Affidavit of Probable Cause

COMPLAINT NUMBER			
1303	W	2019	001732
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

ASBURY PARK MUNICIPAL COURT
ONE MUNICIPAL PLAZA
ASBURY PARK NJ 07712-0000
732-775-1765 COUNTY OF: MONMOUTH

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		19AP30449

COMPLAINANT NAME: JOE LEON
ONE MUNICIPAL PLAZA
ATTN RECORD BUREAU
ASBURY PARK NJ 07712

THE STATE OF NEW JERSEY
VS.
ALFREDO RODRIGUEZ

ADDRESS: 1239 WASHINGTON AVE APT 6
ASBURY PARK NJ 07712-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLACK DOB: 11/30/1959
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: xxx-xx-x SBI #: 83198B
TELEPHONE #: ( )
LIVESCAN PCN #: 130304007931

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:

POLICE FLAGGED DOWN REFERENCE THE ASSAULT OF THE JUVENILE (11 Y/O) WHO WAS STRUCK IN THE FACE BY HIS FATHER, DEFENDANT, CAUSING VISIBLE SIGNS OF INJURY AND COMPLAINT OF PAIN. DEFENDANT ARRESTED FOR LISTED OFFENSES. STATEMENTS PROVIDED.

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THE STATE OF NEW JERSEY
VS.
ALFREDO RODRIGUEZ

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

STATEMENTS OF EYE WITNESSES, DEFENDANT'S ADMISSION, VICTIM STATEMENT

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

BLOODY NOSE AND SWELLING

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: JOE LEON LAW ENFORCEMENT OFFICER Date: 09/29/2019

Affidavit of Probable Cause

COMPLAINT NUMBER			
1303	W	2019	001768
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

ASBURY PARK MUNICIPAL COURT
ONE MUNICIPAL PLAZA
ASBURY PARK NJ 07712-0000
732-775-1765 COUNTY OF: MONMOUTH

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		19AP30449

COMPLAINANT NAME: LEMAR WHITTAKER
ONE MUNICIPAL PLAZA
ATTN RECORD BUREAU
ASBURY PARK NJ 07712

THE STATE OF NEW JERSEY
VS.
ALFREDO RODRIGUEZ

ADDRESS: 1239 WASHINGTON AVE. APT. 6
ASBURY PARK NJ 07712-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 11/30/1959
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: xxx-xx-x SBI #: 83198B
TELEPHONE #: ( )
LIVESCAN PCN #: 130304007931

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:
CONTINUANCE OF AN INVESTIGATION.

Affidavit of Probable Cause

COMPLAINT NUMBER			
1303	W	2019	001768
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ALFREDO RODRIGUEZ

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

STATEMENTS OF VICTIM, OFFICER OBSERVATIONS.

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

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: LEMAR WHITTAKER LAW ENFORCEMENT OFFICER Date: 10/03/2019