

FW: OPRA request - Accident on 8/11/2022



From Kelly Dwyer <kdwyershp@seaside-heightsnj.org>
To Kelly Dwyer <kdwyer@seasideheightspd.com>
Date 2022-08-15 09:55

KELLY DWYER
SEASIDE HEIGHTS POLICE
116 SHERMAN AVE
SEASIDE HEIGHTS, N.J. 08751
732-793-1800 X 217
732-833-5052 FAX

On 8/15/22, 9:10 AM, "Diane Stabley" <municipalclerk@seaside-heightsnj.org> wrote:

-----Original Message-----

From: Jamie Boito <opra+request-34699-094a0c34@requests.opramachine.com>
Sent: Sunday, August 14, 2022 9:37 AM
To: Diane Stabley <municipalclerk@seaside-heightsnj.org>
Subject: OPRA request - Accident on 8/11/2022

Dear Seaside Heights Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: All documents relating to the hit & run accident involving Janelle M. Duffy on 8/11/2022 to include police report, pending charges, and individuals involved.

Yours faithfully,
Jamie Boito

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-34699-094a0c34@requests.opramachine.com

Is municipalclerk@seaside-heightsnj.org the wrong address for OPRA requests to Seaside Heights Borough? If so, please contact us using this form:

https://opramachine.com/change_request/new?body=seaside_heights_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
<https://opramachine.com/help/officers>

View this OPRA request & responses online:
https://opramachine.com/request/accident_on_8112022

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.



Seaside Heights Police Dept

External Officer Report for Incident 22SH07408

Nature: MVA- INJURIES
Location:

Address: GRANT AVE & BAY BLVD
SEASIDE HEIGHTS NJ 08751

Offense Codes: TAPI, TOFF, TOFF, TOFF, TOFF,

Received By: Engrassia, B

How Received: 9

Agency: P26

Responding Officers: Waters, B, Giancone, J, Heckler, S, Pasieka, E, Grabowski, S, Leahy, A

Responsible Officer: Waters, B

Disposition: CLO 08/11/22

When Reported: 08:58:57 08/11/22

Occurred Between: 08:58:44 08/11/22 and 08:58:51 08/11/22

Assigned To:

Detail:

Date Assigned: **/**/**

Status:

Status Date: **/**/**

Due Date: **/**/**

Complainant: 256720

Last: PTL WATERS

First:

Mid:

DOB: **/**/**

Dr Lic:

Address: 116 SHERMAN AVE; SEASIDE
HEIGHTS PD

Race:

Sex:

Phone: (732)793-1800

City: SEASIDE HEIGHTS, NJ 08751

Offense Codes

Reported: TAPI Traffic Accident, Pers Injury

Observed: No entry

Additional Offense: TAPI Traffic Accident, Pers Injury

Additional Offense: TOFF Traffic Offense

Additional Offense: TOFF Traffic Offense

Additional Offense: TOFF Traffic Offense

Additional Offense: TOFF Traffic Offense

Additional Offense: No entry

Circumstances

8A-8P Days 8am to 8pm

MVA MVA

MVHR MVA Hit and Run

FA First Aid Call

MEDI Medical Attention

BCAM Body Camera

NJTR1 Police Crash Inv Report

Responding Officers:

Waters, B

Unit :

261529

08/15/22

Giancone, J	269059
Heckler, S	261435
Pasioka, E	263427
Grabowski, S	261032
Leahy, A	263453

Responsible Officer: Waters, B

Received By: Engrassia, B

How Received: 9 911 Line

When Reported: 08:58:57 08/11/22

Judicial Status:

Misc Entry:

Agency: P26

Last Radio Log: 10:18:54 08/11/22 CMPLT

Clearance: C Complaint/Citation Issued

Disposition: CLO Date: 08/11/22

Occurred between: 08:58:44 08/11/22

and: 08:58:51 08/11/22

Modus Operandi:

Description :

Method :

Involvements

Date	Type	Description	Relationship
08/11/22	Name	RUMBOLO, WILLIAM S	Witness
08/11/22	Name	FARRUGGIO-CASTROT, JENNIFER S	Owner
08/11/22	Name	DUFFY, JANELLE M	Driver
08/11/22	Name	CHAMBERS, DORIS M	Owner
08/11/22	Name	DUFFY, JOANNE M	Owner
08/11/22	Name	PAUL, JAMES A	Witness
08/11/22	Name	PTL WATERS,	Complainant
08/11/22	Accident	10104	Related Incident
08/11/22	Vehicle	BLU 2003 CHRY CRU NJ	Vehicle
08/11/22	Vehicle	BLU 2008 HYD ELA NJ	Vehicle
08/11/22	Vehicle	GRY 2007 NISS XTE NJ	Vehicle
08/11/22	Cad Call	08:58:57 08/11/22 MVA- INJURIES	Initiating Call

Narrative

MVA hit and run 3 involved vehicles see NJTR-1.

5 States issued to the driver who was stopped after leaving the scene.

Responsible LEO:

Approved by:

Date .

Supplement

CAD Call info/comments

09:00:05 08/11/22 - Engrassia, B
other veh left cp is calling from inside unk veh desc unk inj

09:04:30 08/11/22 - Manforti, Gi
blue pathfinder front end damage south on central

09:04:44 08/11/22 - Manforti, Gi
req ambulance for fem on scene

09:05:08 08/11/22 - Manforti, Gi
Nature change from MVA- HIT & RUN to MVA- INJURIES

09:08:54 08/11/22 - Manforti, Gi
billy behind veh at inbound cir

09:09:29 08/11/22 - Manforti, Gi
pulled over at summer / barnegat

09:18:30 08/11/22 - Manforti, Gi
suspended 2-8-22 UNINSURED MOTORIST

09:18:44 08/11/22 - Manforti, Gi
4-20-22 restoration fee paid

09:18:56 08/11/22 - Manforti, Gi
\$500 ats ssht

09:20:29 08/11/22 - Manforti, Gi
req tow at summer / barnegat

09:25:12 08/11/22 - Manforti, Gi
spsc notified

09:58:03 08/11/22 - Manforti, Gi
actor veh issued 6 summons - veh was towed and female signed ror for her ats
warrant

10:15:52 08/11/22 - Manforti, Gi
v62css still on scene did not need tow

10:18:04 08/11/22 - Manforti, Gi
spsc towed ykx63y from 318 grant to spsc

Supplement

08:58:57 08/11/2022

On the above date and time, I, Ptl. Waters, was dispatched to 328 Grant Ave for a report of a MVA hit and run with injuries. Upon arrival only two of the three involved vehicles were present. Of the two left on scene only one was occupied at the time of the accident. I identified Doris Chambers to be the one in the drivers seat of vehicle 2 that was hit (reg#YKX63Y). Vehicle 1 which hit her was not present (reg#A35JXF), but James Paul provided me with a description. Ptl. Giancone was able to stop that vehicle and the driver was identified as Janelle Duffy (see his supplement).

I spoke to Doris Chambers and she told me she had just parked and was about to get out of her car to clock in at public works when she was rear-ended. Tri-Boro arrived on scene and transported Doris Chambers to CMC for minor scrapes and a complaint of head pain. The owner of vehicle 3 (reg#V62CSS) was present and I identified her as Jennifer Farruggio-Castrot. Her car was parked in front of her house when vehicle 1 struck vehicle 2 propelling it into her car. I got all necessary information and documents from both owners of vehicle 2 and 3 before they left the scene.

William Rumbolo, public works employee, showed me footage of the accident, captured by the cameras located at public works. In the footage you clearly see the vehicle, Janelle Duffy was driving, hit into Ms. Chambers, propelling her into vehicle 3, then you see Ms. Duffy's vehicle drive away from the accident. After viewing the footage I left Grant Ave, leaving Ptl. Grabowski on scene waiting for the tow truck to take vehicle 2, I went to Sumner Ave where Ms. Duffy was stopped. Her vehicle was in the process of getting towed when I arrived and Ms. Duffy was issued 5 states and a new court date for her pending warrant out of Seaside Heights. Nothing further to report.

39:4-96 Ticket #165631
39:3-40 Ticket #164798
39:4-130 Ticket #164799
39:4-97 Ticket #164800
39:4-129A Ticket #165632

Supplement

09:18:30 08/11/22

On the above date and time, I, Ptl Giancone, was on my way to assist Ptl Waters with a Mult-Car MVA hit and run near 328 Grant Ave. At this time County dispatch notified all units that the vehicle that had fled the scene of the accident (REG#A35JXF) was traveling East on Sumner Ave followed by a Public works employee (William Rumbolo) who was a witness to the MVA. Once arriving to the area of Sumner Ave and Barnegat Ave the vehicle that had left the scene of the MVA that occurred on Grant Ave had stropped at that intersection.

Upon the exit of my patrol car, I then made contact with the driver of the vehicle who identified herself as Janelle Duffy. I then asked Ms. Duffy for her drivers license, vehicle registration and proof of insurance. Once I obtained all of her documentation I then asked her to take a seat on a near by curb. At this time Ptl Heckler arrived on scene wearing his BWC. Upon Ptl Heckler's arrival I then asked Ms. Duffy if she would like to participate in a series of standardized field sobriety tests. Ms. Duffy answered with "Yes".

9 Step walk and turn

At this time, I asked Ms. Duffy if she had any type of medical conditions or had any surgeries performed in the past that would impede her from performing standardized field sobriety tests. She answered with "No". I then started to explain the 9 step walk and turn test by explaining the starting position. I told Ms. Duffy to stand at the end of a painted parking spot line with her hands at her side and with one foot in front of the other standing heel to toe. I then informed Ms. Duffy not to begin the test until I was finished explaining the directions. At this time I instructed Ms. Duffy to take 9 heel to toe steps, turn around using short choppy steps and then return to the starting position while counting out loud. After asking her if she understood the directions that were given she answered with "Yes". I then asked her to begin the test. Ms. Duffy did not show any signs of impairment throughout the duration of this test.

1 Leg stand

At this time, I started to explain the 1 Leg stand test to Ms. Duffy. I informed her to stand with her arms down at her side and feet touching heel to heel. I then told her to raise 1 foot of her choosing approximately 6 inches off the ground and the start counting out loud by 1000s until I tell her to stop. When asked if she understood the directions given she answered with "Yes". I then instructed Ms. Duffy to begin. Ms. Duffy did not show signs of impairment throughout the duration of this test. Nothing further to report.

Please see Ptl Waters supplement report and NJTR-1 for more information pertaining to the MVA.

End of report

Vehicles**Vehicle Number:** 15982**License Plate:** V62CSS**State:** NJ**Vehicle Year:** 2003**Make:** CHRY Chrysler**Color:** BLU /**Vehicle Type:** PCAR Passenger Car**License Type:** PC Regular Passenger Automobile**Expires:** 12/31/22**VIN:** 3C4FY48B93T650730**Model:** CRU**Doors:** 0**Value:** \$0.00**Owner:****Last:** FARRUGGIO-**First:** JENNIFER**Mid:** S**CASTROT****DOB:** 02/28/76**Dr Lic:** **Address:** 252 GRANT AVENUE APT F**Race:** W**Sex:** F**Phone:** ()-**City:** SEASIDE HGTS, NJ 08751-2017**Agency:** P26 Seaside Heights Police Dept**Date Recov/Rcvd:** **/**/****Officer:** Grabowski, S**Area:****UCR Status:****Wrecker Service:****Local Status:****Storage Location:****Status Date:** **/**/****Release Date:** **/**/****Comments:****Vehicle Number:** 35508**License Plate:** YKX63Y**State:** NJ**Vehicle Year:** 2008**Make:** HYD Hyundai**Color:** BLU /**Vehicle Type:** PCAR Passenger Car**License Type:****Expires:** 12/31/22**VIN:** KMHDU46D88U56505**4****Model:** ELA**Doors:** 0**Value:** \$0.00**Owner:****Last:** CHAMBERS**First:** DORIS**Mid:** M**DOB:** 04/13/43**Dr Lic:** **Address:** 320 Franklin Ave**Race:** W**Sex:** F**Phone:** ()-**City:** SEASIDE HTGS, NJ 08751-0559**Agency:** P26 Seaside Heights Police Dept**Date Recov/Rcvd:** **/**/****Officer:** Grabowski, S**Area:****UCR Status:****Wrecker Service:****Local Status:****Storage Location:****Status Date:** 04/13/19**Release Date:** **/**/****Comments:**

Vehicle Number: 65307

License Plate: A35JXF

State: NJ

Vehicle Year: 2007

Make: NISS Nissan

Color: GRY /

Vehicle Type: PVAN Passenger Van

License Type: PC Regular Passenger Automobile

Expires: 03/31/23

VIN: 5N1AN08W57C500917

Model: XTE

Doors: 4

Value: \$0.00

Owner:

Last: DUFFY

DOB: 05/25/62

First: JOANNE

Dr Lic:

Mid: M

Address: 163 KETTLE CREEK RD

Race:

Sex: F

Phone: () -

City: Toms River, NJ 08753-1855

Agency: P26 Seaside Heights Police Dept

Officer: Giancone, J

UCR Status:

Date Recov/Rcvd: 08/17/20

Area:

Wrecker Service: LOCT Local Jurisdiction Tow
Company

Storage Location: SP SERVICE CENT

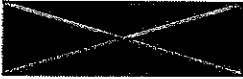
Release Date: **/**/**

Local Status: IMP IMPOUNDED

Status Date: 08/17/20

Comments:

Name Involvements:

Driver : 44776	First: JANELLE	Mid: M
Last: DUFFY	Dr Lic: 	Address: 163 KETTLE CREEK RD
DOB: 06/19/84	Phone:	City: Toms River, NJ 08753
Race: W Sex: F	First: DORIS	Mid: M
Owner : 80203	Dr Lic: 	Address: 320 Franklin Ave
Last: CHAMBERS	Phone: () -	City: SEASIDE HTGS, NJ 08751-0559
DOB: 04/13/43	First: JAMES	Mid: A
Race: W Sex: F	Dr Lic: 	Address: 606 PARKSIDE AVE
Witness : 215015	Phone: () -	City: Toms River, NJ 08753-7232
Last: PAUL	First: JENNIFER	Mid: S
DOB: 08/09/75	Dr Lic: 	Address: 252 GRANT AVENUE APT F
Race: W Sex: M	Phone: () -	City: SEASIDE HGTS, NJ 08751-2017
Owner : 42681	First: JOANNE	Mid: M
Last: FARRUGGIO-CASTROT	Dr Lic: 	Address: 163 KETTLE CREEK RD
DOB: 02/28/76	Phone: () -	City: Toms River, NJ 08753-1855
Race: W Sex: F	First:	Mid:
Owner : 145098	Dr Lic:	Address: 116 SHERMAN AVE; SEASIDE HEIGHTS PD
Last: DUFFY	Phone: (732)793-1800	City: SEASIDE HEIGHTS, NJ 08751
DOB: 05/25/62	First: WILLIAM	Mid: S
Race: Sex: F	Dr Lic: 	Address: 248 COOLIDGE AVENUE
Complainant : 256720	Phone:	City: ORTLEY BEACH, NJ 08751-1605
Last: PTL WATERS		
DOB: **/**/**		
Race: Sex:		
Witness : 37960		
Last: RUMBOLO		
DOB: 10/13/70		
Race: W Sex: M		

Document Originator:
☐ JAIL
☐ SUPERIOR COURT
☒ MUNICIPAL COURT
☐ LAW ENFORCEMENT AGENCY
Seaside Hts

NEW JERSEY BAIL RECOGNIZANCE

With Waiver of Extradition

Court: Seaside Heights Municipal Phone: (732) 830-2201
Address: 116 Sherman Avenue Seaside Heights, NJ 08751 Fax: (732) 830-6451

Bail Recognizance #: _____
Receipt Number: _____
CABS Number: _____

Case Information:

COMPLAINT (CDR) #: 51101 971 PROMIS/GAVEL #: _____ INDICTMENT/ACC. #: _____

CHARGE(S):

4-50

WHERE OFFENSE OCCURRED
MUNICIPALITY: Seaside Heights COUNTY: Ocean

Defendant Information:

**State of New Jersey
vs.**

Janelle Duffy
Defendant

FIRST NAME Janelle MIDDLE INITIAL M LAST NAME Duffy
ADDRESS: 163 Mett Ht Court RD APT. #: _____
CITY: Rom 2urr STATE NJ ZIP: 08793
DATE OF BIRTH: 6-19-84
STATE BUREAU OF IDENTIFICATION #: _____

Bail Information:

AMOUNT OF BAIL SET: \$ _____ BAIL TYPE: ☒ ROR ☐ 10% CASH ☐ FULL CASH DATE BAIL SET: _____ BAIL SET BY: Judge James Liguori
AMOUNT OF BAIL RECEIVED: \$ _____ FILING FEE RECEIVED: \$ _____ TOTAL AMOUNT RECEIVED: \$ _____ BAIL RECEIVED BY: GRACIA
PAYMENT TYPE: ☐ CASH ☐ CHECK # _____ ☐ CREDIT CARD ☐ MONEY ORDER # _____ ☐ BOND

SPECIAL CONDITIONS OF BAIL

APPEAR ON COURT DATE BELOW # other phone

IF MORE THAN ONE SURETY/INSURER IS INVOLVED, COMPLETE A SEPARATE BAIL RECOGNIZANCE FOR EACH.

Non-Corporate Surety Information:

Corporate Surety/Bail Agent Information:

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____
ADDRESS: _____ APT # _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ DRIVER'S LIC. # OR OTHER FORM OF I.D.: _____

NAME OF INSURER (Corporate Surety Company) and NAIC number. Attach proof of authority with corporate seal affixed:
BAIL AGENT AND LICENSE #: _____
BAIL AGENCY AND LICENSE #: _____
POWER OF ATTORNEY #: _____ EXPIRATION DATE: _____

AS SURETY, I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS (SEE REVERSE) AND SPECIAL CONDITIONS OF THIS BAIL RECOGNIZANCE.

AS BAIL AGENT I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS (SEE REVERSE) AND SPECIAL CONDITIONS OF THIS BAIL RECOGNIZANCE.

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

Certification of Ownership for Cash Bail Deposited by Someone Other Than Defendant

I, _____, am the lawful owner of the \$ _____ deposited in lieu of bond on behalf of the defendant in the above entitled case. 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.

Date: _____

Signature of Lawful Owner of Cash Bail

Defendant Agreement:

I, the defendant, understand and agree that the owner of the bail posted in this case is R.O.R. I also have read, understand, and agree to the Conditions (see reverse) AND Special Conditions of this Bail Recognizance. I further understand that I must appear at all scheduled court appearances.

Court Date: 8/23/22
Court Time: 9:00 AM PM

Signature: [Signature] Date: 8/11/22

Date Bail Discharged: _____ Date Bail Forfeited: _____



Please Notify Court Of Disability Accommodation Needs



DISTRIBUTION: White - Court/Finance; Green - Criminal Division; Canary - Jail; Pink - Surety; Goldenrod - Defendant

Revised 11/04

COURT I.D. PRETEXT TICKET NUMBER
1526 SH 165631
SEASIDE HEIGHTS
MUNICIPAL COURT
116 Sherman Avenue
Seaside Heights, NJ 08751

COMPLAINT-SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO

ANSWER THIS COMPLAINT AND TO PLEAD TO THE CHARGES.

THE UNDERSIGNED CERTIFIES THAT

NAME: JAMES M. DUFFY (Please Print)
INITIAL: JMD
ADDRESS: 163 Kettle Creek Rd
CITY: Seaside Heights, NJ 08751
TELEPHONE: () -
E-MAIL ADDRESS: () -
RESIDENCE: () -

THE UNDERSIGNED CERTIFIES THAT

NAME: JAMES M. DUFFY (Please Print)
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CITY: Seaside Heights, NJ 08751
TELEPHONE: () -
E-MAIL ADDRESS: () -
RESIDENCE: () -

COURT ID. PREFIX TICKET NUMBER
1526 SH 164798
SEASIDE HEIGHTS
MUNICIPAL COURT
116 Sherman Avenue
Seaside Heights, NJ 08751

COMPLAINT-SUMMONS
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO
ANSWER THIS COMPLAINT CHARGING YOU WITH THE FOLLOWING OFFENSE(S):

Driver's License No. [REDACTED]

THE UNDERSIGNED CERTIFIES THAT
EXP. DATE 6-25 STATE NJ Commercial License

Name First Initial Last (Please Print)

Address 163 JAVELLE M OFFY

City State Zip Code Telephone - Check / cell phone

City State Zip Code Telephone - Check / cell phone

Birth Date 1-19-84 Sex M Height 504 Weight 135 Race W

Make of Vehicle YEAR 04 Body Type SEDAN Color BLU

Logistics Plate No. NJ State Exp. Date 3-23

License Plate No. NJ State Exp. Date 3-23

Offense Date 8 Day 1A Year 22

LOCATION OF OFFENSE 7408 Ocean Ave / 300 B1A

Municipality SEASIDE HEIGHTS County OCEAN Min. Code 1 5 2 6

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

TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:
☐ 3-4 Unregistered Vehicle
☐ 3-74 Obstruction of windshield
☐ 3-76.21 Failure to wear seatbelt
☐ 3-28 Failure to exhibit documents
☐ 4-81 Failure to observe signal
☐ 3-33 Unclear plates
☐ 4-97 Careless driving
☐ 3-40 Driving after DL/Reg Suspended
☐ 4-97.3 Use of hand-held device
☐ 4-144 Failure to stop or yield
☐ 3-86 Maintenance of lamps
☐ 8-1 Failure to inspect
☐ 4-98 Speeding MPH in a MPH zone

IN EXCESS OF SPEED LIMIT BY:
1-9MPH 10-14MPH 15-19MPH 20-24MPH 25-29MPH 30-34MPH
65 MPH Zone Safe Corridor Construction Zone

PARKING OFFENSE
☐ Overline Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Statute No. 3-40 Ordinance/Code No.

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL PLEAD THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.

Signature of Complaining Witness

Officer's ID No. 8 Day 11 Year 22

NOTICE TO APPEAR

COURT APPEARANCE COURT DATE 8 Month 23 Day 22 Year 22 PM

Accident At Property Damage Alcohol Drugs Bodily Injury Death/Injury

AREA Business School Residential Rural

Time

COURT LT. PRETEXT TICKET NUMBER
1526 SH 164799
SEASIDE HEIGHTS
MUNICIPAL COURT
116 Sherman Avenue
Seaside Heights, NJ 08761

COMPLAINT-SUMMONS
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO
ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED
Below.
Date of
Offense
Loc. No.

THE UNDERSIGNED CERTIFIES THAT
Name First Initial Last
Address
City State Zip Code
Telephone - Check if no phone
Email Address
Restrictions

Birth Date Sex Height Weight Ethnicity Race
Make of Vehicle Year Body Type
Model Year
License Plate No. State Exp. Date
Offense Month Day Year
Date Month Day Year
Time
LOCATION OF OFFENSE Municipality County Ocean Min. Code
SEASIDE HEIGHTS OCEAN 1 5 2 6
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE
(ONE CHARGE PER COMPLAINT)

TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:
3-4 Unregistered vehicle
3-7.2 Obstruction of windshield
3-7.2.1 Failure to wear seatbelt
3-29 Failure to exhibit documents
D.L. or REG or INS
3-33 Unleash plates
4-97.3 Careless driving
3-40 Driving after DL/Reg Suspended
4-144 Failure to stop or yield
3-66 Maintenance of lamps
8-1 Failure to inspect
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
85 MPH Zone Safe Corridor Construction Zone
PARKING OFFENSE
Overline Meter No. Prohibited Area Double
OTHER TRAFFIC/PARKING OFFENSE (Describe)
Statute No. Ordinance/Code No.

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST
AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED
THE ABOVE OFFENSE AND WILL ANSWER THIS COMPLAINT IN THIS
COURT CHARGING YOU WITH THE OFFENSE.
Signature of Complaining Witness
Officer's ID. No. 1529
Month Day Year
8 11 22
NOTICE TO APPEAR
COUNT APPEARANCE COURT DATE Month Day Year Time AM PM
REQUIRED 8 22 9:00 PM
Accident Property Damage Alcohol Drug Bodily Injury Death/Serious Bodily Injury
AREA Business School Residential Rural
ROAD Dry Wet Snow Ice

COUNTY: SEASIDE HEIGHTS
PREFIX: SH
TICKET NUMBER: 164799
1526
COMPLAINT-SUMMONS
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED.
Seaside Heights, NJ 08751
MUNICIPAL COURT
116 Sherman Avenue

THE UNDERSIGNED CERTIFIES THAT
Name: Janelle M. Coffey
Address: 103 1/2th Street
City: Seaside Heights, NJ 08753
State: NJ
Zip Code: 08753
Telephone: (Please Print)
Email Address: [REDACTED]
Restrictions: [REDACTED]

DATE: 8-25-20
STATE: NJ
COUNTY: SEASIDE HEIGHTS
OFFENSE: [REDACTED]

DATE OF BIRTH: 6-19-84
SEX: F
HEIGHT: 5'04"
WEIGHT: 120
HAIR: BRN
EYES: BRN
RACE: W

Make of Vehicle: [REDACTED]
Year: 2004
Model: [REDACTED]
Color: [REDACTED]
VIN: [REDACTED]

License Plate: NJ 3-23
State: NJ
Exp. Date: 3-23
Type: [REDACTED]

Offense: [REDACTED]
Date: [REDACTED]
Time: 8:53 PM

Location of Offense: SEASIDE HEIGHTS
County: OCEAN
Municipality: [REDACTED]
Mileage: 1.526

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

TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:
☐ 3-4 Unregistered vehicle
☐ 3-74 Obstruction of windshield
☐ 3-29 Failure to exhibit documents
☐ 3-76.2 Failure to wear seatbelt
☐ D.L. or REG or INS
☐ 4-81 Failure to observe signal
☐ 3-33 Unlabeled plates
☐ 4-97 Careless driving
☐ 3-40 Driving after DL/Reg Suspended
☐ 4-47.3 Use of hand-held device
☐ 4-144 Failure to stop or yield
☐ 3-68 Maintenance of lamps
☐ 8-1 Failure to inspect
☐ 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
☐ 35 MPH Zone
☐ Safe Corridor
☐ Construction Zone

PARKING OFFENSE
☐ Overtime Meter No.
☐ Prohibited Area
☐ Double
OTHER TRAFFIC/PARKING OFFENSE (Describe):
Ordinance/Code No.:

State No. 4-130
Ordinance/Code No.:

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND YOU ARE THE PERSON NAMED IN THIS COMPLAINT CHARGING YOU WITH THAT OFFENSE.

Signature of Complaining Witness: [REDACTED]
ID. No. 1529

COURT APPEARANCE
☐ REQUIRED
DATE: 8-23-20
TIME: 9:00 AM

AREA: [REDACTED]
ROAD: [REDACTED]
☐ Business
☐ School
☐ Residential
☐ Rural
☐ Dry
☐ Wet
☐ Snow
☐ Ice

COURT ID. PREFIX TICKET NUMBER
1526 SH 164800

SEASIDE HEIGHTS MUNICIPAL COURT
116 Sherman Avenue
Seaside Heights, NJ 08751

COMPLAINT-SUMMONS

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

Driver's License No. [REDACTED]

THE UNDERIGNED CERTIFIES THAT

Name First Initial Last (Please Print)

Address

City State Zip

Telephone: () () () () () ()

Birth Date Sex Height Weight Eyes Hair Color

Make of Vehicle Year Body Type Color

Model Year Body Type Color

License Plate No. State Exp. Date

Offense Date Month Day Year

LOCATION OF OFFENSE Municipality County Min. Code (Offense) 1 5 2 6

SEASIDE HEIGHTS OCEAN

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

TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:

☐ 3-4 Unregistered vehicle ☐ 3-7-4 Obstruction of windshield

☐ 8B-2 No liability insurance coverage ☐ 3-7B-2 Failure to wear seatbelt

☐ 3-29 Failure to exhibit documents ☐ 4-8-1 Failure to observe signal

☐ D.L. or ☐ REG or ☐ INS ☐ 4-07 Careless driving

☐ 3-33 Unleashed plates ☐ 4-97.3 Use of hand-held device

☐ 3-40 Driving after DL/Reg Suspended ☐ 4-144 Failure to stop or yield

☐ 3-66 Maintenance of lamps ☐ 8-1 Failure to inspect

☐ 4-66 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

☐ 35 MPH Zone ☐ Safe Corridor ☐ Construction Zone

PARKING OFFENSE

☐ Overlime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSES (Describe)

Statute No. 4-977 Ordinance/Code No.

THE UNDERIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL PLEAD AS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.

Signature of Complaining Witness Officer's ID. No. 9529

Signature of Complaining Witness Officer's ID. No. 9529

NOTICE TO APPEAR

☐ COURT APPEARANCE ☐ COURT DATE 8 MONTH 23 DAY 22 YEAR 2008

☐ REQUIRED ☐ Accident ☐ Property Damage ☐ Alcohol ☐ Drugs ☐ Bodily Injury ☐ Death/serious bodily injury

☐ AREA ☐ Business ☐ School ☐ Residential ☐ Rural

☐ ROAD ☐ Div ☐ Wet ☐ Snow ☐ Ice

COURT ID. PREFIX TICKET NUMBER
1526 SH-165632 SEASIDE HEIGHTS
COMPLAINT-3-SUMMONS MUNICIPAL COURT
116 Sherman Avenue
Seaside Heights, NJ 08761

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO
ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED.
Driver's License No. [REDACTED] State of New Jersey

THE UNDERSIGNED CERTIFIES THAT
Name First Initial Last (Please Print)
JANELL M OVERBY
Address 103 LITTLE CREEK DR
City Farmingdale State NY Zip Code 11735 Telephone [REDACTED] Date of Birth 6-19-84 Sex F Ethnicity W Race W

Did Unlawfully Park (Operator's A)
Vehicle of Vehicle Year Body Type Color
1985 Ford 2500
Logos Plate No. NY State Exp. Date 6-25-85
Offense Date Month Day Year Time 8:58 AM
Location of Offense SEASIDE HEIGHTS County OCEAN Min. Code (Offense) 1526
Municipality SEASIDE HEIGHTS AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)

- TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:
- ☐ 3-4 Unregistered vehicle
 - ☐ 3-7-6 Obstruction of windshield
 - ☐ 6B-2 No liability insurance coverage
 - ☐ 3-7-6.2 Failure to wear seatbelt
 - ☐ 3-29 Failure to exhibit documents
 - ☐ 4-81 Failure to observe signal
 - ☐ D.L. or REG or INS
 - ☐ 4-97 Careless driving
 - ☐ 3-33 Unclear plates
 - ☐ 4-97.3 Use of hand-held device
 - ☐ 3-40 Driving after D/L Reg Suspended
 - ☐ 4-144 Failure to stop or yield
 - ☐ 3-86 Maintenance of lamps
 - ☐ 8-1 Failure to inspect
 - ☐ 4-98 Speeding MPH in a MPH zone

IN EXCESS OF SPEED LIMIT BY:
☐ 1-9MPH ☐ 10-14MPH ☐ 15-19MPH ☐ 20-24MPH ☐ 25-29MPH ☐ 30-34MPH
☐ 65 MPH Zone ☐ Safe Corridor ☐ Construction Zone

PARKING OFFENSE
☐ Overtime Meter No. ☐ Prohibited Area ☐ Double
OTHER TRAFFIC/PARKING OFFENSE (Describe)

Statute No. 4-1294 Ordinance Code No.

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.

Signature of Complaining Witness
Officer's ID. No. 1529

NOTICE TO APPEAR
COURT DATE Month Day Year Time 9:00 AM
REQUIRED 3 25 22

Accident ☐ Property Damage ☐ Alcohol ☐ Drugs ☐ Bodily Injury ☐ Dangerous Bodily Injury
AREA ☐ Business ☐ School ☐ Residential ☐ Rural
ROAD ☐ Dry ☐ Wet ☐ Snow ☐ Ice

96	PAGE	1	OF	3	Fatal	New Jersey Police Crash Investigation Report	Reportable	Non-Reportable	Change Report	
05	1 Case Number	22SH07408	10 Crash Occurred On	GRANT AVENUE	W	11 Speed Limit	25			118a
01	2 Police Dept of	SEASIDE HEIGHTS	Code	01	At Intersection With	Road Name	Dir	12 Route No.	Suffix	13 Milepost
01	3 Station/Precinct				Feet	N	E	of	BAY BLVD	18 Speed Limit
05	4 Date of Crash	08/11/22	5 Day Of Week	THURSDAY	6 Time (use 2400 hrs)	0858	7 Municipality Code	1526	8 Total Killed	1
01	9 Total Injured				19 Ramp	16	17 Cross Road Name		NB	EB
100a	20 Route/Name				21 Latitude		22 Longitude		SB	WB
100b	23 Veh #	1	24 Policy No.	4497844714	25 NJ Ins. Code	148	53 Veh #	2	54 Policy No.	PAA00002220291
101	55 NJ Ins. Code	963	26 Driver's First Name	JANELLE	Initial	M	Last Name	DUFFY	29 Sex	F
02	27 Number & Street	163 KETTLE CREEK RD	56 Driver's First Name		Initial		Last Name		59 Sex	
02	28 City	TOMS RIVER	57 Number & Street							
103	29 State	NJ	58 City				State	Zip		
104	30 Eyes	06	31 State	NJ	32 Driver's License Number	D91283847456846	33 DOB	06/19/1984	34 Expires	06/25
06	35 Owner's First Name	JOANNE	36 Number & Street	163 KETTLE CREEK RD	37 City	TOMS RIVER	38 Make	NISS	39 Model	XTE
105	39 Color	GY	40 Year	2007	41 Plate No.	A35JXF	42 State	NJ	43 Make	HYD
01	44 VIN	5N1AN08W57C500917	45 Expires	03/23	46 Vehicle Removed To	SEASIDE PARK SERVICE CENTER	47 Authority	Police	48 Alcohol/Drug Test	Given: No
01	49 Hazardous Material		50 Carrier No.		51 GVWR/GCWR		52 Motor Carrier or Government Entity		53 GVWR/GCWR	
112	54 GVWR/GCWR		55 GVWR/GCWR		56 GVWR/GCWR		57 GVWR/GCWR		58 GVWR/GCWR	
113	59 GVWR/GCWR		60 GVWR/GCWR		61 GVWR/GCWR		62 GVWR/GCWR		63 GVWR/GCWR	
114	64 GVWR/GCWR		65 GVWR/GCWR		66 GVWR/GCWR		67 GVWR/GCWR		68 GVWR/GCWR	
115	69 GVWR/GCWR		70 GVWR/GCWR		71 GVWR/GCWR		72 GVWR/GCWR		73 GVWR/GCWR	
116	74 GVWR/GCWR		75 GVWR/GCWR		76 GVWR/GCWR		77 GVWR/GCWR		78 GVWR/GCWR	
04	79 GVWR/GCWR		80 GVWR/GCWR		81 GVWR/GCWR		82 GVWR/GCWR		83 GVWR/GCWR	
117	84 GVWR/GCWR		85 GVWR/GCWR		86 GVWR/GCWR		87 GVWR/GCWR		88 GVWR/GCWR	
04	89 GVWR/GCWR		90 GVWR/GCWR		91 GVWR/GCWR		92 GVWR/GCWR		93 GVWR/GCWR	
118	94 GVWR/GCWR		95 GVWR/GCWR		96 GVWR/GCWR		97 GVWR/GCWR		98 GVWR/GCWR	
119	99 GVWR/GCWR		100 GVWR/GCWR		101 GVWR/GCWR		102 GVWR/GCWR		103 GVWR/GCWR	
120	104 GVWR/GCWR		105 GVWR/GCWR		106 GVWR/GCWR		107 GVWR/GCWR		108 GVWR/GCWR	
121	109 GVWR/GCWR		110 GVWR/GCWR		111 GVWR/GCWR		112 GVWR/GCWR		113 GVWR/GCWR	
122	114 GVWR/GCWR		115 GVWR/GCWR		116 GVWR/GCWR		117 GVWR/GCWR		118 GVWR/GCWR	
123	119 GVWR/GCWR		120 GVWR/GCWR		121 GVWR/GCWR		122 GVWR/GCWR		123 GVWR/GCWR	
124	124 GVWR/GCWR		125 GVWR/GCWR		126 GVWR/GCWR		127 GVWR/GCWR		128 GVWR/GCWR	
125	129 GVWR/GCWR		130 GVWR/GCWR		131 GVWR/GCWR		132 GVWR/GCWR		133 GVWR/GCWR	
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128	144 GVWR/GCWR		145 GVWR/GCWR		146 GVWR/GCWR		147 GVWR/GCWR		148 GVWR/GCWR	
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132	164 GVWR/GCWR		165 GVWR/GCWR		166 GVWR/GCWR		167 GVWR/GCWR		168 GVWR/GCWR	
133	169 GVWR/GCWR		170 GVWR/GCWR		171 GVWR/GCWR		172 GVWR/GCWR		173 GVWR/GCWR	
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135	179 GVWR/GCWR		180 GVWR/GCWR		181 GVWR/GCWR		182 GVWR/GCWR		183 GVWR/GCWR	
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198	494 GVWR/GCWR		495 GVWR/GCWR		496 GVWR/GCWR		497 GVWR/GCWR		498 GVWR/GCWR	
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200	504 GVWR/GCWR		505 GVWR/GCWR		506 GVWR/GCWR		507 GVWR/GCWR		508 GVWR/GCWR	
201	509 GVWR/GCWR		510 GVWR/GCWR		511 GVWR/GCWR		512 GVWR/GCWR		513 GVWR/GCWR	
202	514 GVWR/GCWR		515 GVWR/GCWR		516 GVWR/GCWR		517 GVWR/GCWR		518 GVWR/GCWR	
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205	529 GVWR/GCWR		530 GVWR/GCWR		531 GVWR/GCWR		532 GVWR/GCWR		533 GVWR/GCWR	
206	534 GVWR/GCWR		535 GVWR/GCWR		536 GVWR/GCWR		537 GVWR/GCWR		538 GVWR/GCWR	
207	539 GVWR/GCWR		540 GVWR/GCWR		541 GVWR/GCWR		542 GVWR/GCWR		543 GVWR/GCWR	
208	544 GVWR/GCWR		545 GVWR/GCWR		546 GVWR/GCWR		547 GVWR/GCWR		548 GVWR/GCWR	
209	549 GVWR/GCWR		550 GVWR/GCWR		551 GVWR/GCWR		552 GVWR/GCWR		553 GVWR/GCWR	
210	554 GVWR/GCWR		555 GVWR/GCWR		556 GVWR/GCWR		557 GVWR/GCWR		558 GVWR/GCWR	
211	559 GVWR/GCWR		560 GVWR/GCWR		561 GVWR/GCWR		562 GVWR/GCWR		563 GVWR/GCWR	
212	564 GVWR/GCWR		565 GVWR/GCWR		566 GVWR/GCWR		567 GVWR/GCWR		568 GVWR/GCWR	
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PAGE 2 OF 3		New Jersey Police Crash Investigation Report		☒ Reportable ☐ Non-Reportable ☐ Change Report	
05	1 Case Number 22SH07408		10 Crash Occurred On: GRANT AVENUE		11 Speed Limit 25
01	2 Police Dept of SEASIDE HEIGHTS		12 Route No. 13 Suffix 13 Milepost		25
01	3 Station/Precinct 01		14 At Intersection With Road Name Dir		18 Speed Limit 25
05	4 Date of Crash 08/11/22		5 Day Of Week THURSDAY		19 To 16 From: 17 Cross Road Name
01	6 Time (use 2400 hrs) 0858		7 Municipality Code 1526		20 Route/Name 22 Longitude
04	23 Veh # 3		24 Policy No. 1152845F0930B		25 NJ Ins. Code 962
02	26 Driver's First Name JENNIFER S		27 Number & Street 252 GRANT AVENUE APT F		28 City NJ 08751
06	32 Driver's License Number		33 DOB mm dd yyyy		34 Expires mm yy
01	35 Owner's First Name JENNIFER S		36 Number & Street 252 GRANT AVENUE APT F		37 City NJ 08751
01	38 Make CHRY		39 Model CRU		40 Color BL
01	41 Year 2003		42 Plate No. V62CSS		43 State NJ
01	44 VIN 3C4FY48B93T650730		45 Expires 12 22		46 Vehicle Removed To
04	50 Carrier No. USDOT		51 GVWR/GCWR Weight <= 10,000 lbs		52 Motor Carrier or Government Entity
01	53 VIN		54 Policy No.		55 NJ Ins. Code
01	56 Driver's First Name		57 Number & Street		58 City
01	59 Sex		60 Eyes		61 State
01	62 Driver's License Number		63 DOB		64 Expires
01	65 Owner's First Name		66 Number & Street		67 City
01	68 Make		69 Model		70 Color
01	71 Year		72 Plate No.		73 State
01	74 VIN		75 Expires		76 Vehicle Removed To
01	77 Authority		78 Alcohol/Drug Test		79 Hazardous Material
01	80 Carrier No.		81 GVWR/GCWR		82 Motor Carrier or Government Entity
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Document Origination: ☐ JAIL ☐ SUPERIOR COURT ☒ MUNICIPAL COURT ☐ LAW ENFORCEMENT AGENCY <u>Seaside Hts</u>		NEW JERSEY BAIL RECOGNIZANCE With Waiver of Extradition		Ball Recognizance #: Receipt Number: CABS Number:																															
		Court: Seaside Heights Municipal Phone: (732) 830-220																																	
		Address: 116 Sherman Avenue Seaside Heights, NJ 08751																																	
Case Information:		COMPLAINT (CDR) #: <u>514161 971</u>		PROMIS/GAVEL #: INDICTMENT/ACC. #:																															
CHARGE(S): <u>4-50</u>		WHERE OFFENSE OCCURRED MUNICIPALITY: Seaside Heights COUNTY: Ocean																																	
Defendant Information: State of New Jersey vs. <u>Janelle Ovary</u> Defendant		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">FIRST NAME <u>Janelle</u></td> <td colspan="2">MIDDLE INITIAL <u>M</u></td> <td colspan="2">LAST NAME <u>OVARY</u></td> </tr> <tr> <td colspan="6">ADDRESS: <u>163 14th St Seaside Heights NJ 08753</u></td> </tr> <tr> <td colspan="2">CITY: <u>Seaside Heights</u></td> <td colspan="2">STATE <u>NJ</u></td> <td colspan="2">ZIP: <u>08753</u></td> </tr> <tr> <td colspan="2">DATE OF BIRTH: <u>6-19-84</u></td> <td colspan="4">SOCIAL SECURITY # <u>[REDACTED]</u></td> </tr> <tr> <td colspan="2">PHONE #: <u>[REDACTED]</u></td> <td colspan="4">STATE BUREAU OF IDENTIFICATION #: <u>[REDACTED]</u></td> </tr> </table>				FIRST NAME <u>Janelle</u>		MIDDLE INITIAL <u>M</u>		LAST NAME <u>OVARY</u>		ADDRESS: <u>163 14th St Seaside Heights NJ 08753</u>						CITY: <u>Seaside Heights</u>		STATE <u>NJ</u>		ZIP: <u>08753</u>		DATE OF BIRTH: <u>6-19-84</u>		SOCIAL SECURITY # <u>[REDACTED]</u>				PHONE #: <u>[REDACTED]</u>		STATE BUREAU OF IDENTIFICATION #: <u>[REDACTED]</u>			
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Bail Information:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMOUNT OF BAIL SET: \$ <u> </u></td> <td colspan="2">BAIL TYPE: ☒ ROR ☐ 10% CASH ☐ FULL CASH</td> <td>DATE BAIL SET:</td> <td colspan="2">BAIL SET BY: <u>Judge James Liguori</u></td> </tr> <tr> <td>AMOUNT OF BAIL RECEIVED: \$ <u> </u></td> <td>FILING FEE RECEIVED: \$ <u> </u></td> <td colspan="2">TOTAL AMOUNT RECEIVED: \$ <u> </u></td> <td colspan="2">BAIL RECEIVED BY: <u>GRANONE</u></td> </tr> <tr> <td colspan="6"> PAYMENT TYPE: ☐ CASH ☐ CHECK # _____ ☐ CREDIT CARD ☐ MONEY ORDER # _____ ☐ BOND </td> </tr> </table>				AMOUNT OF BAIL SET: \$ <u> </u>	BAIL TYPE: ☒ ROR ☐ 10% CASH ☐ FULL CASH		DATE BAIL SET:	BAIL SET BY: <u>Judge James Liguori</u>		AMOUNT OF BAIL RECEIVED: \$ <u> </u>	FILING FEE RECEIVED: \$ <u> </u>	TOTAL AMOUNT RECEIVED: \$ <u> </u>		BAIL RECEIVED BY: <u>GRANONE</u>		PAYMENT TYPE: ☐ CASH ☐ CHECK # _____ ☐ CREDIT CARD ☐ MONEY ORDER # _____ ☐ BOND																	
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PAYMENT TYPE: ☐ CASH ☐ CHECK # _____ ☐ CREDIT CARD ☐ MONEY ORDER # _____ ☐ BOND																																			
SPECIAL CONDITIONS OF BAIL <u>* APPEAR on Court Date Below & # [REDACTED] other phone</u>																																			
IF MORE THAN ONE SURETY/INSURER IS INVOLVED, COMPLETE A SEPARATE BAIL RECOGNIZANCE FOR EACH.																																			
Non-Corporate Surety Information: (PERSON POSTING CASH BAIL)			Corporate Surety/Bail Agent Information:																																
FIRST NAME MIDDLE INITIAL LAST NAME			NAME OF INSURER (Corporate Surety Company) and NAIC number. Attach proof of authority with corporate seal affixed:																																
ADDRESS: APT #																																			
ADDRESS:			BAIL AGENT AND LICENSE #:																																
CITY:	STATE:	ZIP:	BAIL AGENCY AND LICENSE #:																																
PHONE #: ()	DRIVER'S LIC. # OR OTHER FORM OF I.D.:		POWER OF ATTORNEY #:		EXPIRATION DATE:																														
AS SURETY, I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS (SEE REVERSE) AND SPECIAL CONDITIONS OF THIS BAIL RECOGNIZANCE.			AS BAIL AGENT I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS (SEE REVERSE) AND SPECIAL CONDITIONS OF THIS BAIL RECOGNIZANCE.																																
DATE: SIGNATURE:			DATE: SIGNATURE:																																
Certification of Ownership for Cash Bail Deposited by Someone Other Than Defendant																																			
I, _____, am the lawful owner of the \$ _____, deposited in lieu of bond on behalf of the defendant in the above entitled case. 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.																																			
Date			Signature of Lawful Owner of Cash Bail																																
Defendant Agreement:																																			
I, the defendant, understand and agree that the owner of the bail posted in this case is <u>R.O.R</u> . I also have read, understand, and agree to the Conditions (see reverse) AND Special Conditions of this Bail Recognizance. I further understand that I must appear at all scheduled court appearances.																																			
Court Date: <u>8/23/22</u>		Court Time: <u>9:00</u> AM PM		Signature: <u>[Signature]</u> Date: <u>8/11/22</u>																															
Date Bail Discharged:	Date Bail Forfeited:	Please Notify Court Of Disability Accommodation Needs																																	