.

Upon arrival at STRPD headquarters, the arrestee, identified as [REDACTED], was read the Standard Statements form and was asked to provide breath samples. [REDACTED] indicated he would not provide a breath sample. Officers advised [REDACTED] if he refuses to provide a breath sample, he would be charged with 39:4-50.2 for refusal to submit to a chemical breath test. [REDACTED] advised he was still refusing a breath test.

The Alcotest 9510 was then ran for a refusal and the results were printed out and given to Ptl. Palino.

BWC activated.

## Supplemental Narrative

**08/19/2024 15:28:17 Meier, Timothy**

### SUPPLEMENTAL REPORT OF INVESTIGATION

CASE NO: 24ST25537  
TITLE: [REDACTED]  
DATE OF REPORT: August 13, 2024

SYNOPSIS: The following report will detail this writer's participation in the execution of a court authorized search warrant on a 2008 silver in color Jeep Liberty bearing PA registration 4931855, vin#1J8GN28K28W200283, owned by a [REDACTED]

██████████

DETAILS: On August 3, 2024, at approximately 1935 hours, Ptl. Dominik Palino of the South Toms River Police Department was operating a marked patrol vehicle in the area of 334 Atlantic City Blvd. South Toms River, NJ. Ptl. Palino states that he had observed a silver Jeep Liberty bearing PA temporary 4931855, heading south in the parking lot of 334 Atlantic City Blvd. Ptl. Palino states that he observed that the registration on the Jeep appeared to be fictitious.

At this time, Ptl. Palino effected a motor vehicle stop on the said vehicle. Ptl. Palino approached the vehicle on the driver side and while speaking with the driver, later identified as ██████████. While speaking with ██████████, Ptl. Palino states that he observed a switch blade type of knife in the door panel. Ptl. Palino states that he removed ██████████ from the vehicle and immediately secured the weapon. ██████████ was later placed under arrest for driving while intoxicated. Ptl. Palino continued that he and Ptl. Lehr conducted a search of the vehicle and while searching the driver side compartment located an additional knife along with suspected CDS. Ptl. Palino states that once he and Ptl. Lehr were finished with the search of the vehicle he placed the two (2) knives back in the vehicle. Ptl. Palino continued that ██████████ had been transported to the South Toms River Police Department where he was processed and later transferred to the Ocean County Jail.

Ptl. Palino continued that during processing ██████████, it was learned that ██████████ had outstanding warrants and that ██████████ was a convicted felon. Ptl. Palino continued that he charged ██████████ with the possession of a weapon and possession of a weapon by a certain person.

On Monday, August 5, 2024, this writer was advised by Ptl. Palino that a search warrant was needed to re-enter ██████████ vehicle that was now being held in the South Toms River Police impound lot. This writer was advised by Ptl. Palino that he had returned the knives to the vehicle not knowing that ██████████ was a convicted felon. This writer then applied to Honorable Kimarie Rahill, J.S.C. for a court authorized search warrant for the 2008 silver Jeep Liberty bearing PA temporary registration 4931855 and vin#1J8GN28K28W200283.

On Thursday, August 8, 2024, this writer was granted the search warrant by the Honorable Kimarie Rahill, J.S.C. At approximately 1740 hours, this writer and Ptl. Palino executed the court authorized search warrant on the said vehicle. This writer photographed the vehicle prior to entry into the vehicle. Ptl. Palino advised that he had put the knives in the back pack that was located in the rear seat of the vehicle. This writer found both knives within a black back pack. This writer photographed the knives and seized them as evidence. This writer closed the warrant out at 1750 hours, on August 8, 2024.

Both knives were packaged as evidence and stored within the evidence room.



# South Toms River Police Dept

Arrest #: 8723 Booking #:6520

Reported: 08/03/2024 19:35:17

## WHITFIELD, ROBERT W Offender

DOB

Race

Sex

N-Black/African American,  
Non-

Male

Ethnicity

Height

Weight

Non-Hispanic

6'00"

170

Address

City

State

Zip

Phone

732-300-8121

## Arrest

Arrest Date

8/3/2024 7:35:17 PM

Location of Arrest

334 ATLANTIC CITY BLVD;  
SOCIAL LEAF DISPENSARY

City

SOUTH TOMS RIVE

State

New Jersey

Zip

08757

Area

Juvenile Disposition

Arresting Officer

Palino, D J

Reference

Arrest Agency

South Toms River Police Dept

Tracking

Arrest Type

PROB

## Offenses

### Possession Weapon W/O Permit

Counts

2

Statute

2C:39-5

Location

334 ATLANTIC CITY BLVD;  
SOCIAL LEAF DISPENSARY

City

SOUTH TOMS RIVE

State

New Jersey

Zip

08757

Area

Crime Class

Final Disposition

|              |                  |                         |
|--------------|------------------|-------------------------|
| Court        | Disposition Date | Offense Date            |
|              |                  | 8/3/2024 7:35:17 PM     |
| Alcohol/Drug | Entry Code       | Jurisdiction            |
|              |                  | New Jersey State Statue |
| NCIC         | Inchoate Offense |                         |

## Possession Any Weapon By Convicted Felon

|                 |                     |                                                   |
|-----------------|---------------------|---------------------------------------------------|
| Counts          | Statute             | Location                                          |
| 1               | 2C:39-7a            | 334 ATLANTIC CITY BLVD;<br>SOCIAL LEAF DISPENSARY |
| City            | State               | Zip                                               |
| SOUTH TOMS RIVE | New Jersey          | 08757                                             |
| Area            | Crime Class         | Final Disposition                                 |
|                 | Fourth Degree Crime |                                                   |
| Court           | Disposition Date    | Offense Date                                      |
|                 |                     | 8/3/2024 7:35:17 PM                               |
| Alcohol/Drug    | Entry Code          | Jurisdiction                                      |
|                 |                     | New Jersey State Statue                           |
| NCIC            | Inchoate Offense    |                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------|---------------|----------------------------------|
| STAT/UNIT<br>CODE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | SOUTH TOMS RIVER POLICE DEPARTMENT<br>DRINKING AND DRIVING REPORT                                                                                                                                                                                                                                                                                                                                                                                     |                                    | (1) DEFENDANT FIRST NAME MI LAST NAME                                                                                                |                                                  | CASE NUMBER<br><br>24ST25537 |               |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | (2) AGE                                                                                                                              |                                                  |                              |               | (3) SEX                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | 55                                                                                                                                   | M                                                | 170                          | BR            | BL                               |
| (7) STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (8) CITY AND STATE                 |                                                                                                                                      | (9) SUMMONS NO. (DRINKING DRIVING/ALLOWING ONLY) |                              |               | DATE OF REPORT<br><br>08/04/2024 |
| 33RD AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOMS RIVER NJ 08757                |                                                                                                                                      | 1529 E24 000731                                  |                              |               |                                  |
| (10) DRIVERS LICENSE NUMBER AND STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CDL                                | (11) DAY OF WEEK                                                                                                                     | VIOLATION DATE                                   |                              | MILITARY TIME |                                  |
| NJ0152900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | SATURDAY                                                                                                                             | 08/03/2024                                       |                              | 19:35         |                                  |
| (12) YEAR/COLOR/MAKE OF VEHICLE USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | (13) LICENSE NUMBER AND STATE                                                                                                        |                                                  |                              |               |                                  |
| 2008, JEEP LIBERTY PATRIOT, SILVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | FICTITIOUS PLATES                                                                                                                    |                                                  |                              |               |                                  |
| (14) VEHICLE CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | CODE: NON-CDL VEHICLES: (1) PASSENGER CAR/STATION WAGON, (2) PASSENGER CAR W/TRAILER, (3) RECREATIONAL VEHICLE, (4) TAXI/LIMO, (5) EMERGENCY VEHICLE, (6) MOTORCYCLE, (7) MOPED, (8) PICKUP, (9) VAN, STEP VAN, (10) TRUCK, (11) TRUCK COMBO, (12) OTHER<br>CODE: CDL VEHICLES: TRUCK COMBO: (20) 8'X 48', (21) 8 1/2' X 48', (22) 8' X 48+, (23) 8 1/2' X 53', (24) DOUBLE BOTTOM, (25) TRUCK, (26) BUS, (27) SCHOOL BUS, (28) LIMOUSINE, (29) OTHER |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| (15) NAME OF VEHICLE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | (16) ADDRESS OF OWNER                                                                                                                |                                                  |                              |               |                                  |
| ROBERT WHITFIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | SAME AS ABOVE                                                                                                                        |                                                  |                              |               |                                  |
| (17) MUNICIPALITY OF VIOLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | CODE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                              | (18) ROADWAY OR LOCATION           |                                                                                                                                      | (19) COUNTY                                      |                              |               |                                  |
| SOUTH TOMS RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | NJ0152900                                                                                                                                                                                                                                                                                                                                                                                                                                             | SOCIAL LEAF 334 ATLANTIC CITY BLVD |                                                                                                                                      | OCEAN                                            |                              |               |                                  |
| (20) ARRESTED BY- BADGE NUMBER- STATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | (21) TESTED BY- BADGE NUMBER- STATION                                                                                                |                                                  |                              |               |                                  |
| PTL. PALINO 316 SOUTH TOMS RIVER POLICE DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | PTL. STRATTON 302-                                                                                                                   |                                                  |                              |               |                                  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>(22) <u>ACCIDENT INVOLVED</u></p> <p><input checked="" type="checkbox"/> 1. NONE</p> <p><input type="checkbox"/> 2. PEDESTRIAN</p> <p><input type="checkbox"/> 3. FATAL</p> <p><input type="checkbox"/> 4. INJURY</p> <p><input type="checkbox"/> 5. 1 VEHICLE</p> <p><input type="checkbox"/> 6. 2 VEHICLES OR MORE</p> <p><input type="checkbox"/> 7. OTHER (EXPLAIN)</p> <p>OBSERVATIONS WERE:</p> </div> <div style="width: 30%;"> <p>(23) <u>EXAMINATION</u></p> <p><input type="checkbox"/> 1. CHEM. BREATH TEST</p> <p><input type="checkbox"/> 2. BREATH TEST REFUSED</p> <p><input type="checkbox"/> 3. OBSERVATION</p> <p><input type="checkbox"/> 4. DOCTOR'S EXAMINATION</p> <p><input type="checkbox"/> 5. BLOOD TEST</p> <p><input type="checkbox"/> 6. NARCOTICS, HABIT PRODUCING DRUGS, OR HALLUCINOGENIC</p> <p>LABORATORY <input type="checkbox"/> YES <input type="checkbox"/> NO REPORT #</p> </div> <div style="width: 35%;"> <p>(24) <u>SUMMONS ISSUED FOR</u></p> <p><input checked="" type="checkbox"/> 1. 39:4-50 INFLUENCE</p> <p><input type="checkbox"/> 2. UNDER 21 Y.O.A AND &gt; .01% B.A.C.</p> <p><input type="checkbox"/> 3. 39:4-50.13 CDL</p> <p><input type="checkbox"/> 4. 39:4-14.3G MOPED</p> <p><input type="checkbox"/> 5. ALLOWING _____ TO OPERATE</p> <p><input type="checkbox"/> 6. BLOOD ALCOHOL RESULTS " _____ %</p> <p>7. SUMMONS NO. (39:4-50.2 REFUSAL) MOTOR VEHICLE</p> <p>8. SUMMONS NO. (39:3-10.24 REFUSAL) COMMERCIAL</p> <p>9. SUMMONS NO. (39:4-14.3G REFUSAL) MOPED</p> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| <p>(25) <u>ABILITY TO WALK</u></p> <p><input type="checkbox"/> UNABLE TO <input type="checkbox"/> ON HANDS AND KNEES <input checked="" type="checkbox"/> SWAYING <input type="checkbox"/> GRASPING FOR SUPPORT</p> <p><input type="checkbox"/> FALLING <input type="checkbox"/> MOVED IN CIRCLES <input type="checkbox"/> SAGGING <input type="checkbox"/> STAGGERING</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| <p>(26) <u>ABILITY TO STAND</u></p> <p><input type="checkbox"/> SWAYING <input type="checkbox"/> UNABLE TO STAND <input type="checkbox"/> CONTINUAL LEANING FOR BALANCE</p> <p><input type="checkbox"/> RIGID <input type="checkbox"/> SAGGING KNEES <input type="checkbox"/> FEET WIDE APART FOR BALANCE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| <p>(27) <u>SPEECH</u></p> <p><input type="checkbox"/> SHOUTING <input checked="" type="checkbox"/> SLOBBERING <input type="checkbox"/> BOISTEROUS <input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> WHINING <input type="checkbox"/> STUTTERING</p> <p><input type="checkbox"/> RAMBLING <input type="checkbox"/> INCOHERENT <input type="checkbox"/> WHISPERING <input type="checkbox"/> HOARSE <input type="checkbox"/> CRYING <input type="checkbox"/> ACCENT <input checked="" type="checkbox"/> SLOW</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| <p>(28) <u>DEMEANOR</u></p> <p><input type="checkbox"/> FIGHTING <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> ANTAGONISTIC <input type="checkbox"/> POLITE <input type="checkbox"/> SLEEPY</p> <p><input type="checkbox"/> EXCITED <input type="checkbox"/> HILARIOUS <input checked="" type="checkbox"/> COOPERATIVE <input type="checkbox"/> CALM <input type="checkbox"/> CRYING</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| <p>(29) <u>ACTIONS</u></p> <p><input type="checkbox"/> PUNCHING <input type="checkbox"/> RESISTING <input type="checkbox"/> THUMBING NOSE <input type="checkbox"/> DIFFICULT TO AWAKEN</p> <p><input type="checkbox"/> KICKING <input type="checkbox"/> PROFANITY <input type="checkbox"/> THREATENING</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| <p>(30) <u>EYES</u></p> <p><input checked="" type="checkbox"/> BLOODSHOT <input checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> DROOPY LIDS <input type="checkbox"/> WEARING GLASSES <input type="checkbox"/> NOT WEARING GLASSES</p> <p><input type="checkbox"/> GLASS EYE? <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |
| <p>(31) <u>CLOTHING</u></p> <p><input type="checkbox"/> MUSSED <input type="checkbox"/> PARTLY DRESSED <input type="checkbox"/> DEFECATED IN SAME</p> <p><input type="checkbox"/> DIRTY <input type="checkbox"/> VOMITED ON <input type="checkbox"/> URINATED IN SAME</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | <p>(32) <u>MOVEMENT OF HANDS</u></p> <p><input type="checkbox"/> FUMBLING <input checked="" type="checkbox"/> SLOW</p>               |                                                  |                              |               |                                  |
| <p>(33) <u>FACE</u></p> <p><input checked="" type="checkbox"/> FLUSHED <input type="checkbox"/> PALE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | <p>(34) <u>ODOR OF ALCOHOLIC BEVERAGE ON BREATH</u></p> <p><input type="checkbox"/> NONE <input checked="" type="checkbox"/> YES</p> |                                                  |                              |               |                                  |
| <p>(35) <u>REMARKS:</u> (IF NEEDED, TO CLARIFY OBSERVATIONS)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                      |                                                  |                              |               |                                  |

(36) SEE ATTACHED- S.P. 317-1

(37) NARRATIVE OF INVESTIGATION – Number, capitalize and underline the following paragraph titles in the sequence of events. Be brief, record events in order to refresh recollection at a later time.

1. OPERATION OF THE MOTOR VEHICLE:
2. WHEN STOPPED OR ARRIVAL AT SCENE: - *If an accident ;*
3. ENROUTE TO STATION: *or wherever going ;*
4. AT THE STATION: *or wherever taken, i.e., doctor's office, hospital, etc.;*
5. List other TRAFFIC OFFENSES by summons number and statute number. (*Use continuation page S.P. 317-1 if more space is needed*).

1. OPERATION OF THE MOTOR VEHICLE  
SEE FULL INVEST REPORT

|                     |  |                         |  |                                 |  |                                   |  |
|---------------------|--|-------------------------|--|---------------------------------|--|-----------------------------------|--|
| (38) TITLE          |  | SIGNATURE               |  | BADGE NO.                       |  | (39) REVIEWED BY                  |  |
| PTL. PALINO #316    |  |                         |  |                                 |  | SHT. KOSH JR #295                 |  |
| (40) DATE TO APPEAR |  | (41) AMENDED COURT DATE |  | (42) REFUSAL DISPOSITION & DATE |  | (43) INFLUENCE DISPOSITION & DATE |  |
|                     |  |                         |  |                                 |  |                                   |  |

SAVE AS

PRINT

CLEAR



# SOUTH TOMS RIVER POLICE DEPARTMENT IMPAIRED DRIVING QUESTIONNAIRE



|                       |              |           |              |
|-----------------------|--------------|-----------|--------------|
| Defendant (Last Name) | (First Name) | (Initial) | Case Number: |
|-----------------------|--------------|-----------|--------------|

## Questions:

|                                                                                                                                                                     |                     |                                                         |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|-------------------------------------|
| The following Questions were asked:<br>Date: <b>08/03/2024</b> Time: <b>-2004</b> <input checked="" type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. |                     |                                                         | Occupation?<br><b>CONSTRUCTIONQ</b> |
| Are you Sick? If Yes, Explain:<br><b>NO</b>                                                                                                                         |                     |                                                         |                                     |
| Are you under the care of a Doctor? If so, provide name and address<br><b>NO</b>                                                                                    |                     |                                                         | Last Visit?<br>Date: Time:          |
| Are you taking medicine? If so, What and What for?<br><b>NO</b>                                                                                                     |                     |                                                         | Last Dose?<br>Date: Time:           |
| Do you have Diabetes?<br><input type="checkbox"/> Yes <b>NO</b>                                                                                                     |                     | Are you taking Insulin:<br><input type="checkbox"/> Yes | Last Dose?<br>Date: Time:           |
| Are you Injured?<br><input type="checkbox"/> Yes                                                                                                                    | Where?<br><b>NO</b> |                                                         |                                     |
| Are your injuries affecting you now? If so, What and How?<br><b>NO</b>                                                                                              |                     |                                                         |                                     |
| Note any Physical Injuries or Deformities observed:<br><b>NO</b>                                                                                                    |                     |                                                         |                                     |

## Advise Subject of Miranda Warning:

|                                                                        |                                             |                                                          |
|------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
| What kind of Alcoholic Drinks have you had?<br><b>MILLER HIGH LIFE</b> |                                             | How Many?<br><b>3</b>                                    |
| Where?<br><b>MY HOUSE</b>                                              |                                             | What was the time between each drink?<br><b>NOT SURE</b> |
| When did you have your First Drink?<br>Date: Time:                     |                                             | When did you finish your Last Drink?<br>Date: Time:      |
| What time did you Finish Eating?<br><b>7AM</b>                         | What did you Consume/Eat?<br><b>POPEYES</b> |                                                          |
| Remarks:                                                               |                                             |                                                          |
| (Rank Officer Name)                                                    | (Signature)                                 | (Badge No.)                                              |
| Copy given to Subject:<br>Date:                                        |                                             |                                                          |

## DRIVING WHILE IMPAIRED - LAST DRINK LOCATION REPORT

**INSTRUCTIONS:** To ALL LAW ENFORCEMENT OFFICERS, ENFORCING NJ's driving while impaired laws and completing the Alcohol Influence Report. Whenever a subject indicates that his/her last drink was at a location other than a private residence or public property, you must also ask for the information requested on this form, write the information in block printing using black ink, and FAX the form to the NJ Division of Alcoholic Beverage Control.

**NJABC FAX NUMBER: 609-292-1707 (24 HOURS)**

|                                                   |   |                                    |  |                                 |    |                   |            |                              |     |
|---------------------------------------------------|---|------------------------------------|--|---------------------------------|----|-------------------|------------|------------------------------|-----|
| S.P. BARRACKS OR<br>POLICE DEPARTMENT             |   | South Toms River Police Department |  |                                 |    | MUNICIPAL<br>CODE |            | NJ 0152900                   |     |
| CASE #                                            |   | 24ST25537                          |  | ACCIDENT INVOLVED (Y/N)         |    | N                 |            | SERIOUS INJURY (S) FATAL (F) |     |
| DATE OF ARREST                                    |   | 08/03/24                           |  | TIME OF ARREST                  |    | 19:05             |            |                              |     |
| MALE                                              | X | FEMALE                             |  | AGE                             | 55 |                   | B.A.C. (%) |                              | N/A |
| NAME OF PLACE<br>WHERE LAST DRINK<br>WAS CONSUMED |   | residence and miller high life -   |  |                                 |    |                   |            |                              |     |
| STREET                                            |   | [REDACTED]                         |  |                                 |    |                   |            |                              |     |
| CITY                                              |   | [REDACTED]                         |  |                                 |    |                   |            |                              |     |
| - - - - - FOR NJABC USE ONLY - - - - -            |   |                                    |  |                                 |    |                   |            |                              |     |
| TRADE NAME MATCH                                  |   |                                    |  | YES                             |    |                   |            | NO                           |     |
| IDENTIFIED ABC<br>LICENSE NUMBER                  |   |                                    |  | ATTACH PAGE TWO<br>SCREEN PRINT |    |                   |            |                              |     |
| NOTES:                                            |   |                                    |  |                                 |    |                   |            |                              |     |
| REVIEWED &<br>ENTERED Date                        |   |                                    |  | REVIEWED &<br>REJECTED DATE     |    |                   |            | OPERATOR<br>INITIALS         |     |



# Borough of South Toms River Police Department

19 Double Trouble Road – South Toms River, New Jersey 08757

Telephone: (732) 349-0313

Dispatch: (732) 349-2010

Fax: (732) 349-6864

**William Kosh**  
Chief of Police

Date of Tow: 8/3/24 Time of Tow: 19:35 Key Tag #: 2

Tow Control Number: 2024-08-15 Tow Company: Jersey Shore

Location Towed From: Social Leaf

Storage Location: STRPD Impound Driver Info: Robert Whitfield

Summons Issued: Yes N.J.S.: 39:4-50

Runs Disabled

☐ ☐ Please note any property inside vehicle and vehicle damage: \_\_\_\_\_

Officer's Narrative: See invest report

OFFICER'S SIGNATURE \_\_\_\_\_ BADGE # \_\_\_\_\_

Make: JEEP Model: LIBERTY Year of Vehicle: 2008  
Color: SILVER Registration: - State: - Reg. Expiration Date: \_\_\_\_\_

VIN: 1J8GN28K28W200283

Vehicle Mileage: - R.O. Phone #: -

Registered Owner: OWNER UNKNOWN

Address 1: -

Town: - State: - Zip: -

Release Date: \_\_\_\_\_ Release Time: \_\_\_\_\_ A.M. / P.M.

OFFICER RELEASING: BADGE # \_\_\_\_\_

RELEASED TO SIGNATURE \_\_\_\_\_



# Borough of South Toms River Police Department Municipal Impound Facility Tracking Form

Payment Code #

19 Double Trouble Road – South Toms River, New Jersey 08757

Telephone: (732) 349-0313

Dispatch: (732) 349-2010

Fax: (732) 349-6864

**William Kosh**  
Chief of Police

Tow Date: 8/3/24 Tow Control #: 2024-08-16 Key Tag #: 2

Make: JEEP Model: LIBERTY Year of Vehicle: 2008

Color: SILVER Plate Registration: - State: - Reg. Expiration Date: -

VIN #: 1J8GN28K28W200283

Registered Owner: OWNER UNKNOWN

Address 1: -

Town: - State: - Zip: -

Any Holds on Vehicle:

Yes ☒ No ☐

Conditions for release: VALID LICENSE, REGISTRATION, INSURANCE

12 HOUR HOLD PER JOHNS LAW AS WELL

## Municipal Impound Facilities Fees Due

Towed By:

Cost of Tow:

\$175.00

|                                 |  |                                              |    |
|---------------------------------|--|----------------------------------------------|----|
| Daily Storage Fee (\$50.00/day) |  | Days@ \$50.00 – Total monies due for storage |    |
| Total Amount of days in storage |  |                                              | \$ |

TOTAL DUE:

\$

OFFICER'S SIGNATURE RELEASING VEHICLE

PAYMENT RECEIVED BY (SIGNATURE)

# COMPLAINT - WARRANT

| COMPLAINT NUMBER                                                                                                      |          |                                                                                                                                                     |              |
|-----------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1529                                                                                                                  | W        | 2024                                                                                                                                                | 000077       |
| COURT CODE                                                                                                            | PREFIX   | YEAR                                                                                                                                                | SEQUENCE NO. |
| SOUTH TOMS RIVER MUNICIPAL CT<br>19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757-0000<br>732-349-1141 COUNTY OF: OCEAN |          |                                                                                                                                                     |              |
| # of CHARGES<br>3                                                                                                     | CO-DEFTS | POLICE CASE #:<br>24ST25537                                                                                                                         |              |
| COMPLAINANT PTL D PALINO #316<br>NAME: 19 DOUBLE TROUBLE RD<br>ATTN WARRANTS<br>SO TOMS RIVER NJ 08757                |          | DEFENDANT INFORMATION<br>SEX: M EYE COLOR: BROWN DOB:<br>DRIVER'S LIC. #.<br>SOCIAL SECURITY #:<br>TELEPHONE #: ( )<br>LIVESCAN PCN #: 152901001816 |              |

THE STATE OF NEW JERSEY  
VS.

ADDRESS:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 08/03/2024 in SOUTH TOMS RIVER BORO, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY POSSESS A WEAPON, NAME A SWITCH BLADE UNDER CIRCUMSTANCES NOT MANIFESTLY APPROPRIATE FOR LAWFUL USE, SPECIFICALLY BY POSSESSING ONE SWITCH BLADE IN REACHING DISTANCE INSIDE THE VEHICLE ON DRIVERS SIDE DOOR KNOWINGLY BEING A CERTAIN PERSONS.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY POSSESS A WEAPON, NAME A SWITCH BLADE UNDER CIRCUMSTANCES NOT MANIFESTLY APPROPRIATE FOR LAWFUL USE, SPECIFICALLY BY POSSESSING ONE SWITCH BLADE IN REACHING DISTANCE INSIDE THE VEHICLE ON DRIVERS SIDE DOOR KNOWINGLY BEING A CERTAIN PERSONS.

WITHIN THE JURISDICTION OF THIS COURT, HAVING BEEN CONVICTED OF THE CRIME SPECIFICALLY BY, BEING A CERTAIN PERSONS WHO IS NOT ALLOWED TO BE IN POSSESSION OF ANY TYPE OF WEAPON USED FOR AN UNLAWFUL PURPOSE.

in violation of:

|                 |             |             |             |
|-----------------|-------------|-------------|-------------|
| Original Charge | 1) 2C:39-5D | 2) 2C:39-5D | 3) 2C:39-7A |
| Amended Charge  |             |             |             |

CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: PTL D PALINO #316

Date: 08/03/2024

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of OCEAN at the following address: OCEAN SUPERIOR COURT  
120 HOOPER AVE  
Date of Arrest: 08/03/2024 Appearance Date: Time: TOMS RIVER NJ 08753-0000  
Phone: 732-504-0700

## PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause IS NOT found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator

Date

Signature of Judge

Date

☒ Probable cause IS found for the issuance of this complaint. LESLEY KIRCHGESSNER JUDICIAL OFFICER 08/03/2024  
Signature and Title of Judicial Officer Issuing Warrant Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: by:

(if different from judicial officer that issued warrant)

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets  
or Other Complaints

☐ Serious Personal Injury/ Death  
Involved

Special conditions of release:

- ☐ No phone, mail or other personal contact w/victim
- ☐ No possession firearms/weapons
- ☐ Other (specify):

ORIGINAL

# COMPLAINT – WARRANT (Court Action)

## COMPLAINT NUMBER

**1529****W****2024****000077**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

STATE V.

**FTA Bail Information**

Date Bail Set: \_\_\_\_\_

Amount Bail Set: \$ \_\_\_\_\_

by: \_\_\_\_\_

☐ Bail Recog. AttachedReleased  
on Bail  
(v)

R.O.R.

Committed  
DefaultCommitted  
w/o Bail

Place Committed: \_\_\_\_\_

Date Referred to

County Prosecutor: \_\_\_\_\_

Date of First  
Appearance:☐ Advised of Rights by \_\_\_\_\_

Defendant Desires Counsel:

☐ Yes ☐ No**Prosecuting Attorney Information****Defense Counsel Information**

Name:

Name:

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) 2C:39-5D

2) 2C:39-5D

3) 2C:39-7A

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (\* see code)

Finding  
Code:

Date:

Finding  
Code:

Date:

Finding  
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDR/Lab Fee

DEDR:

LAB:

DEDR:

LAB:

DEDR:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: \_\_\_\_\_

**Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:****Related Traffic Tickets and Complaints:****\* Finding Codes**

- 1 – Guilty
- 2 – Not Guilty
- 3 – Dismissed – Other
- 4 – Guilty but Merged
- 5 – Dismissed-Rule
- 6 – Dismissed Lack of Prosecution
- 7 – Dismissed – Pros Motion/Vic Req
- 8 – Conditional Discharge
- D – Dismissed- Prosecutor Discretion
- M – Dismissed- Mediation
- P – Dismissed-Plea Agreement
- S – Disposed at Superior
- W – Dismissed-False ID

**COMPLAINT - WARRANT (Court Action)**

JUDGE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Page 2 of 7

NJ/CDR2 1/1/2017

# COMPLAINT - WARRANT

| COMPLAINT NUMBER                                                                                                      |          |                             |              | THE STATE OF NEW JERSEY                                                                                                                                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------|----------|-----------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1529                                                                                                                  | W        | 2024                        | 000077       | VS.                                                                                                                                                                                                |  |
| COURT CODE                                                                                                            | PREFIX   | YEAR                        | SEQUENCE NO. |                                                                                                                                                                                                    |  |
| SOUTH TOMS RIVER MUNICIPAL CT<br>19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757-0000<br>732-349-1141 COUNTY OF: OCEAN |          |                             |              | ADDRESS: [REDACTED]<br>[REDACTED] NJ [REDACTED]                                                                                                                                                    |  |
| # of CHARGES<br>3                                                                                                     | CO-DEFTS | POLICE CASE #:<br>24ST25537 |              | DEFENDANT INFORMATION                                                                                                                                                                              |  |
| COMPLAINANT<br>NAME: PTL D PALINO #316                                                                                |          |                             |              | SEX: M EYE COLOR: BROWN DOB: [REDACTED]<br>DRIVER'S LIC. #: [REDACTED] DL STATE: [REDACTED]<br>SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]<br>TELEPHONE #: ( )<br>LIVESCAN PCN #: 152901001816 |  |

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **08/03/2024** in **SOUTH TOMS RIVER BORO**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY POSSESS A WEAPON, NAME A SWITCH BLADE UNDER CIRCUMSTANCES NOT MANIFESTLY APPROPRIATE FOR LAWFUL USE, SPECIFICALLY BY POSSESSING ONE SWITCH BLADE IN REACHING DISTANCE INSIDE THE VEHICLE ON DRIVERS SIDE DOOR KNOWINGLY BEING A CERTAIN PERSONS.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY POSSESS A WEAPON, NAME A SWITCH BLADE UNDER CIRCUMSTANCES NOT MANIFESTLY APPROPRIATE FOR LAWFUL USE, SPECIFICALLY BY POSSESSING ONE SWITCH BLADE IN REACHING DISTANCE INSIDE THE VEHICLE ON DRIVERS SIDE DOOR KNOWINGLY BEING A CERTAIN PERSONS.

WITHIN THE JURISDICTION OF THIS COURT, HAVING BEEN CONVICTED OF THE CRIME SPECIFICALLY BY, BEING A CERTAIN PERSONS WHO IS NOT ALLOWED TO BE IN POSSESSION OF ANY TYPE OF WEAPON USED FOR AN UNLAWFUL PURPOSE.

## in violation of:

|                 |             |             |             |
|-----------------|-------------|-------------|-------------|
| Original Charge | 1) 2C:39-5D | 2) 2C:39-5D | 3) 2C:39-7A |
| Amended Charge  |             |             |             |

CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment  
Signed: PTL D PALINO #316 Date: 08/03/2024

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of **OCEAN**  
at the following address: **OCEAN SUPERIOR COURT**  
**120 HOOPER AVE**  
Date of Arrest: **08/03/2024** Appearance Date: Time: **TOMS RIVER NJ 08753-0000**  
Phone: **732-504-0700**

## PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause IS NOT found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator Date Signature of Judge Date

☒ Probable cause IS found for the issuance of this complaint. LESLEY KIRCHGESSNER JUDICIAL OFFICER 08/03/2024  
Signature and Title of Judicial Officer Issuing Warrant Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: by: (if different from judicial officer that issued warrant)

☐ Domestic Violence - Confidential

☐ Related Traffic Tickets  
or Other Complaints

☐ Serious Personal Injury/ Death  
Involved

## Special conditions of release:

- ☐ No phone, mail or other personal contact w/victim
- ☐ No possession firearms/weapons
- ☐ Other (specify):

COMPLAINT - WARRANT (DEFENDANT'S COPY)

# COMMITMENT

## COMPLAINT NUMBER

**1529****W****2024****000077**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

**SOUTH TOMS RIVER MUNICIPAL CT**  
**19 DOUBLE TROUBLE RD**  
**SO TOMS RIVER NJ 08757-0000**  
**732-349-1141** COUNTY OF: **OCEAN**

# of CHARGES  
**3**

CO-DEFTS

POLICE CASE #:  
**24ST25537**

COMPLAINANT PTL D PALINO #316  
NAME: **19 DOUBLE TROUBLE RD**  
**ATTN WARRANTS**  
**SO TOMS RIVER NJ 08757**

**THE STATE OF NEW JERSEY**  
**VS.**

ADDRESS:

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**

DOB:

DRIVER'S LIC. #:

DL STATE:

SOCIAL SECURITY #:

SBI #:

TELEPHONE #:

( )

LIVESCAN PCN #: **152901001816**

**To any Law Enforcement Official of New Jersey, You are commanded to transport this defendant to the Warden of this county who is required to keep the defendant in custody until a release or detention decision is made.**

Offense

Aux Offense

Drug Code

Degree

Offense Description

|    |                 |         |         |          |                        |
|----|-----------------|---------|---------|----------|------------------------|
| 1. | <u>2C:39-5D</u> | <u></u> | <u></u> | <u>4</u> | <u>UNLAWFUL POSS W</u> |
| 2. | <u>2C:39-5D</u> | <u></u> | <u></u> | <u>4</u> | <u>UNLAWFUL POSS W</u> |
| 3. | <u>2C:39-7A</u> | <u></u> | <u></u> | <u>4</u> | <u>CERTAIN PERSONS</u> |
| 4. | <u></u>         | <u></u> | <u></u> | <u></u>  | <u></u>                |

Commitment Reason: **Criminal Justice Reform**

You will be notified of your **Central First Appearance/CJP** date to be held at the **Superior Court**  
at the following address: **OCEAN SUPERIOR COURT**  
**120 HOOPER AVE**

in the county of **OCEAN****TOMS RIVER****NJ 08753-0000**Date of Arrest: **08/03/2024**Phone: **732-504-0700****LESLEY KIRCHGESSNER JUDICIAL OFFICER****08/03/2024**

Signature and Title of Judicial Officer Issuing Warrant

Date

**COMMITMENT**

# Affidavit of Probable Cause

| COMPLAINT NUMBER                                                                                                      |          |                                                                                                                                                                                                                                        |              |
|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1529                                                                                                                  | W        | 2024                                                                                                                                                                                                                                   | 000077       |
| COURT CODE                                                                                                            | PREFIX   | YEAR                                                                                                                                                                                                                                   | SEQUENCE NO. |
| SOUTH TOMS RIVER MUNICIPAL CT<br>19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757-0000<br>732-349-1141 COUNTY OF: OCEAN |          |                                                                                                                                                                                                                                        |              |
| # of CHARGES<br>3                                                                                                     | CO-DEFTS | POLICE CASE #:<br>24ST25537                                                                                                                                                                                                            |              |
| COMPLAINANT PTL D PALINO #316<br>NAME: 19 DOUBLE TROUBLE RD<br>ATTN WARRANTS<br>SO TOMS RIVER NJ 08757                |          | DEFENDANT INFORMATION<br>SEX: M EYE COLOR: BROWN DOB: [REDACTED]<br>DRIVER'S LIC. #: [REDACTED] DL STATE: [REDACTED]<br>SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]<br>TELEPHONE #: [REDACTED] ( )<br>LIVESCAN PCN #: 152901001816 |              |

THE STATE OF NEW JERSEY  
VS.

ADDRESS: [REDACTED]  
[REDACTED]  
[REDACTED]

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

I PTL. PALINO CONDUCTED A MOTOR VEHICLE STOP ON THE DEFENDANT. THE DEFENDANT APPEARED TO BE UNDER THE INFLUENCE OF ALCOHOL. THE DEFENDANT STEPPED OUT OF THE VEHICLE WHEN I OBSERVED A SWITCH BLADE TO BE IN THE DOOR OF THE DRIVERS SIDE. THE DEFENDANT THEN STEPPED OUT OF THE VEHICLE AND REFUSED FIELD SOBRIETY TESTS. THE DEFENDANT WAS PLACED UNDER ARREST FOR DRIVING WHILE INTOXICATED. A SEARCH WITHIN ARM REACH OF THE VEHICLE WAS CONDUCTED LOOKING FOR INTOXICANTS WHEN OFFICERS FOUND ANOTHER SWITCH BLADE IN ARMS REACH. THE DEFENDANT IS ALSO LISTED AS A CERTAIN PERSONS AND CAN NOT HAVE ANY WEAPONS.

Affidavit of Probable Cause

Page 5 of 7

1/1/2017

# Affidavit of Probable Cause

## COMPLAINT NUMBER

1529

W

2024

000077

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

I AM AWARE OF THE FACTS ABOVE BECAUSE OF EYE WITNESSES, ADMISSION, STATEMENTS, AND OFFICERS OBSERVATIONS.

3. If victim was injured, provide the extent of the injury:

N/A

### Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: PTL D PALINO #316 LAW ENFORCEMENT OFFICER

Date: 08/03/2024

Affidavit of Probable Cause

Page 6 of 7

1/1/2017

# Preliminary Law Enforcement Incident Report

| COMPLAINT NUMBER                                                                                                      |          |                                                                                                                                                                                                                             |              |
|-----------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1529                                                                                                                  | W        | 2024                                                                                                                                                                                                                        | 000077       |
| COURT CODE                                                                                                            | PREFIX   | YEAR                                                                                                                                                                                                                        | SEQUENCE NO. |
| SOUTH TOMS RIVER MUNICIPAL CT<br>19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757-0000<br>732-349-1141 COUNTY OF: OCEAN |          |                                                                                                                                                                                                                             |              |
| # of CHARGES<br>3                                                                                                     | CO-DEFTS | POLICE CASE #:<br>24ST25537                                                                                                                                                                                                 |              |
| COMPLAINANT PTL D PALINO #316<br>NAME: 19 DOUBLE TROUBLE RD<br>ATTN WARRANTS<br>SO TOMS RIVER NJ 08757                |          | DEFENDANT INFORMATION<br>SEX: M EYE COLOR: BROWN DOB: [REDACTED]<br>DRIVER'S LIC. #. [REDACTED] DL STATE: [REDACTED]<br>SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]<br>TELEPHONE #: ( )<br>LIVESCAN PCN #: 152901001816 |              |

THE STATE OF NEW JERSEY  
VS.

ADDRESS: [REDACTED]  
[REDACTED]  
[REDACTED]

**Purpose:** The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.
- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge#  
318,302
- The defendant made statements/admissions.
  - It was recorded using:
    - \*Body-Worn Camera
- The offense/incident was recorded using electronic/surveillance via:
  - Body-Worn Camera
  - Surveillance Camera
- A weapon was involved in the incident:
  - Knife/Cutting Instrument
- Physical evidence was seized/recovered:
  - Weapon(s)
  - CDS:
    - \*Marijuana
- The defendant operated a motor vehicle in a manner that endangered public safety.

## Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: PTL D PALINO #316 LAW ENFORCEMENT OFFICER

Date: 08/03/2024

Preliminary Law Enforcement Incident Report

Page 7 of 7

7/20/2018

|                                                                                                                                                                                                                 |                   |                                              |                                         |                                                |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------|-----------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                      | PREFIX            | TICKET NUM                                   | TYPE                                    | SOUTH TOMS RIVER MUNICIPAL CT                  |                                                                    |
| 1529                                                                                                                                                                                                            | E24               | 000731                                       | M                                       | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |                                                                    |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER<br>THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                           |                   |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> No License                                                                                                                                                                  | Driver's Lic. No. |                                              |                                         | Exp. Date                                      | State                                                              |
|                                                                                                                                                                                                                 |                   |                                              |                                         | NA                                             | <input type="checkbox"/> Commercial License                        |
| THE UNDERSIGNED CERTIFIES THAT                                                                                                                                                                                  |                   |                                              |                                         |                                                |                                                                    |
| Name First                                                                                                                                                                                                      | Initial           | Last (Please Print)                          |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 |                   |                                              |                                         |                                                |                                                                    |
| Address                                                                                                                                                                                                         |                   | Address 2                                    |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 |                   |                                              |                                         |                                                |                                                                    |
| City                                                                                                                                                                                                            | State             | Zip Code                                     | Telephone                               | <input type="checkbox"/> Check If Cell Phone   |                                                                    |
|                                                                                                                                                                                                                 |                   |                                              |                                         |                                                |                                                                    |
| Birth Date                                                                                                                                                                                                      | Eyes              | Sex                                          | Height                                  | Restrictions                                   |                                                                    |
|                                                                                                                                                                                                                 | 2                 | M                                            | 6 Feet                                  | I 0                                            |                                                                    |
| Email                                                                                                                                                                                                           |                   |                                              | Hispanic or Latinx?                     | Race                                           |                                                                    |
|                                                                                                                                                                                                                 |                   |                                              | N                                       | B                                              |                                                                    |
| DID UNLAWFULLY (PARK) (OPERATE) A                                                                                                                                                                               |                   |                                              |                                         |                                                |                                                                    |
| Make of Vehicle                                                                                                                                                                                                 | Year              | Body Type                                    | Color                                   | <input type="checkbox"/> Commercial Vehicle    |                                                                    |
| JEEP                                                                                                                                                                                                            | 2008              | 19                                           |                                         | <input type="checkbox"/> Hazardous Material    |                                                                    |
| Lic. Plate No.                                                                                                                                                                                                  | State             | Exp. Date                                    | <input type="checkbox"/> Out of Service |                                                |                                                                    |
| 4931855                                                                                                                                                                                                         | PA                | 8/2025                                       | <input type="checkbox"/> Omnibus        |                                                |                                                                    |
| VIN                                                                                                                                                                                                             |                   |                                              |                                         |                                                |                                                                    |
| 1J8GN28K28W200283                                                                                                                                                                                               |                   |                                              |                                         |                                                |                                                                    |
| Offense Date                                                                                                                                                                                                    | Month             | Day                                          | Year                                    | Time: 07:35                                    | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| 08                                                                                                                                                                                                              | 03                | 2024                                         |                                         |                                                |                                                                    |
| LOCATION OF OFFENSE                                                                                                                                                                                             | Describe Location |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 | LUCKY SPIRITS     |                                              |                                         |                                                |                                                                    |
| Municipality                                                                                                                                                                                                    | County            | Mun. Code (Offense)                          |                                         |                                                |                                                                    |
| SOUTH TOMS RIVER BORO                                                                                                                                                                                           | OCEAN             | 1529                                         |                                         |                                                |                                                                    |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE<br>(ONE CHARGE PER COMPLAINT)                                                                                                                               |                   |                                              |                                         |                                                |                                                                    |
| TRAFFIC OFFENSES - (Check One) - TITLE 39                                                                                                                                                                       |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing                                                                                                                |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving                                                                                                       |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn                                                                  |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                            |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect                                                                                                              |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs                                                                                                  |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                         |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone                                                                                                                                            |                   |                                              |                                         |                                                |                                                                    |
| IN EXCESS OF SPEED LIMIT BY:                                                                                                                                                                                    |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH |                   |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                               |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____                                                  |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test                                                              |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBDT                                                                                                                            |                   |                                              |                                         |                                                |                                                                    |
| PENALTY SCHEDULE ON REVERSE                                                                                                                                                                                     |                   |                                              |                                         |                                                |                                                                    |
| PARKING OFFENSE                                                                                                                                                                                                 |                   |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                            |                   |                                              |                                         |                                                |                                                                    |
| OTHER TRAFFIC/PARKING OFFENSE (Describe)                                                                                                                                                                        |                   |                                              |                                         |                                                |                                                                    |
| OPERATING UNDER INFLUENCE OF LIQUOR OR DRUGS                                                                                                                                                                    |                   |                                              |                                         |                                                |                                                                    |
| Statute No.                                                                                                                                                                                                     |                   |                                              | Ordinance/Code No.                      |                                                |                                                                    |
| 39:4-50                                                                                                                                                                                                         |                   |                                              |                                         |                                                |                                                                    |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE             |                   |                                              | Month                                   | Day                                            | Year                                                               |
|                                                                                                                                                                                                                 |                   |                                              | 8                                       | 3                                              | 2024                                                               |
| Signature of Complaining Witness                                                                                                                                                                                |                   |                                              | Officer's ID No.                        |                                                |                                                                    |
| PTL D PALINO #316                                                                                                                                                                                               |                   |                                              | 0316                                    |                                                |                                                                    |
| NOTICE TO APPEAR                                                                                                                                                                                                |                   |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                   |                   | COURT DATE                                   | Month                                   | Day                                            | Year                                                               |
|                                                                                                                                                                                                                 |                   |                                              | 08                                      | 28                                             | 2024                                                               |
|                                                                                                                                                                                                                 |                   | Time: 03:30 PM                               |                                         |                                                |                                                                    |
| CONDITIONS                                                                                                                                                                                                      | AREA              | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School         | <input type="checkbox"/> Residential           | <input type="checkbox"/> Rural                                     |
|                                                                                                                                                                                                                 | ROAD              | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet            | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Ice                                       |
|                                                                                                                                                                                                                 | TRAFFIC           | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium         | <input type="checkbox"/> Heavy                 |                                                                    |
|                                                                                                                                                                                                                 | VISIBILITY        | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain           | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Fog                                       |
| Equipment Type                                                                                                                                                                                                  |                   | Operator's Name                              |                                         | Operator ID No.                                | Unit Code                                                          |
|                                                                                                                                                                                                                 |                   |                                              |                                         |                                                |                                                                    |
| Notes                                                                                                                                                                                                           |                   |                                              |                                         |                                                |                                                                    |

|            |        |            |      |                                                |  |
|------------|--------|------------|------|------------------------------------------------|--|
| COURT I.D. | PREFIX | TICKET NUM | TYPE | SOUTH TOMS RIVER MUNICIPAL CT                  |  |
| 1529       | E24    | 000732     | M    | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |  |

**YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:**

|                                                |                   |           |                                             |
|------------------------------------------------|-------------------|-----------|---------------------------------------------|
| <input checked="" type="checkbox"/> No License | Driver's Lic. No. |           |                                             |
|                                                |                   | Exp. Date | State                                       |
|                                                |                   | NA        | <input type="checkbox"/> Commercial License |

**THE UNDERSIGNED CERTIFIES THAT**

|            |         |                     |                                              |
|------------|---------|---------------------|----------------------------------------------|
| Name First | Initial | Last                | (Please Print)                               |
|            |         |                     |                                              |
| Address    |         | Address 2           |                                              |
|            |         |                     |                                              |
| City       | State   | Zip Code            | Telephone                                    |
|            |         |                     | <input type="checkbox"/> Check if Cell Phone |
| Birth Date | Eyes    | Sex                 | Height                                       |
|            | 2       | M                   | 6 Feet                                       |
|            |         | Inches              | Restrictions                                 |
|            |         | I                   | 0                                            |
| Email      |         | Hispanic or Latinx? | Race                                         |
|            |         | N                   | B                                            |

**DID UNLAWFULLY (PARK) (OPERATE) A**

|                       |                   |                     |                                         |                                                                    |
|-----------------------|-------------------|---------------------|-----------------------------------------|--------------------------------------------------------------------|
| Make of Vehicle       | Year              | Body Type           | Color                                   | <input type="checkbox"/> Commercial Vehicle                        |
| JEEP                  | 2008              | 19                  |                                         | <input type="checkbox"/> Hazardous Material                        |
| Lic. Plate No.        | State             | Exp. Date           | <input type="checkbox"/> Out of Service |                                                                    |
| 4931855               | PA                | 8/2025              | <input type="checkbox"/> Omnibus        |                                                                    |
| VIN                   |                   |                     |                                         |                                                                    |
| 1J8GN28K28W200283     |                   |                     |                                         |                                                                    |
| Offense Date          | Month             | Day                 | Year                                    | Time: 07:35                                                        |
|                       | 08                | 03                  | 2024                                    | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| LOCATION OF OFFENSE   | Describe Location |                     |                                         |                                                                    |
|                       | LUCKY SPIRITS     |                     |                                         |                                                                    |
| Municipality          | County            | Mun. Code (Offense) |                                         |                                                                    |
| SOUTH TOMS RIVER BORO | OCEAN             | 1529                |                                         |                                                                    |

**AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)**

**TRAFFIC OFFENSES - (Check One) - TITLE 39**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 3-4 Unregistered vehicle<br><input type="checkbox"/> 3-29 Failure to exhibit documents<br><input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS.<br><input type="checkbox"/> 3-33 Unclear plates<br><input type="checkbox"/> 3-66 Maintenance of lamps<br><input type="checkbox"/> 3-76.2f Failure to wear seatbelt<br><input type="checkbox"/> 4-81 Failure to observe signal<br><input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone | <input type="checkbox"/> 4-85 Improper passing<br><input type="checkbox"/> 4-97 Careless driving<br><input type="checkbox"/> 4-124 Failure to turn<br><input type="checkbox"/> 4-144 Failure to stop or yield<br><input type="checkbox"/> 8-1 Failure to inspect<br><input type="checkbox"/> 8-4 Failure to make repairs |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

IN EXCESS OF SPEED LIMIT BY:

|                                                 |                                        |                                            |                                    |                                    |                                    |
|-------------------------------------------------|----------------------------------------|--------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1-9 MPH                | <input type="checkbox"/> 10-14 MPH     | <input type="checkbox"/> 15-19 MPH         | <input type="checkbox"/> 20-24 MPH | <input type="checkbox"/> 25-29 MPH | <input type="checkbox"/> 30-34 MPH |
| <input checked="" type="checkbox"/> 65 MPH Zone | <input type="checkbox"/> Safe Corridor | <input type="checkbox"/> Construction Zone |                                    |                                    |                                    |

|                                                        |                                      |                                     |                                        |                     |
|--------------------------------------------------------|--------------------------------------|-------------------------------------|----------------------------------------|---------------------|
| <input type="checkbox"/> Accident                      | <input type="checkbox"/> Prop Damage | <input type="checkbox"/> DRE        | <input type="checkbox"/> Bodily Injury | Excess Weight _____ |
| <input type="checkbox"/> Drugs                         | <input type="checkbox"/> Alcohol     | <input type="checkbox"/> Blood Test | <input type="checkbox"/> Urine Test    |                     |
| <input type="checkbox"/> Death / Serious Bodily Injury | <input type="checkbox"/> EBTB        |                                     |                                        |                     |

**PENALTY SCHEDULE ON REVERSE**

**PARKING OFFENSE**

|                                             |                                          |                                 |
|---------------------------------------------|------------------------------------------|---------------------------------|
| <input type="checkbox"/> Overtime Meter No. | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Double |
|---------------------------------------------|------------------------------------------|---------------------------------|

**OTHER TRAFFIC/PARKING OFFENSE (Describe)**

**FICTITIOUS PLATES**

|             |                    |
|-------------|--------------------|
| Statute No. | Ordinance/Code No. |
| 39:3-33A    |                    |

|                                                                                                                                                                                                     |                  |     |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|------|
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE | Month            | Day | Year |
|                                                                                                                                                                                                     | 8                | 3   | 2024 |
| Signature of Complaining Witness                                                                                                                                                                    | Officer's ID No. |     |      |
| PTL D PALINO #316                                                                                                                                                                                   | 0316             |     |      |

**NOTICE TO APPEAR**

|                                                               |            |       |     |      |                |
|---------------------------------------------------------------|------------|-------|-----|------|----------------|
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED | COURT DATE | Month | Day | Year | Time: 03:30 PM |
|                                                               |            | 08    | 28  | 2024 |                |

|            |            |                                              |                                 |                                      |                                |
|------------|------------|----------------------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| CONDITIONS | AREA       | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School | <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |
|            | ROAD       | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet    | <input type="checkbox"/> Snow        | <input type="checkbox"/> Ice   |
|            | TRAFFIC    | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy       |                                |
|            | VISIBILITY | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain   | <input type="checkbox"/> Snow        | <input type="checkbox"/> Fog   |

|                |                 |                 |           |
|----------------|-----------------|-----------------|-----------|
| Equipment Type | Operator's Name | Operator ID No. | Unit Code |
|                |                 |                 |           |

Notes

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                              |                                         |                                                |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------|-----------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PREFIX               | TICKET NUM                                   | TYPE                                    | SOUTH TOMS RIVER MUNICIPAL CT                  |                                                                    |
| <b>1529</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>E24</b>           | <b>000733</b>                                | <b>M</b>                                | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |                                                                    |
| <b>YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER<br/>THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> No License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Driver's Lic. No.    |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                              |                                         | Exp. Date                                      | State <b>NA</b> <input type="checkbox"/> Commercial License        |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                              |                                         |                                                |                                                                    |
| Name First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | Initial                                      |                                         | Last (Please Print)                            |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                              |                                         |                                                |                                                                    |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                              | Address 2                               |                                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                              |                                         |                                                |                                                                    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                | Zip Code                                     | Telephone                               | <input type="checkbox"/> Check If Cell Phone   |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                              |                                         |                                                |                                                                    |
| Birth Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Eyes                 | Sex                                          | Height                                  | Restrictions                                   |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>2</b>             | <b>M</b>                                     | <b>6</b> Feet <b>I</b> Inches           | <b>0</b>                                       |                                                                    |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Hispanic or Latinx?  |                                              | Race                                    |                                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>N</b>             |                                              | <b>B</b>                                |                                                |                                                                    |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                              |                                         |                                                |                                                                    |
| Make of Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Year                 | Body Type                                    | Color                                   | <input type="checkbox"/> Commercial Vehicle    |                                                                    |
| <b>JEEP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2008</b>          | <b>19</b>                                    |                                         | <input type="checkbox"/> Hazardous Material    |                                                                    |
| Lic. Plate No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State                | Exp. Date                                    | <input type="checkbox"/> Out of Service |                                                |                                                                    |
| <b>4931855</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>PA</b>            | <b>8/2025</b>                                | <input type="checkbox"/> Omnibus        |                                                |                                                                    |
| VIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                              |                                         |                                                |                                                                    |
| <b>1J8GN28K28W200283</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                              |                                         |                                                |                                                                    |
| Offense Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Month                | Day                                          | Year                                    | Time: <b>07:35</b>                             | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| <b>08</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>03</b>            | <b>2024</b>                                  |                                         |                                                |                                                                    |
| LOCATION OF OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Describe Location    |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>LUCKY SPIRITS</b> |                                              |                                         |                                                |                                                                    |
| Municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | County               | Mun. Code (Offense)                          |                                         |                                                |                                                                    |
| <b>SOUTH TOMS RIVER BORO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>OCEAN</b>         | <b>1529</b>                                  |                                         |                                                |                                                                    |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE<br/>(ONE CHARGE PER COMPLAINT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                              |                                         |                                                |                                                                    |
| <b>TRAFFIC OFFENSES - (Check One) - TITLE 39</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing<br><input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving<br><input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn<br><input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield<br><input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect<br><input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs<br><input type="checkbox"/> 4-81 Failure to observe signal <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone<br><div style="text-align: center;"><b>IN EXCESS OF SPEED LIMIT BY:</b></div> <input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH<br><input checked="" type="checkbox"/> <b>65 MPH Zone</b> <input type="checkbox"/> <b>Safe Corridor</b> <input type="checkbox"/> <b>Construction Zone</b><br><input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury   Excess Weight _____<br><input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test<br><input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBDT |                      |                                              |                                         |                                                |                                                                    |
| <b>PENALTY SCHEDULE ON REVERSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                              |                                         |                                                |                                                                    |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                              |                                         |                                                |                                                                    |
| OTHER TRAFFIC/PARKING OFFENSE (Describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                              |                                         |                                                |                                                                    |
| <b>NO LIABILITY INSURANCE COVERAGE ON MOTOR VEHICLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                              |                                         |                                                |                                                                    |
| Statute No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                              | Ordinance/Code No.                      |                                                |                                                                    |
| <b>39:6B-2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                              |                                         |                                                |                                                                    |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                              | Month                                   | Day                                            | Year                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                              | <b>8</b>                                | <b>3</b>                                       | <b>2024</b>                                                        |
| Signature of Complaining Witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                              | Officer's ID No.                        |                                                |                                                                    |
| <b>PTL D PALINO #316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                              | <b>0316</b>                             |                                                |                                                                    |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | COURT DATE                                   | Month                                   | Day                                            | Year                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | <b>08</b>                                    | <b>28</b>                               | <b>2024</b>                                    | Time: <b>03:30 PM</b>                                              |
| CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AREA                 | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School         | <input type="checkbox"/> Residential           | <input type="checkbox"/> Rural                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ROAD                 | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet            | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Ice                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TRAFFIC              | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium         | <input type="checkbox"/> Heavy                 |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VISIBILITY           | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain           | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Fog                                       |
| Equipment Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Operator's Name      |                                              | Operator ID No.                         |                                                | Unit Code                                                          |
| Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                              |                                         |                                                |                                                                    |

|            |        |            |      |                                                |  |
|------------|--------|------------|------|------------------------------------------------|--|
| COURT I.D. | PREFIX | TICKET NUM | TYPE | SOUTH TOMS RIVER MUNICIPAL CT                  |  |
| 1529       | E24    | 000734     | M    | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |  |

**YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:**

|                                                |                   |  |  |           |       |                                             |
|------------------------------------------------|-------------------|--|--|-----------|-------|---------------------------------------------|
| <input checked="" type="checkbox"/> No License | Driver's Lic. No. |  |  | Exp. Date | State | <input type="checkbox"/> Commercial License |
|                                                |                   |  |  | NA        |       |                                             |

**THE UNDERSIGNED CERTIFIES THAT**

|            |                     |          |                |                                              |  |
|------------|---------------------|----------|----------------|----------------------------------------------|--|
| Name First | Initial             | Last     | (Please Print) |                                              |  |
|            |                     |          |                |                                              |  |
| Address    |                     |          | Address 2      |                                              |  |
|            |                     |          |                |                                              |  |
| City       | State               | Zip Code | Telephone      | <input type="checkbox"/> Check If Cell Phone |  |
|            |                     |          |                |                                              |  |
| Birth Date | Eyes                | Sex      | Height         | Restrictions                                 |  |
|            | 2                   | M        | 6 Feet         | Inches I 0                                   |  |
| Email      | Hispanic or Latinx? |          | Race           |                                              |  |
|            | N                   |          | B              |                                              |  |

**DID UNLAWFULLY (PARK) (OPERATE) A**

|                       |                   |                     |                                         |                                             |                                                                    |
|-----------------------|-------------------|---------------------|-----------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
| Make of Vehicle       | Year              | Body Type           | Color                                   | <input type="checkbox"/> Commercial Vehicle |                                                                    |
| JEEP                  | 2008              | 19                  |                                         | <input type="checkbox"/> Hazardous Material |                                                                    |
| Lic. Plate No.        | State             | Exp. Date           | <input type="checkbox"/> Out of Service |                                             |                                                                    |
| 4931855               | PA                | 8/2025              | <input type="checkbox"/> Omnibus        |                                             |                                                                    |
| VIN                   |                   |                     |                                         |                                             |                                                                    |
| 1J8GN28K28W200283     |                   |                     |                                         |                                             |                                                                    |
| Offense Date          | Month             | Day                 | Year                                    | Time: 07:35                                 | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
|                       | 08                | 03                  | 2024                                    |                                             |                                                                    |
| LOCATION OF OFFENSE   | Describe Location |                     |                                         |                                             |                                                                    |
|                       | LUCKY SPIRITS     |                     |                                         |                                             |                                                                    |
| Municipality          | County            | Mun. Code (Offense) |                                         |                                             |                                                                    |
| SOUTH TOMS RIVER BORO | OCEAN             | 1529                |                                         |                                             |                                                                    |

**AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)**

**TRAFFIC OFFENSES - (Check One) - TITLE 39**

|                                                                                                                                                                                                                 |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> 3-4 Unregistered vehicle                                                                                                                                                               | <input type="checkbox"/> 4-85 Improper passing          |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                                                                                                                                      | <input type="checkbox"/> 4-97 Careless driving          |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS.                                                                                                                 | <input type="checkbox"/> 4-124 Failure to turn          |
| <input type="checkbox"/> 3-33 Unclear plates                                                                                                                                                                    | <input type="checkbox"/> 4-144 Failure to stop or yield |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                                                                                                                                              | <input type="checkbox"/> 8-1 Failure to inspect         |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                                                                       | <input type="checkbox"/> 8-4 Failure to make repairs    |
| <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                         |                                                         |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone                                                                                                                                            |                                                         |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                             |                                                         |
| <input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH |                                                         |
| <input checked="" type="checkbox"/> <b>65 MPH Zone</b> <input type="checkbox"/> <b>Safe Corridor</b> <input type="checkbox"/> <b>Construction Zone</b>                                                          |                                                         |
| <input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____                                                  |                                                         |
| <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test                                                                         |                                                         |
| <input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBTD                                                                                                                            |                                                         |

**PENALTY SCHEDULE ON REVERSE**

**PARKING OFFENSE**

|                                             |                                          |                                 |
|---------------------------------------------|------------------------------------------|---------------------------------|
| <input type="checkbox"/> Overtime Meter No. | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Double |
|---------------------------------------------|------------------------------------------|---------------------------------|

**OTHER TRAFFIC/PARKING OFFENSE (Describe)**

**DRIVING AFTER DL/REGISTRATION SUSPENDED/REVOKED**

|             |                    |
|-------------|--------------------|
| Statute No. | Ordinance/Code No. |
| 39:3-40     |                    |

|                                                                                                                                                                                                     |       |     |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|------|
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE | Month | Day | Year |
|                                                                                                                                                                                                     | 8     | 3   | 2024 |

|                                  |                  |
|----------------------------------|------------------|
| Signature of Complaining Witness | Officer's ID No. |
| PTL D PALINO #316                | 0316             |

**NOTICE TO APPEAR**

|                                                               |            |       |     |      |                |
|---------------------------------------------------------------|------------|-------|-----|------|----------------|
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED | COURT DATE | Month | Day | Year | Time: 03:30 PM |
|                                                               |            | 08    | 28  | 2024 |                |

|                   |            |                                              |                                 |                                      |                                |
|-------------------|------------|----------------------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| <b>CONDITIONS</b> | AREA       | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School | <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |
|                   | ROAD       | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet    | <input type="checkbox"/> Snow        | <input type="checkbox"/> Ice   |
|                   | TRAFFIC    | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy       |                                |
|                   | VISIBILITY | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain   | <input type="checkbox"/> Snow        | <input type="checkbox"/> Fog   |

|                |                 |                 |           |
|----------------|-----------------|-----------------|-----------|
| Equipment Type | Operator's Name | Operator ID No. | Unit Code |
|                |                 |                 |           |

Notes

|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------|-----------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                      | PREFIX              | TICKET NUM                                   | TYPE                                    | SOUTH TOMS RIVER MUNICIPAL CT                  |                                                                    |
| 1529                                                                                                                                                                                                            | E24                 | 000735                                       | M                                       | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |                                                                    |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER<br>THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                           |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> No License                                                                                                                                                                  | Driver's Lic. No.   |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              | Exp. Date                               | State                                          | <input type="checkbox"/> Commercial License                        |
|                                                                                                                                                                                                                 |                     |                                              | NA                                      |                                                |                                                                    |
| THE UNDERSIGNED CERTIFIES THAT                                                                                                                                                                                  |                     |                                              |                                         |                                                |                                                                    |
| Name First                                                                                                                                                                                                      |                     | Initial                                      | Last (Please Print)                     |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| Address                                                                                                                                                                                                         |                     |                                              | Address 2                               |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| City                                                                                                                                                                                                            | State               | Zip Code                                     | Telephone                               | <input type="checkbox"/> Check If Cell Phone   |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| Birth Date                                                                                                                                                                                                      | Eyes                | Sex                                          | Height                                  | Inches                                         | Restrictions                                                       |
|                                                                                                                                                                                                                 | 2                   | M                                            | 6                                       | I                                              | 0                                                                  |
| Email                                                                                                                                                                                                           | Hispanic or Latinx? |                                              | Race                                    |                                                |                                                                    |
|                                                                                                                                                                                                                 | N                   |                                              | B                                       |                                                |                                                                    |
| DID UNLAWFULLY (PARK) (OPERATE) A                                                                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| Make of Vehicle                                                                                                                                                                                                 | Year                | Body Type                                    | Color                                   | <input type="checkbox"/> Commercial Vehicle    |                                                                    |
| JEEP                                                                                                                                                                                                            | 2008                | 19                                           |                                         | <input type="checkbox"/> Hazardous Material    |                                                                    |
| Lic. Plate No.                                                                                                                                                                                                  | State               | Exp. Date                                    | <input type="checkbox"/> Out of Service |                                                |                                                                    |
| 4931855                                                                                                                                                                                                         | PA                  | 8/2025                                       | <input type="checkbox"/> Omnibus        |                                                |                                                                    |
| VIN                                                                                                                                                                                                             |                     |                                              |                                         |                                                |                                                                    |
| 1J8GN28K28W200283                                                                                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| Offense Date                                                                                                                                                                                                    | Month               | Day                                          | Year                                    | Time: 07:35                                    | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
|                                                                                                                                                                                                                 | 08                  | 03                                           | 2024                                    |                                                |                                                                    |
| LOCATION OF OFFENSE                                                                                                                                                                                             | Describe Location   |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 | LUCKY SPIRITS       |                                              |                                         |                                                |                                                                    |
| Municipality                                                                                                                                                                                                    | County              | Mun. Code (Offense)                          | 1529                                    |                                                |                                                                    |
| SOUTH TOMS RIVER BORO                                                                                                                                                                                           | OCEAN               |                                              |                                         |                                                |                                                                    |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE<br>(ONE CHARGE PER COMPLAINT)                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| TRAFFIC OFFENSES - (Check One) - TITLE 39                                                                                                                                                                       |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing                                                                                                                |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving                                                                                                       |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn                                                                  |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect                                                                                                              |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs                                                                                                  |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                         |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone                                                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| IN EXCESS OF SPEED LIMIT BY:                                                                                                                                                                                    |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                          |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____                                                  |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test                                                                         |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBDT                                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| PENALTY SCHEDULE ON REVERSE                                                                                                                                                                                     |                     |                                              |                                         |                                                |                                                                    |
| PARKING OFFENSE                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| OTHER TRAFFIC/PARKING OFFENSE (Describe)                                                                                                                                                                        |                     |                                              |                                         |                                                |                                                                    |
| REFUSAL TO SUBMIT TO CHEMICAL TEST, PENALTIES                                                                                                                                                                   |                     |                                              |                                         |                                                |                                                                    |
| Statute No.                                                                                                                                                                                                     |                     |                                              | Ordinance/Code No.                      |                                                |                                                                    |
| 39:4-50.4A                                                                                                                                                                                                      |                     |                                              |                                         |                                                |                                                                    |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE             |                     |                                              | Month                                   | Day                                            | Year                                                               |
|                                                                                                                                                                                                                 |                     |                                              | 8                                       | 3                                              | 2024                                                               |
| Signature of Complaining Witness                                                                                                                                                                                |                     |                                              | Officer's ID No.                        |                                                |                                                                    |
| PTL D PALINO #316                                                                                                                                                                                               |                     |                                              | 0316                                    |                                                |                                                                    |
| NOTICE TO APPEAR                                                                                                                                                                                                |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                   | COURT DATE          | Month                                        | Day                                     | Year                                           | Time: 03:30 PM                                                     |
|                                                                                                                                                                                                                 |                     | 08                                           | 28                                      | 2024                                           |                                                                    |
| CONDITIONS                                                                                                                                                                                                      | AREA                | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School         | <input type="checkbox"/> Residential           | <input type="checkbox"/> Rural                                     |
|                                                                                                                                                                                                                 | ROAD                | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet            | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Ice                                       |
|                                                                                                                                                                                                                 | TRAFFIC             | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium         | <input type="checkbox"/> Heavy                 |                                                                    |
|                                                                                                                                                                                                                 | VISIBILITY          | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain           | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Fog                                       |
| Equipment Type                                                                                                                                                                                                  | Operator's Name     |                                              | Operator ID No.                         | Unit Code                                      |                                                                    |
| Notes                                                                                                                                                                                                           |                     |                                              |                                         |                                                |                                                                    |

|                                                                                                                                                                                                                 |                   |                                              |                                 |                                                |                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------|---------------------------------|------------------------------------------------|-----------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                      | PREFIX            | TICKET NUM                                   | TYPE                            | SOUTH TOMS RIVER MUNICIPAL CT                  |                                                                       |
| 1529                                                                                                                                                                                                            | E24               | 000736                                       | M                               | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |                                                                       |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER<br>THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                           |                   |                                              |                                 |                                                |                                                                       |
| <input checked="" type="checkbox"/> No License                                                                                                                                                                  |                   | Driver's Lic. No.                            |                                 |                                                |                                                                       |
|                                                                                                                                                                                                                 |                   |                                              |                                 | Exp. Date                                      | State<br>NA                                                           |
|                                                                                                                                                                                                                 |                   |                                              |                                 | <input type="checkbox"/> Commercial License    |                                                                       |
| THE UNDERSIGNED CERTIFIES THAT                                                                                                                                                                                  |                   |                                              |                                 |                                                |                                                                       |
| Name First                                                                                                                                                                                                      |                   | Initial                                      |                                 | Last (Please Print)                            |                                                                       |
|                                                                                                                                                                                                                 |                   |                                              |                                 |                                                |                                                                       |
| Address                                                                                                                                                                                                         |                   |                                              | Address 2                       |                                                |                                                                       |
|                                                                                                                                                                                                                 |                   |                                              |                                 |                                                |                                                                       |
| City                                                                                                                                                                                                            |                   | State                                        | Zip Code                        | Telephone                                      | <input type="checkbox"/> Check If Cell Phone                          |
|                                                                                                                                                                                                                 |                   |                                              |                                 |                                                |                                                                       |
| Birth Date                                                                                                                                                                                                      | Eyes              | Sex                                          | Height                          | Restrictions                                   |                                                                       |
|                                                                                                                                                                                                                 | 2                 | M                                            | 6 Feet                          | I 0                                            |                                                                       |
| Email                                                                                                                                                                                                           |                   |                                              | Hispanic or Latinx?             | Race                                           |                                                                       |
|                                                                                                                                                                                                                 |                   |                                              | N                               | B                                              |                                                                       |
| DID UNLAWFULLY (PARK) (OPERATE) A                                                                                                                                                                               |                   |                                              |                                 |                                                |                                                                       |
| Make of Vehicle                                                                                                                                                                                                 |                   | Year                                         | Body Type                       | Color                                          | <input type="checkbox"/> Commercial Vehicle                           |
| JEEP                                                                                                                                                                                                            |                   | 2008                                         | 19                              |                                                | <input type="checkbox"/> Hazardous Material                           |
| Lic. Plate No.                                                                                                                                                                                                  |                   | State                                        | Exp. Date                       |                                                | <input type="checkbox"/> Out of Service                               |
| 4931855                                                                                                                                                                                                         |                   | PA                                           | 8/2025                          |                                                | <input type="checkbox"/> Omnibus                                      |
| VIN                                                                                                                                                                                                             |                   |                                              |                                 |                                                |                                                                       |
| 1J8GN28K28W200283                                                                                                                                                                                               |                   |                                              |                                 |                                                |                                                                       |
| Offense Date                                                                                                                                                                                                    | Month             | Day                                          | Year                            | Time: 07:35                                    | <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM |
|                                                                                                                                                                                                                 | 08                | 03                                           | 2024                            |                                                |                                                                       |
| LOCATION OF OFFENSE                                                                                                                                                                                             | Describe Location |                                              |                                 |                                                |                                                                       |
|                                                                                                                                                                                                                 | LUCKY SPIRITS     |                                              |                                 |                                                |                                                                       |
| Municipality                                                                                                                                                                                                    | County            |                                              | Mun. Code (Offense)             |                                                |                                                                       |
| SOUTH TOMS RIVER BORO                                                                                                                                                                                           | OCEAN             |                                              | 1529                            |                                                |                                                                       |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE<br>(ONE CHARGE PER COMPLAINT)                                                                                                                               |                   |                                              |                                 |                                                |                                                                       |
| TRAFFIC OFFENSES - (Check One) - TITLE 39                                                                                                                                                                       |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing                                                                                                                |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving                                                                                                       |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn                                                                  |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                            |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect                                                                                                              |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs                                                                                                  |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                         |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone                                                                                                                                            |                   |                                              |                                 |                                                |                                                                       |
| IN EXCESS OF SPEED LIMIT BY:                                                                                                                                                                                    |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH |                   |                                              |                                 |                                                |                                                                       |
| <input checked="" type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                               |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____                                                  |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test                                                                         |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBDT                                                                                                                            |                   |                                              |                                 |                                                |                                                                       |
| PENALTY SCHEDULE ON REVERSE                                                                                                                                                                                     |                   |                                              |                                 |                                                |                                                                       |
| PARKING OFFENSE                                                                                                                                                                                                 |                   |                                              |                                 |                                                |                                                                       |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                            |                   |                                              |                                 |                                                |                                                                       |
| OTHER TRAFFIC/PARKING OFFENSE (Describe)                                                                                                                                                                        |                   |                                              |                                 |                                                |                                                                       |
| USE OF OTHER MARKER (LIMITED TO PORTION OF STATUTE ONLY)                                                                                                                                                        |                   |                                              |                                 |                                                |                                                                       |
| Statute No.                                                                                                                                                                                                     |                   |                                              | Ordinance/Code No.              |                                                |                                                                       |
| 39:3-38                                                                                                                                                                                                         |                   |                                              |                                 |                                                |                                                                       |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE             |                   |                                              | Month                           | Day                                            | Year                                                                  |
|                                                                                                                                                                                                                 |                   |                                              | 8                               | 3                                              | 2024                                                                  |
| Signature of Complaining Witness                                                                                                                                                                                |                   |                                              | Officer's ID No.                |                                                |                                                                       |
| PTL D PALINO #316                                                                                                                                                                                               |                   |                                              | 0316                            |                                                |                                                                       |
| NOTICE TO APPEAR                                                                                                                                                                                                |                   |                                              |                                 |                                                |                                                                       |
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                   |                   | COURT DATE                                   | Month                           | Day                                            | Year                                                                  |
|                                                                                                                                                                                                                 |                   |                                              | 08                              | 28                                             | 2024                                                                  |
|                                                                                                                                                                                                                 |                   |                                              | Time: 03:30 PM                  |                                                |                                                                       |
| CONDITIONS                                                                                                                                                                                                      | AREA              | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School | <input type="checkbox"/> Residential           | <input type="checkbox"/> Rural                                        |
|                                                                                                                                                                                                                 | ROAD              | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet    | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Ice                                          |
|                                                                                                                                                                                                                 | TRAFFIC           | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy                 |                                                                       |
|                                                                                                                                                                                                                 | VISIBILITY        | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain   | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Fog                                          |
| Equipment Type                                                                                                                                                                                                  |                   | Operator's Name                              |                                 | Operator ID No.                                | Unit Code                                                             |
|                                                                                                                                                                                                                 |                   |                                              |                                 |                                                |                                                                       |
| Notes                                                                                                                                                                                                           |                   |                                              |                                 |                                                |                                                                       |

|            |        |            |      |                                                |  |
|------------|--------|------------|------|------------------------------------------------|--|
| COURT I.D. | PREFIX | TICKET NUM | TYPE | SOUTH TOMS RIVER MUNICIPAL CT                  |  |
| 1529       | E24    | 000737     | M    | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |  |

**YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:**

|                                                |                   |  |  |           |       |                                             |
|------------------------------------------------|-------------------|--|--|-----------|-------|---------------------------------------------|
| <input checked="" type="checkbox"/> No License | Driver's Lic. No. |  |  | Exp. Date | State | <input type="checkbox"/> Commercial License |
|                                                |                   |  |  |           | NA    |                                             |

**THE UNDERSIGNED CERTIFIES THAT**

|            |  |         |     |                     |              |                |
|------------|--|---------|-----|---------------------|--------------|----------------|
| Name First |  | Initial |     | Last                |              | (Please Print) |
|            |  |         |     |                     |              |                |
| Address    |  |         |     | Address 2           |              |                |
|            |  |         |     |                     |              |                |
| City       |  | State   |     | Zip Code            |              | Telephone      |
|            |  |         |     |                     |              |                |
| Birth Date |  | Eyes    | Sex | Height              | Restrictions |                |
|            |  | 2       | M   | 6 Feet              | I 0          |                |
| Email      |  |         |     | Hispanic or Latinx? | Race         |                |
|            |  |         |     | N                   | B            |                |

**DID UNLAWFULLY (PARK) (OPERATE) A**

|                   |       |           |                                         |                                             |
|-------------------|-------|-----------|-----------------------------------------|---------------------------------------------|
| Make of Vehicle   | Year  | Body Type | Color                                   | <input type="checkbox"/> Commercial Vehicle |
| JEEP              | 2008  | 19        |                                         | <input type="checkbox"/> Hazardous Material |
| Lic. Plate No.    | State | Exp. Date | <input type="checkbox"/> Out of Service |                                             |
| 4931855           | PA    | 8/2025    | <input type="checkbox"/> Omnibus        |                                             |
| VIN               |       |           |                                         |                                             |
| 1J8GN28K28W200283 |       |           |                                         |                                             |

|              |       |      |      |             |                                                                       |
|--------------|-------|------|------|-------------|-----------------------------------------------------------------------|
| Offense Date | Month | Day  | Year | Time: 07:35 | <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM |
| 08           | 03    | 2024 |      |             |                                                                       |

|                     |                   |
|---------------------|-------------------|
| LOCATION OF OFFENSE | Describe Location |
|                     | LUCKY SPIRITS     |

|                       |        |                     |
|-----------------------|--------|---------------------|
| Municipality          | County | Mun. Code (Offense) |
| SOUTH TOMS RIVER BORO | OCEAN  | 1529                |

**AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)**

**TRAFFIC OFFENSES - (Check One) - TITLE 39**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 3-4 Unregistered vehicle<br><input type="checkbox"/> 3-29 Failure to exhibit documents<br><input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS.<br><input type="checkbox"/> 3-33 Unclear plates<br><input type="checkbox"/> 3-66 Maintenance of lamps<br><input type="checkbox"/> 3-76.2f Failure to wear seatbelt<br><input type="checkbox"/> 4-81 Failure to observe signal<br><input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone | <input type="checkbox"/> 4-85 Improper passing<br><input type="checkbox"/> 4-97 Careless driving<br><input type="checkbox"/> 4-124 Failure to turn<br><input type="checkbox"/> 4-144 Failure to stop or yield<br><input type="checkbox"/> 8-1 Failure to inspect<br><input type="checkbox"/> 8-4 Failure to make repairs |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**IN EXCESS OF SPEED LIMIT BY:**

|                                                 |                                        |                                            |                                    |                                    |                                    |
|-------------------------------------------------|----------------------------------------|--------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1-9 MPH                | <input type="checkbox"/> 10-14 MPH     | <input type="checkbox"/> 15-19 MPH         | <input type="checkbox"/> 20-24 MPH | <input type="checkbox"/> 25-29 MPH | <input type="checkbox"/> 30-34 MPH |
| <input checked="" type="checkbox"/> 65 MPH Zone | <input type="checkbox"/> Safe Corridor | <input type="checkbox"/> Construction Zone |                                    |                                    |                                    |

|                                                                                      |                                      |                                     |                                        |                     |
|--------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------------------------------------|---------------------|
| <input type="checkbox"/> Accident                                                    | <input type="checkbox"/> Prop Damage | <input type="checkbox"/> DRE        | <input type="checkbox"/> Bodily Injury | Excess Weight _____ |
| <input type="checkbox"/> Drugs                                                       | <input type="checkbox"/> Alcohol     | <input type="checkbox"/> Blood Test | <input type="checkbox"/> Urine Test    |                     |
| <input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBDT |                                      |                                     |                                        |                     |

**PENALTY SCHEDULE ON REVERSE**

**PARKING OFFENSE**

|                                             |                                          |                                 |
|---------------------------------------------|------------------------------------------|---------------------------------|
| <input type="checkbox"/> Overtime Meter No. | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> Double |
|---------------------------------------------|------------------------------------------|---------------------------------|

**OTHER TRAFFIC/PARKING OFFENSE (Describe)**

**DRIVING OR PARKING UNREGISTERED MOTOR VEHICLE**

|             |                    |
|-------------|--------------------|
| Statute No. | Ordinance/Code No. |
| 39:3-4      |                    |

|                                                                                                                                                                                                     |  |  |       |     |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------|-----|------|
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE |  |  | Month | Day | Year |
|                                                                                                                                                                                                     |  |  | 8     | 3   | 2024 |

|                                  |                  |
|----------------------------------|------------------|
| Signature of Complaining Witness | Officer's ID No. |
| PTL D PALINO #316                | 0316             |

**NOTICE TO APPEAR**

|                                                               |            |       |     |      |                |
|---------------------------------------------------------------|------------|-------|-----|------|----------------|
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED | COURT DATE | Month | Day | Year | Time: 03:30 PM |
|                                                               |            | 08    | 28  | 2024 |                |

|                   |            |                                              |                                 |                                      |                                |
|-------------------|------------|----------------------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| <b>CONDITIONS</b> | AREA       | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School | <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |
|                   | ROAD       | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet    | <input type="checkbox"/> Snow        | <input type="checkbox"/> Ice   |
|                   | TRAFFIC    | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy       |                                |
|                   | VISIBILITY | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain   | <input type="checkbox"/> Snow        | <input type="checkbox"/> Fog   |

|                |                 |                 |           |
|----------------|-----------------|-----------------|-----------|
| Equipment Type | Operator's Name | Operator ID No. | Unit Code |
|                |                 |                 |           |

Notes

|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------|-----------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                      | PREFIX              | TICKET NUM                                   | TYPE                                    | SOUTH TOMS RIVER MUNICIPAL CT                  |                                                                    |
| 1529                                                                                                                                                                                                            | E24                 | 000738                                       | M                                       | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |                                                                    |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER<br>THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                           |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> No License                                                                                                                                                                  | Driver's Lic. No.   |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              | Exp. Date                               | State                                          | <input type="checkbox"/> Commercial License                        |
|                                                                                                                                                                                                                 |                     |                                              | NA                                      |                                                |                                                                    |
| THE UNDERSIGNED CERTIFIES THAT                                                                                                                                                                                  |                     |                                              |                                         |                                                |                                                                    |
| Name First                                                                                                                                                                                                      |                     | Initial                                      | Last (Please Print)                     |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| Address                                                                                                                                                                                                         |                     |                                              | Address 2                               |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| City                                                                                                                                                                                                            | State               | Zip Code                                     | Telephone                               | <input type="checkbox"/> Check if Cell Phone   |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| Birth Date                                                                                                                                                                                                      | Eyes                | Sex                                          | Height                                  | Restrictions                                   |                                                                    |
|                                                                                                                                                                                                                 | 2                   | M                                            | 6 Feet                                  | I 0                                            |                                                                    |
| Email                                                                                                                                                                                                           | Hispanic or Latinx? |                                              | Race                                    |                                                |                                                                    |
|                                                                                                                                                                                                                 | N                   |                                              | B                                       |                                                |                                                                    |
| DID UNLAWFULLY (PARK) (OPERATE) A                                                                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| Make of Vehicle                                                                                                                                                                                                 | Year                | Body Type                                    | Color                                   | <input type="checkbox"/> Commercial Vehicle    |                                                                    |
| JEEP                                                                                                                                                                                                            | 2008                | 19                                           |                                         | <input type="checkbox"/> Hazardous Material    |                                                                    |
| Lic. Plate No.                                                                                                                                                                                                  | State               | Exp. Date                                    | <input type="checkbox"/> Out of Service |                                                |                                                                    |
| 4931855                                                                                                                                                                                                         | PA                  | 8/2025                                       | <input type="checkbox"/> Omnibus        |                                                |                                                                    |
| VIN                                                                                                                                                                                                             |                     |                                              |                                         |                                                |                                                                    |
| 1J8GN28K28W200283                                                                                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| Offense Date                                                                                                                                                                                                    | Month               | Day                                          | Year                                    | Time: 07:35                                    | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
|                                                                                                                                                                                                                 | 08                  | 03                                           | 2024                                    |                                                |                                                                    |
| LOCATION OF OFFENSE                                                                                                                                                                                             | Describe Location   |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 | LUCKY SPIRITS       |                                              |                                         |                                                |                                                                    |
| Municipality                                                                                                                                                                                                    | County              | Mun. Code (Offense)                          |                                         |                                                |                                                                    |
| SOUTH TOMS RIVER BORO                                                                                                                                                                                           | OCEAN               | 1529                                         |                                         |                                                |                                                                    |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE<br>(ONE CHARGE PER COMPLAINT)                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| TRAFFIC OFFENSES - (Check One) - TITLE 39                                                                                                                                                                       |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing                                                                                                                |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving                                                                                                       |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn                                                                  |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-33 Undecar plates <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect                                                                                                              |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs                                                                                                  |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                         |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone                                                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| IN EXCESS OF SPEED LIMIT BY:                                                                                                                                                                                    |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                               |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____                                                  |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test                                                                         |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBTB                                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| PENALTY SCHEDULE ON REVERSE                                                                                                                                                                                     |                     |                                              |                                         |                                                |                                                                    |
| PARKING OFFENSE                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| OTHER TRAFFIC/PARKING OFFENSE (Describe)                                                                                                                                                                        |                     |                                              |                                         |                                                |                                                                    |
| OPEN CONTAINER ALCOHOL OR UNSEAL CANNABIS IN MOTOR VEH                                                                                                                                                          |                     |                                              |                                         |                                                |                                                                    |
| Statute No.                                                                                                                                                                                                     |                     |                                              | Ordinance/Code No.                      |                                                |                                                                    |
| 39:4-51B                                                                                                                                                                                                        |                     |                                              |                                         |                                                |                                                                    |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE             |                     |                                              | Month                                   | Day                                            | Year                                                               |
|                                                                                                                                                                                                                 |                     |                                              | 8                                       | 3                                              | 2024                                                               |
| Signature of Complaining Witness                                                                                                                                                                                |                     |                                              | Officer's ID No.                        |                                                |                                                                    |
| PTL D PALINO #316                                                                                                                                                                                               |                     |                                              | 0316                                    |                                                |                                                                    |
| NOTICE TO APPEAR                                                                                                                                                                                                |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                   | COURT DATE          | Month                                        | Day                                     | Year                                           | Time: 03:30 PM                                                     |
|                                                                                                                                                                                                                 |                     | 08                                           | 28                                      | 2024                                           |                                                                    |
| CONDITIONS                                                                                                                                                                                                      | AREA                | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School         | <input type="checkbox"/> Residential           | <input type="checkbox"/> Rural                                     |
|                                                                                                                                                                                                                 | ROAD                | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet            | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Ice                                       |
|                                                                                                                                                                                                                 | TRAFFIC             | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium         | <input type="checkbox"/> Heavy                 |                                                                    |
|                                                                                                                                                                                                                 | VISIBILITY          | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain           | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Fog                                       |
| Equipment Type                                                                                                                                                                                                  | Operator's Name     |                                              | Operator ID No.                         |                                                | Unit Code                                                          |
| Notes                                                                                                                                                                                                           |                     |                                              |                                         |                                                |                                                                    |

|            |  |        |            |      |                                                |  |
|------------|--|--------|------------|------|------------------------------------------------|--|
| COURT I.D. |  | PREFIX | TICKET NUM | TYPE | SOUTH TOMS RIVER MUNICIPAL CT                  |  |
| 1529       |  | E24    | 000739     | M    | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |  |

**YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER  
THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:**

|                                                |                   |           |                                                             |
|------------------------------------------------|-------------------|-----------|-------------------------------------------------------------|
| <input checked="" type="checkbox"/> No License | Driver's Lic. No. |           |                                                             |
|                                                |                   | Exp. Date | State <b>NA</b> <input type="checkbox"/> Commercial License |

**THE UNDERSIGNED CERTIFIES THAT**

|              |                     |                     |                                                        |
|--------------|---------------------|---------------------|--------------------------------------------------------|
| Name First   | Initial             | Last (Please Print) |                                                        |
|              |                     |                     |                                                        |
| Address      |                     | Address 2           |                                                        |
|              |                     |                     |                                                        |
| City         | State               | Zip Code            | Telephone <input type="checkbox"/> Check If Cell Phone |
|              |                     |                     |                                                        |
| Birth Date   | Eyes                | Sex                 | Height                                                 |
|              | 2                   | M                   | 6 Feet                                                 |
| Restrictions |                     | Inches              |                                                        |
| I            |                     | 0                   |                                                        |
| Email        | Hispanic or Latinx? |                     | Race                                                   |
|              | N                   |                     | B                                                      |

**DID UNLAWFULLY (PARK) (OPERATE) A**

|                 |       |           |                                         |                                             |
|-----------------|-------|-----------|-----------------------------------------|---------------------------------------------|
| Make of Vehicle | Year  | Body Type | Color                                   | <input type="checkbox"/> Commercial Vehicle |
| JEEP            | 2008  | 19        |                                         | <input type="checkbox"/> Hazardous Material |
| Lic. Plate No.  | State | Exp. Date | <input type="checkbox"/> Out of Service |                                             |
| 4931855         | PA    | 8/2025    | <input type="checkbox"/> Omnibus        |                                             |

VIN  
**1J8GN28K28W200283**

|              |       |     |      |             |                                                                    |
|--------------|-------|-----|------|-------------|--------------------------------------------------------------------|
| Offense Date | Month | Day | Year | Time: 07:35 | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
|              | 08    | 03  | 2024 |             |                                                                    |

|                     |                      |
|---------------------|----------------------|
| LOCATION OF OFFENSE | Describe Location    |
|                     | <b>LUCKY SPIRITS</b> |

|                              |              |                     |
|------------------------------|--------------|---------------------|
| Municipality                 | County       | Mun. Code (Offense) |
| <b>SOUTH TOMS RIVER BORO</b> | <b>OCEAN</b> | <b>1529</b>         |

**AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE  
(ONE CHARGE PER COMPLAINT)**

**TRAFFIC OFFENSES - (Check One) - TITLE 39**

|                                                                                                 |                                                         |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> 3-4 Unregistered vehicle                                               | <input type="checkbox"/> 4-85 Improper passing          |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                      | <input type="checkbox"/> 4-97 Careless driving          |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. | <input type="checkbox"/> 4-124 Failure to turn          |
| <input type="checkbox"/> 3-33 Unclear plates                                                    | <input type="checkbox"/> 4-144 Failure to stop or yield |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                              | <input type="checkbox"/> 8-1 Failure to inspect         |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                       | <input type="checkbox"/> 8-4 Failure to make repairs    |
| <input type="checkbox"/> 4-81 Failure to observe signal                                         |                                                         |

☐ 4-98 Speeding \_\_\_\_\_ MPH in a \_\_\_\_\_ MPH Zone

**IN EXCESS OF SPEED LIMIT BY:**

☐ 1-9 MPH ☐ 10-14 MPH ☐ 15-19 MPH ☐ 20-24 MPH ☐ 25-29 MPH ☐ 30-34 MPH

☐ **65 MPH Zone** ☐ **Safe Corridor** ☐ **Construction Zone**

☐ Accident ☐ Prop Damage ☐ DRE ☐ Bodily Injury Excess Weight \_\_\_\_\_

☐ Drugs ☐ Alcohol ☐ Blood Test ☐ Urine Test

☐ Death / Serious Bodily Injury ☐ EBDT

**PENALTY SCHEDULE ON REVERSE**

**PARKING OFFENSE**

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

**OTHER TRAFFIC/PARKING OFFENSE (Describe)**

**RECKLESS DRIVING**

|                |                    |
|----------------|--------------------|
| Statute No.    | Ordinance/Code No. |
| <b>39:4-96</b> |                    |

|                                                                                                                                                                                                     |     |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE |     |      |
| Month                                                                                                                                                                                               | Day | Year |
| 8                                                                                                                                                                                                   | 3   | 2024 |

|                                  |                  |
|----------------------------------|------------------|
| Signature of Complaining Witness | Officer's ID No. |
| <b>PTL D PALINO #316</b>         | <b>0316</b>      |

**NOTICE TO APPEAR**

|                                                               |            |       |     |      |                |
|---------------------------------------------------------------|------------|-------|-----|------|----------------|
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED | COURT DATE | Month | Day | Year | Time: 03:30 PM |
|                                                               |            | 08    | 28  | 2024 |                |

|                   |            |                                              |                                 |                                      |                                |
|-------------------|------------|----------------------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| <b>CONDITIONS</b> | AREA       | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School | <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |
|                   | ROAD       | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet    | <input type="checkbox"/> Snow        | <input type="checkbox"/> Ice   |
|                   | TRAFFIC    | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy       |                                |
|                   | VISIBILITY | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain   | <input type="checkbox"/> Snow        | <input type="checkbox"/> Fog   |

|                |                 |                 |           |
|----------------|-----------------|-----------------|-----------|
| Equipment Type | Operator's Name | Operator ID No. | Unit Code |
|                |                 |                 |           |

Notes

|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------|-----------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                      | PREFIX              | TICKET NUM                                   | TYPE                                    | SOUTH TOMS RIVER MUNICIPAL CT                  |                                                                    |
| 1529                                                                                                                                                                                                            | E24                 | 000740                                       | M                                       | 19 DOUBLE TROUBLE RD<br>SO TOMS RIVER NJ 08757 |                                                                    |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER<br>THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                           |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> No License                                                                                                                                                                  | Driver's Lic. No.   |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         | Exp. Date                                      | State                                                              |
|                                                                                                                                                                                                                 |                     |                                              |                                         | NA                                             | <input type="checkbox"/> Commercial License                        |
| THE UNDERSIGNED CERTIFIES THAT                                                                                                                                                                                  |                     |                                              |                                         |                                                |                                                                    |
| Name First                                                                                                                                                                                                      |                     | Initial                                      | Last (Please Print)                     |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| Address                                                                                                                                                                                                         |                     |                                              | Address 2                               |                                                |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| City                                                                                                                                                                                                            | State               | Zip Code                                     | Telephone                               | <input type="checkbox"/> Check If Cell Phone   |                                                                    |
|                                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| Birth Date                                                                                                                                                                                                      | Eyes                | Sex                                          | Height                                  | Restrictions                                   |                                                                    |
|                                                                                                                                                                                                                 | 2                   | M                                            | 6 Feet                                  | I 0                                            |                                                                    |
| Email                                                                                                                                                                                                           | Hispanic or Latinx? |                                              | Race                                    |                                                |                                                                    |
|                                                                                                                                                                                                                 | N                   |                                              | B                                       |                                                |                                                                    |
| DID UNLAWFULLY (PARK) (OPERATE) A                                                                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| Make of Vehicle                                                                                                                                                                                                 | Year                | Body Type                                    | Color                                   | <input type="checkbox"/> Commercial Vehicle    |                                                                    |
| JEEP                                                                                                                                                                                                            | 2008                | 19                                           |                                         | <input type="checkbox"/> Hazardous Material    |                                                                    |
| Lic. Plate No.                                                                                                                                                                                                  | State               | Exp. Date                                    | <input type="checkbox"/> Out of Service |                                                |                                                                    |
| 4931855                                                                                                                                                                                                         | PA                  | 8/2025                                       | <input type="checkbox"/> Omnibus        |                                                |                                                                    |
| VIN                                                                                                                                                                                                             |                     |                                              |                                         |                                                |                                                                    |
| 1J8GN28K28W200283                                                                                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| Offense Date                                                                                                                                                                                                    | Month               | Day                                          | Year                                    | Time: 07:35                                    | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM |
| 08                                                                                                                                                                                                              | 03                  | 2024                                         |                                         |                                                |                                                                    |
| LOCATION OF OFFENSE                                                                                                                                                                                             | Describe Location   |                                              |                                         |                                                |                                                                    |
|                                                                                                                                                                                                                 | LUCKY SPIRITS       |                                              |                                         |                                                |                                                                    |
| Municipality                                                                                                                                                                                                    | County              | Mun. Code (Offense)                          | 1529                                    |                                                |                                                                    |
| SOUTH TOMS RIVER BORO                                                                                                                                                                                           | OCEAN               |                                              |                                         |                                                |                                                                    |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE<br>(ONE CHARGE PER COMPLAINT)                                                                                                                               |                     |                                              |                                         |                                                |                                                                    |
| TRAFFIC OFFENSES - (Check One) - TITLE 39                                                                                                                                                                       |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing                                                                                                                |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn                                                       |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect                                                                                                              |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs                                                                                                  |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                         |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone                                                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| IN EXCESS OF SPEED LIMIT BY:                                                                                                                                                                                    |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                               |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____                                                  |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test                                                                         |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBTD                                                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| PENALTY SCHEDULE ON REVERSE                                                                                                                                                                                     |                     |                                              |                                         |                                                |                                                                    |
| PARKING OFFENSE                                                                                                                                                                                                 |                     |                                              |                                         |                                                |                                                                    |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                            |                     |                                              |                                         |                                                |                                                                    |
| OTHER TRAFFIC/PARKING OFFENSE (Describe)                                                                                                                                                                        |                     |                                              |                                         |                                                |                                                                    |
| FAIL POSS DRIV LIC                                                                                                                                                                                              |                     |                                              |                                         |                                                |                                                                    |
| Statute No.                                                                                                                                                                                                     |                     |                                              | Ordinance/Code No.                      |                                                |                                                                    |
| 39:3-29A                                                                                                                                                                                                        |                     |                                              |                                         |                                                |                                                                    |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE             |                     |                                              | Month                                   | Day                                            | Year                                                               |
|                                                                                                                                                                                                                 |                     |                                              | 8                                       | 3                                              | 2024                                                               |
| Signature of Complaining Witness                                                                                                                                                                                |                     |                                              | Officer's ID No.                        |                                                |                                                                    |
| PTL D PALINO #316                                                                                                                                                                                               |                     |                                              | 0316                                    |                                                |                                                                    |
| NOTICE TO APPEAR                                                                                                                                                                                                |                     |                                              |                                         |                                                |                                                                    |
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                   | COURT DATE          | Month                                        | Day                                     | Year                                           | Time: 03:30 PM                                                     |
|                                                                                                                                                                                                                 |                     | 08                                           | 28                                      | 2024                                           |                                                                    |
| CONDITIONS                                                                                                                                                                                                      | AREA                | <input checked="" type="checkbox"/> Business | <input type="checkbox"/> School         | <input type="checkbox"/> Residential           | <input type="checkbox"/> Rural                                     |
|                                                                                                                                                                                                                 | ROAD                | <input checked="" type="checkbox"/> Dry      | <input type="checkbox"/> Wet            | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Ice                                       |
|                                                                                                                                                                                                                 | TRAFFIC             | <input checked="" type="checkbox"/> Light    | <input type="checkbox"/> Medium         | <input type="checkbox"/> Heavy                 |                                                                    |
|                                                                                                                                                                                                                 | VISIBILITY          | <input checked="" type="checkbox"/> Clear    | <input type="checkbox"/> Rain           | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Fog                                       |
| Equipment Type                                                                                                                                                                                                  | Operator's Name     |                                              | Operator ID No.                         |                                                | Unit Code                                                          |
| Notes                                                                                                                                                                                                           |                     |                                              |                                         |                                                |                                                                    |