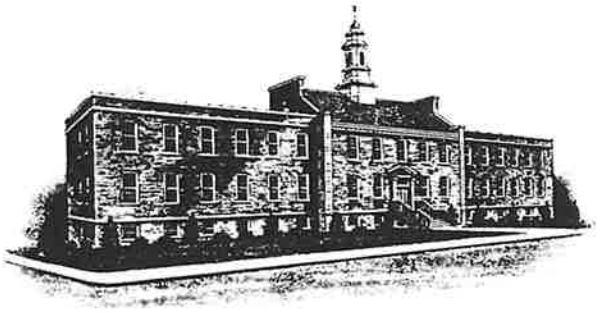


The Borough of Sayreville

MUNICIPAL CLERK'S OFFICE

167 MAIN STREET
SAYREVILLE, NEW JERSEY 08872
TEL. 732-390-7020 • FAX 732-390-0509

February 23, 2021

Edward Grimes
opra+request-20318-c427bf66@requests.opramachine.com

Re: Request for Access to Public Records

Dear Mr. Grimes:

As requested pursuant to the Open Public Records Act, enclosed is the response from the Borough of Sayreville Police Department.

If I can be of any further assistance, please do not hesitate to call my office.

Very truly yours,

Jessica Morelos

Jessica Morelos, RMC
Municipal Clerk

JM/jo

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202100047**	**02/12/2021 14:34:03**	**21002247**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BLATA	**GAFUR**		**06/23/1988**	**32**	

TRUE NAME	MAIDEN NAME	HOME PHONE
GAFUR & BLATA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
39 SENNA DR.		**PARLIN**	**NJ**	**08859**	

SEX	HEIGHT	WEIGHT	RACE
M	**63**	**210**	**WHITE**

HAIR	EYES	BLD	SKIN
BROWN	**BROWN**	**MEDIUM**	**LIGHT BROWN**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**NONE**	**WHITE OAKS DR**

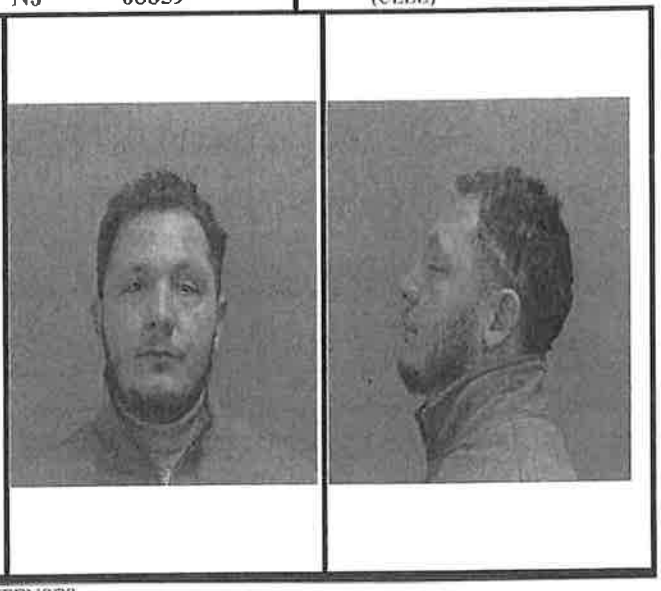
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
DIBER	**UNMARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ATLI BLATA	**LEURETA BLATA**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SELF	**ROOFER**

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	**BARTLINSKI, J A**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	**BARTLINSKI, J A**

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
PASCONE, M	**BARTLINSKI, J A**
COMPLAINANT	OFFICER IN CHARGE
	MADER, J

OFFENSES

1. **POSS CDS - < 50G MARIJUANA, 5G HASHISH**
2. **POSS DRUG PARAPHERNALIA**
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202100039	02/03/2021 12:53:28	20015095

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
KOY	REBECCA	CHRISTINE	05/15/1995	25	

TRUE NAME	MAIDEN NAME	HOME PHONE
REBECCA C KOY		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
25 DUSKO DRIVE		PARLIN	NJ	08859	

SEX	HEIGHT	WEIGHT	RACE
F	502	125	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BROWN	THIN	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	RIGHT ARM- FISH AND SHARK TATTOO, NECK TATTOO (BOW), FOOT TATTOO (HEART BEAT)	1000 MAIN STREET

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
SCOTT KOY	SHARON	MANION

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	BARTLINSKI, J A

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	BARTLINSKI, J A

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARTLINSKI, J A	BARTLINSKI, J A
COMPLAINANT	OFFICER IN CHARGE
	MADER, J

OFFENSES

1. MANUFACTURING,DISTRIBUTE
2. POSSESSION OF MARIJUANA OVER 50 GRAMS
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202100006	01/03/2021 15:17:49	21000134

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HOLSWORTH	TYLER	MICHAEL	06/13/1994	26	

TRUE NAME	MAIDEN NAME	HOME PHONE
TYLER M HOLSWORTH		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
118 BOEHMHURST AVE	1	SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	58	153	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BLUE	SMALL	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	DIAMOND TATTOO ON RIGHT HAND	118 BOEHMHURST AV

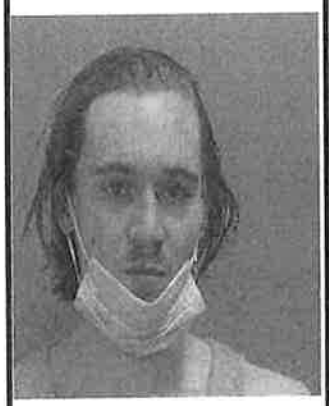
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JEFF HOLSWORTH	MARY DIBENARDO	

SBI #	FBI #	LOCAL ID (PRINT)
505671G	DMV708PA8	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	LESTUCK JR, G

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	LESTUCK JR, G

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MADER, J	LESTUCK JR, G

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000600	12/19/2020 10:18:41	20021290

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
COLON	ELIZA	L	05/28/1977	43	

TRUE NAME	MAIDEN NAME	HOME PHONE
ELIZA L COLON	COLON	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
163 WASHINGTON ROAD	1	SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
F	503	220	WHITE

HAIR	EYES	BLD	SKIN
BLACK	HAZEL	MEDIUM	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	FAMILY NAMES ON LEFT AND RIGHT ARM	163 WASHINGTON RD

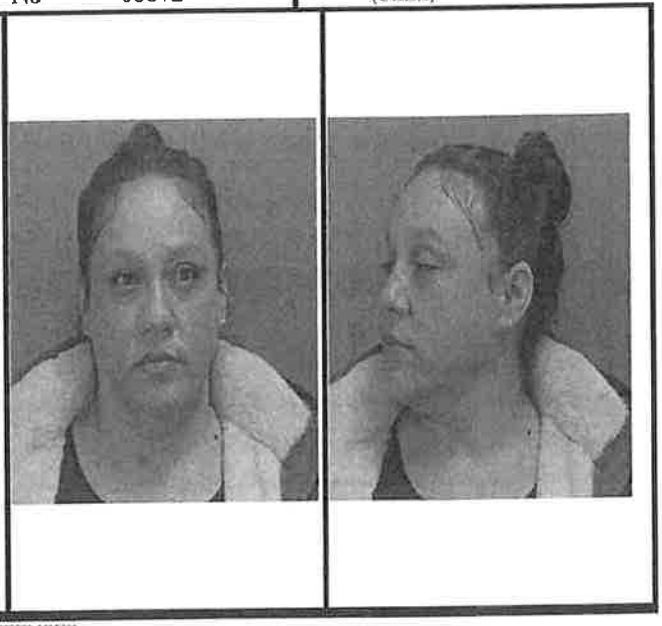
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN

SBI #	FBI #	LOCAL ID (PRINT)
550694C	501441NB1	

EMPLOYER	OCCUPATION
COACH USA	BUS DRIVER

ADDRESS OF EMPLOYER
750 SOMERSET ST. NEW BRUNSWICK NJ 08873



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	DUFRAT, P

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	DUFRAT, P

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DUFRAT, P	DUFRAT, P

COMPLAINANT	OFFICER IN CHARGE
	MADER, J

OFFENSES

1. AGG ASSAULT-ATT/CAUSE SBI PURP/KNOW/RECKLESS
2. POSS. WPN UNLAWFUL PURPSE
3. UNLAWFUL POSS OF WEAPON-MACHINE GUN
4. POSS CDS - < 50G MARIJUANA, 5G HASHISH
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000599	12/18/2020 20:46:46	20021392

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BROWN	JEREMIAH	TYRONE	12/19/2001	18	

TRUE NAME	MAIDEN NAME	HOME PHONE
JEREMIAH T BROWN		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
6 SWIDER DRIVE	C4	PARLIN	NJ	08859	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	503	120	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	TATTOO LEFT ARM GRANDMA PHYLLIS	MAIN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
	KAREN BROWN	BROWN

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	LESTUCK, G

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	LESTUCK, G

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
PIZZILLO, T	LESTUCK, G

COMPLAINANT	OFFICER IN CHARGE
	MASLOWSKI, S

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. DUI/DWI
3. CONSENT OF BREATH SAMPLES
4. RECKLESS DRIVING
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000589**	**12/15/2020 17:50:39**	**20021212**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GRANDSOULT	**LANCELOT**	**C**	**05/10/1993**	**27**	

TRUE NAME	MAIDEN NAME	HOME PHONE
LANCELOT C GRANDSOULT JR		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
36 BATTISTA COURT		**SAYREVILLE**	**NJ**	**08872**	

SEX	HEIGHT	WEIGHT	RACE
M	**507**	**153**	**BLACK**

HAIR	EYES	BLD	SKIN
BALD/BALDING	**BROWN**	**THIN**	**MEDIUM BROWN**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**NONE**	**TANBARK DR**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
GEORGETOWN	**UNMARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
LANCELOT GRANDSOULT SR	**AVEIRILL GRANDSOULT**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SELF EMPLOYEED	**PHOTOGRAPHER**

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	**PASCONE, M**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	**PASCONE, M**

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
PASCONE, M	**PASCONE, M**

COMPLAINANT	OFFICER IN CHARGE
	BRAILE, B

OFFENSES

1. **MANUFACTURING,DISTRIBUTE**
2. **POSSESSION OF MARIJUANA OVER 50 GRAMS**
3. **POSS DRUG PARAPHERNALIA**
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	RELEASED W/ SUM	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000574	12/09/2020 03:51:15	20020763

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BURET	ADRIAN	D	10/09/1999	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
ADRIAN D BURET		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
95 WEST 183RD ST.	2B	BRONX	NY	10453	

SEX	HEIGHT	WEIGHT	RACE
M	602	190	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		PILLAR DR

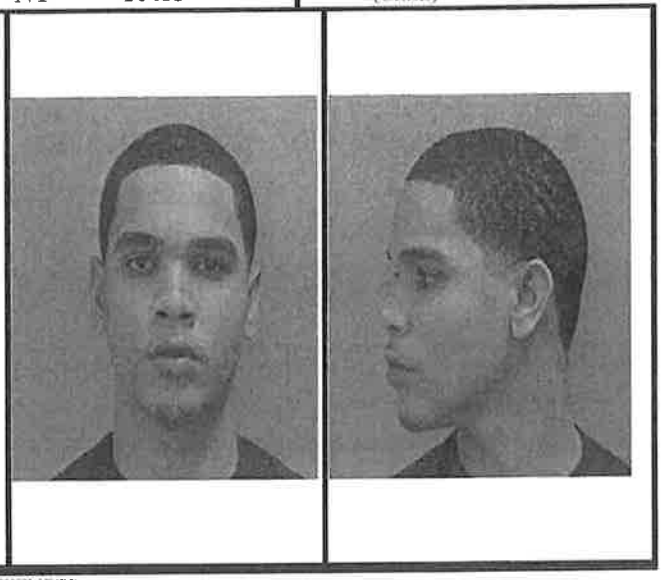
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
MANHATTEN NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	ARWAY, W

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	ARWAY, W

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	ARWAY, W

COMPLAINANT	OFFICER IN CHARGE
	CINARDO, M

OFFENSES

1.
2. POSS CDS - < 50G MARIJUANA, 5G HASHISH
3. POSS DRUG PARAPHERNALIA
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000572	12/09/2020 03:23:01	20020763

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SANCHEZ	JEANDRES		12/29/1999	20	

TRUE NAME	MAIDEN NAME	HOME PHONE
JEANDRES & SANCHEZ		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
3477 KNOX PL.	4I	BRONX	NY	10467	

SEX	HEIGHT	WEIGHT	RACE
M	508	130	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BLACK	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	NONE	PILLAR DR

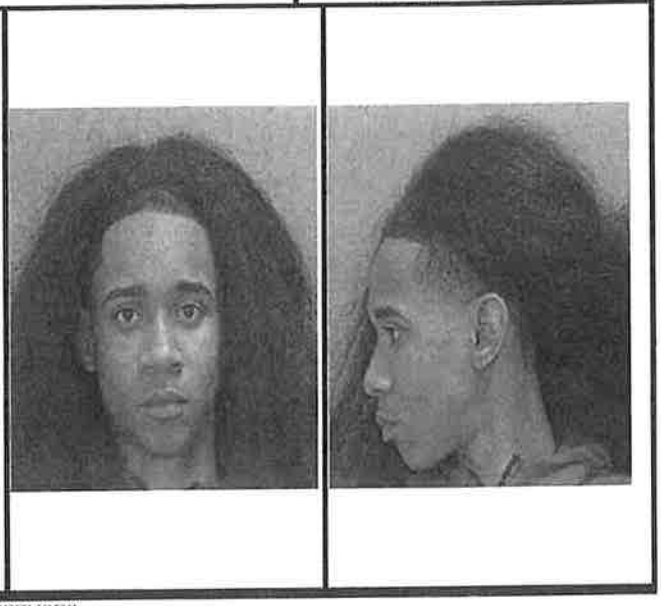
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
MANHATTAN NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ALFREDO SORIANO	JENNY SILVERIO	JENNY SILVERIO

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	ARWAY, W

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	ARWAY, W

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	ARWAY, W

COMPLAINANT	OFFICER IN CHARGE
	CINARDO, M

OFFENSES

1.
2. POSS CDS - < 50G MARIJUANA, 5G HASHISH
3. POSS DRUG PARAPHERNALIA
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000570	12/07/2020 21:17:13	20020683

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LOPEZ	ANDY		06/15/1984	36	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANDY & LOPEZ		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
21 BOEHMHURST AVE		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	508	195	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	OLIVE

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	N/A	KIMBALL DR E

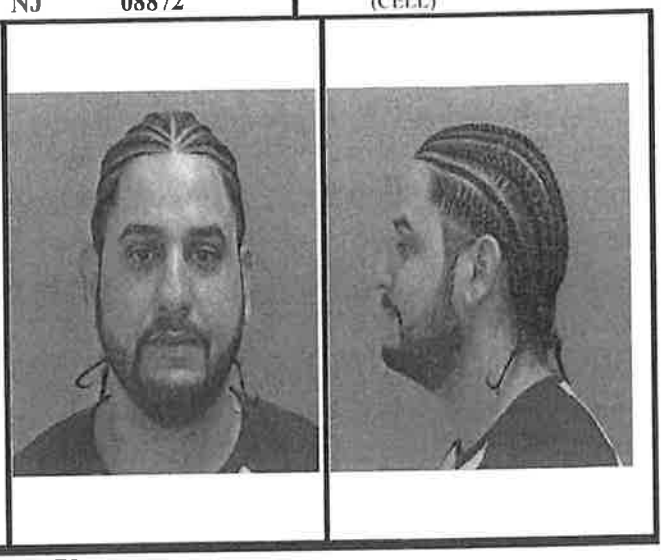
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BELLEVILLE NJ	DIVORCED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
PAULINO	MIGDALIA	

SBI #	FBI #	LOCAL ID (PRINT)
781911C	723617WB8	

EMPLOYER	OCCUPATION
AMAZON	WAREHOUSE

ADDRESS OF EMPLOYER
22 CRANDURY STATION RD EAST WINDSOR NJ 08515



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
N/A	N/A

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	TEATOR, V

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	TEATOR, V

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
LESTUCK JR, G	TEATOR, V
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. CARELESS DRIVING
3. DRIVING WHILE SUSPENDED
4. UNREGISTERED VEHICLE
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER E1936618
	☒	CITY/COURT WOODBRIDGE

CHARGES
DRIVING WHILE SUSPENDED

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PARENT OR GUARDIAN NOTIFIED

NAME OF PROBATION OFFICER NOTIFIED — TIME

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
MULTIPE	10,500	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000563**	**12/04/2020 23:18:36**	**20020531**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
NOBBEE	**DIMITRI**		**07/09/1999**	**21**	

TRUE NAME	MAIDEN NAME	HOME PHONE
DIMITRI & NOBBEE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1 PEREGRINE DR		**MORGANVILLE**	**NJ**	**07751**	

SEX	HEIGHT	WEIGHT	RACE
M	**506**	**110**	**UNKNOWN**

HAIR	EYES	BLD	SKIN
BLACK	**BROWN**	**THIN**	**LIGHT BROWN**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**21 LITTLE BROADWAY**

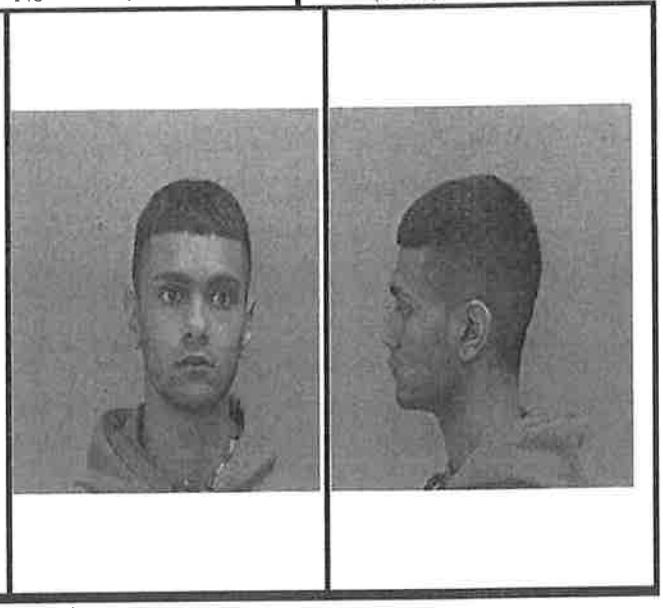
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY	**UNMARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
EMERSON NOBBEE	**ANNIE NOBBEE**	**SAWH**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UPS	**PACKAGE**

ADDRESS OF EMPLOYER
100 CRANBURY RD CRANBURY NJ



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	**PIZZILLO, T**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	**PIZZILLO, T**

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
PIZZILLO, T	**PIZZILLO, T**

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **POSS CDS - < 50G MARIJUANA, 5G HASHISH**
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000556	12/01/2020 16:39:59	20020310

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
AWADALLAH	AHMED	J	10/06/1985	35	

TRUE NAME	MAIDEN NAME	HOME PHONE
AHMED J AWADALLAH		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
76 WINDING WOOD DRIVE	8A	SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	600	170	UNKNOWN

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	SKIN DISCOLORATION ON ARMS	59 WINDING WOODS

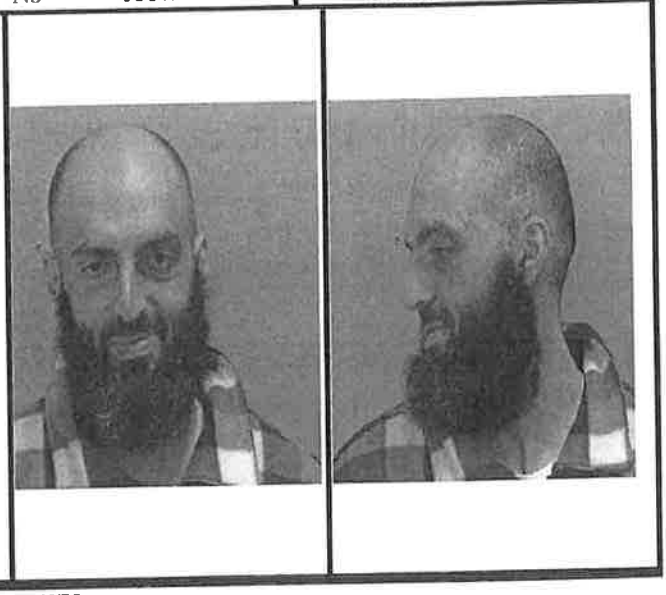
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JAMAL AWADALLAH	INTESAR AWADALLAH	

SBI #	FBI #	LOCAL ID (PRINT)
205344D	231846EC6	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	SZTUKOWSKI, J

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	SZTUKOWSKI, J

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
SZTUKOWSKI, J	SZTUKOWSKI, J

COMPLAINANT	OFFICER IN CHARGE
TAYLOR, J	MONACO, J

OFFENSES

1. BURGLARY
2. AGGRAVATED ASSAULT
3. POSS. WPN UNLAWFUL PURPSE
4. POSS CDS - < 50G MARIJUANA, 5G HASHISH
5. UNLAWFUL POSS OF WEAPON-MACHINE GUN

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **PERSON KNOWN TO OFFICER**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000551	11/25/2020 22:03:45	20020000

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
JONES	AARON	WREN	02/18/1980	40	

TRUE NAME	MAIDEN NAME	HOME PHONE
AARON W JONES		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
393 WAGNER AV		PERTH AMBOY	NJ	088861	

SEX	HEIGHT	WEIGHT	RACE
M	511	270	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	HEAVY	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	ABOVE RIGHT EYE 'LOVE', LEFT FOREARM SCALES OF JUSTICE	881 MAIN ST

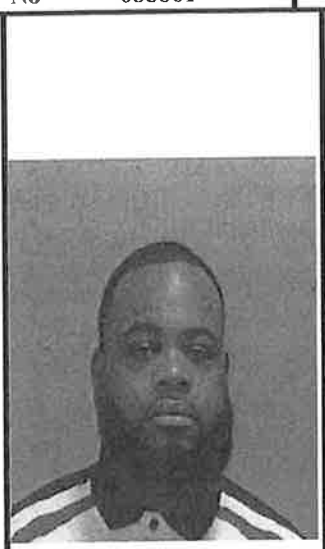
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ		

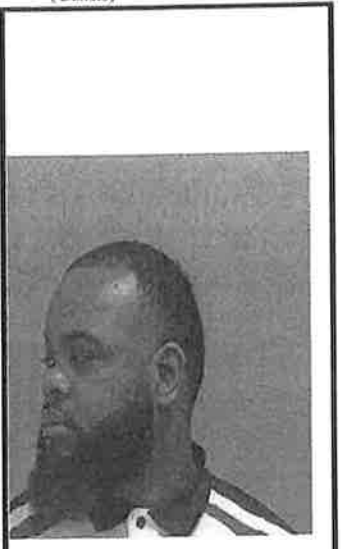
FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ARTHUR LASITTER	SYLVIA GIBBS	JONES

SBI #	FBI #	LOCAL ID (PRINT)
882698C	656839AC1	

EMPLOYER	OCCUPATION
AMERICAN LEGENDS ENTERTAINMENT	OWNER

ADDRESS OF EMPLOYER





IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	COX, A

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	COX, A

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	COX, A
COMPLAINANT	OFFICER IN CHARGE
	BRAILE, B

OFFENSES

1. SPEEDING
2. RECKLESS DRIVING
3. DUI/DWI
4. POSSESSION OF DRUGS
5. POSS CDS - < 50G MARIJUANA, 5G HASHISH

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000544	11/22/2020 00:06:21	20019750

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ABREU	ISAIAH	CHRISTOPHER	04/03/1997	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
ISAIAH C ABREU	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1814 SOLOOK DRIVE		PARLIN	NJ	08879	

SEX	HEIGHT	WEIGHT	RACE
M	600	150	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	HALF SLEEVES ON BOTH FOREARMS	LAKEVIEW DR

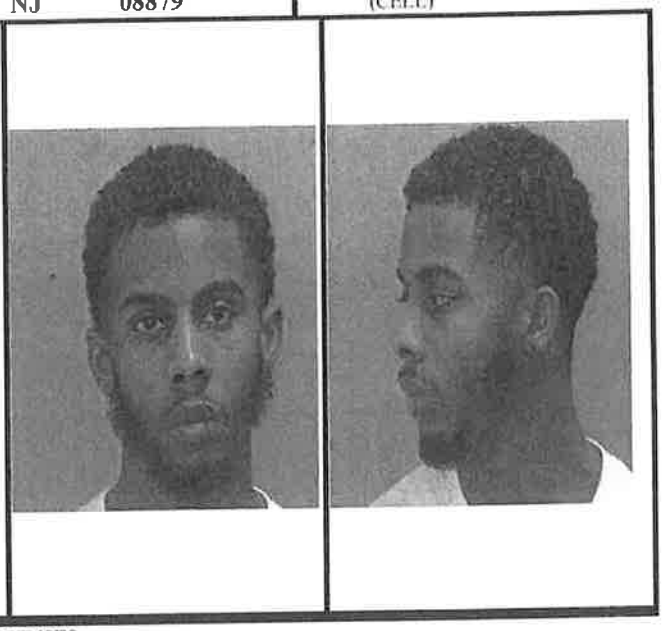
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
N/A	YUDELKA ABREU	N/A

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
PLANNED COMPANIES	SECURITY

ADDRESS OF EMPLOYER
ROUTE 1 NORTH ISELIN NJ



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	DEGUZMAN, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	DEGUZMAN, M

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	DEGUZMAN, M
COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3. MAINTENANCE OF LAMPS
4. IMPROPER DISPLAY OF PLATE
5. EXAMINATION PERMIT

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000536	11/18/2020 17:54:20	20019535

LAST NAME	FIRST	MIDDLE NAME	D.O.B	AGE	SSN
CRAWLEY	RYANNE	NICOLE	08/13/1992	28	

TRUE NAME	MAIDEN NAME	HOME PHONE
RYANNE N CRAWLEY		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
35 CENTER ST.	A	KEYPORT	NJ	07759	

SEX	HEIGHT	WEIGHT	RACE
F	507	137	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	LEFT SHOULDER 'IF YOUR HEART IS FILLED WITH FAITH THEN YOU CANT FEAR'	2020 RT 35 N

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
FREEHOLD NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
EDWARD CRAWLEY	TAMMY CRAWLEY	SHANKLER

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	LESTUCK JR, G

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	LESTUCK JR, G

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MADER, J	LESTUCK JR, G
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS DRUG PARAPHERNALIA
2. POSS CDS - < 50G MARIJUANA, 5G HASHISH
3. PROMOTING PROSTITUTION
4. POSS HYPO SYRINGE/NEEDLE
5. POSSESSION OF CDS SCHEDULE I, II, III OR IV

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES	NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000532	11/13/2020 02:55:48	20019201

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HARGROVES	NASEEM	DESMOND	04/28/1999	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
NASEEM D HARGROVES		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
715 CRANBURY CIRCLE		EAST BRUNSWICK	NJ	08816	

SEX	HEIGHT	WEIGHT	RACE
M	602	240	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	N/A	5249 BORDENTOWN AV

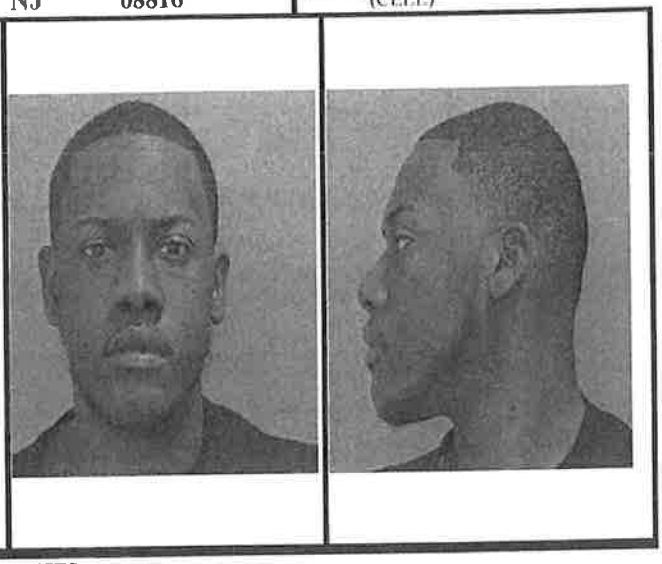
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
LIVINGSTON NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DESMOND HARGROVES	SANDRA BAILEY	

SBI #	FBI #	LOCAL ID (PRINT)
836726G		

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	DEGUZMAN, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	DEGUZMAN, M

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
ZUCZEK, S	DEGUZMAN, M
COMPLAINANT	OFFICER IN CHARGE
	ZAMBRZYCKI, M

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. UNREGISTERED VEHICLE
3. POSSESSION OF DRUGS
4. EXAMINATION PERMIT
5. FAILURE TO EXHIBIT

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

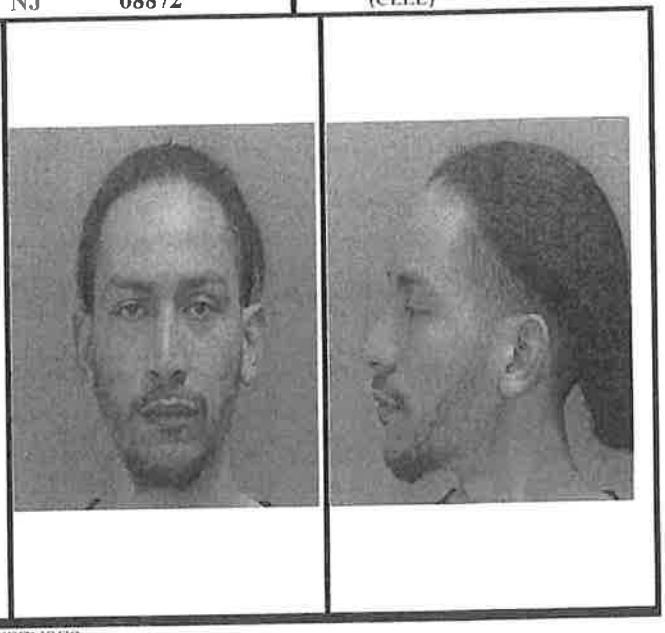
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER: **RELEASED**	ARREST NUMBER: **TSAY202000515**	DATE & TIME OF BOOKING: **11/05/2020 15:15:31**			INCIDENT NUMBER: **20018762**
LAST NAME: **SOTO**	FIRST: **RUDDY**	MIDDLE NAME:	D.O.B.: **11/22/1997**	AGE: **22**	SSN:
TRUE NAME: **RUDDY & SOTO JR**			MAIDEN NAME:		HOME PHONE:
STREET NO. STREET NAME: **18 S. EDWARD STREET**	APT #	CITY/TOWN: **SAYREVILLE**	STATE: **NJ**	ZIP: **08872**	PHONE: (WORK) (CELL)

SEX: **M**	HEIGHT: **503**	WEIGHT: **135**	RACE: **WHITE**
HAIR: **BROWN**	EYES: **BROWN**	BLD: **THIN**	SKIN:
ETHNICITY: **HISPANIC ORIGIN**	SCARS: **BURN SCARS ON LEFT FOREARM**	LOCATION OF ARREST: **400 CHEESEQUAKE RD**	
PLACE OF BIRTH: **BRONX NY**	MARTIAL STATUS: **UNMARRIED**	DRIVER'S LICENSE:	
FATHER'S NAME: **RUDDY SOTO-FELIZ**	MOTHER'S NAME: **MARICELA SOTO**	MOTHER'S MAIDEN: **HERRERA**	
SBI #: **923973G**	FBI #: **MMM26E5K2**	LOCAL ID (PRINT):	
EMPLOYER: **STUDENT/LINCOLN TECH**		OCCUPATION: **HVAC**	
ADDRESS OF EMPLOYER:			



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION:

TREATED WHERE: | ATTENDING PHYSICIAN:

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A: YES ☐ | BY WHOM: **CALISE, T**

FINGERPRINTS TAKEN: YES ☒ | PHOTO TAKEN: YES ☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A: YES ☐ | BY WHOM: **CALISE, T**

BREATHLYZER READING | BY WHOM

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER: **DEGUZMAN, M** | BOOKING OFFICER: **CALISE, T**

COMPLAINANT | OFFICER IN CHARGE

OFFENSES

1. **POSS CDS - < 50G MARIJUANA, 5G HASHISH**
2. **POSS DRUG PARAPHERNALIA**
3.
4.
5.

ARREST ON WARRANT? YES ☐ | WARRANT NUMBER | CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE ☐ YES | NAME OF PROBATION OFFICER NOTIFIED | TIME

NAME OF PARENT OR GUARDIAN NOTIFIED | OFFICER MAKING NOTIFICATION | TIME

BAIL COMMISSIONER | AMOUNT OF BAIL | DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000503	10/25/2020 09:55:56	20018148

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
TIRADO	NORBERTO		12/14/1998	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
NORBERTO & TIRADO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
7 CHATHAM SQUARE		PARLIN	NJ	08859	

SEX	HEIGHT	WEIGHT	RACE
M	510	170	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	OLIVE

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	FTB RIGHT WRIST, MONEY BAG LEFT WRIST, STAR LEFT FOREARM, TAYLOR ROSE LEFT CHEST	7 CHATHAM SQ

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ELIZABETH NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
NORBERTO TIRADO	OLGA SIERRA	

SBI #	FBI #	LOCAL ID (PRINT)
803368G	8KFLN09T1	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	RAUB, C

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	RAUB, C

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
RAUB, C	RAUB, C

COMPLAINANT	OFFICER IN CHARGE
	KILCOMONS, W

OFFENSES

1. HINDERING APPREHENSION
2. POSS CDS - < 50G MARIJUANA. 5G HASHISH
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER W2019002743
	☒	CITY/COURT ELIZABETH

CHARGES
CRIMINAL MISCHIEF-DAMAGE PROPERTY

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PARENT OR GUARDIAN NOTIFIED

NAME OF PROBATION OFFICER NOTIFIED — TIME

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000496	10/20/2020 14:15:52	20017843

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HENAO	KENNETH	D	09/12/1992	28	

TRUE NAME: KENNETH D HENAO

MAIDEN NAME:

HOME PHONE:

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
646 ELM ST	42	KEARNY	NJ	07032	

SEX	HEIGHT	WEIGHT	RACE
M	511	205	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		RAPPLEYEA ST

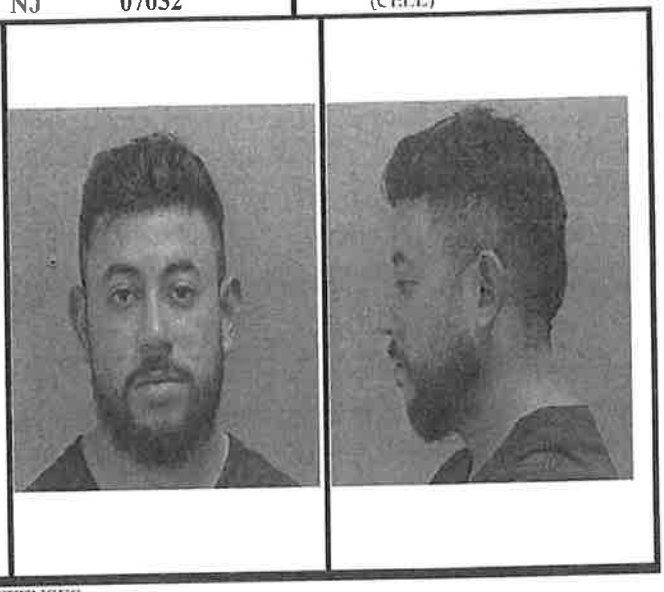
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ELIZABETH NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
	MARTHA	AGUILAR

SBI #	FBI #	LOCAL ID (PRINT)
913224G	NC2J9E5K9	

EMPLOYER	OCCUPATION
RED BULL	ACCOUNT MGR

ADDRESS OF EMPLOYER: 10 DWIGHT PL FAIRFIELD NJ



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	BRAILE, B

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	BRAILE, B

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	BRAILE, B

COMPLAINANT	OFFICER IN CHARGE
	BRAILE, B

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. CARELESS DRIVING
3. FAILURE TO INSPECT
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PARENT OR GUARDIAN NOTIFIED

NAME OF PROBATION OFFICER NOTIFIED — TIME

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000494	10/18/2020 15:26:40	20017718

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PESTONIT	ANTHONY	ADAM	08/13/1995	25	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANTHONY A PESTONIT		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
84	MARSH AVE		SAYREVILLE	NJ	08872	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	506	101	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BROWN	SMALL	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	LEFT ARM FULL SLEEVE, RIGHT LEG HALF SLEEVE	MAIN ST EXT

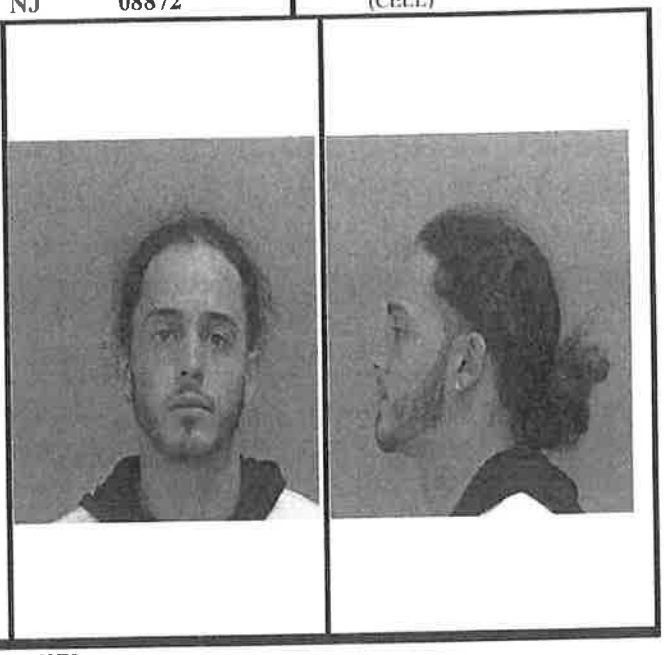
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
STATEN ISLAND NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
VICTOR PESTONIT	NICOLE PESTONIT	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
JLJ ENTERPRISE	LABORER

ADDRESS OF EMPLOYER
21744 98TH AVE QUEENS VILLAGE NY 11429



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	MCMAHON, J

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	MCMAHON, J

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BURT, C	MCMAHON, J

COMPLAINANT	OFFICER IN CHARGE
BURT, C	

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3. POSSESSION OF DRUGS
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000493	10/18/2020 00:01:37	20017694

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BRADLEY	EUGENE	JUSTICE	08/12/2000	20	

TRUE NAME	MAIDEN NAME	HOME PHONE
EUGENE J BRADLEY IV		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
126 MAIN STREET		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	509	145	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	LEFT LOWER LEG SCARS; TATTOOS ON LEFT FOREARM, RIGHT WRIST, AND CHEST	40 WASHINGTON RD

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW BRUNSWICK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
EUGENE BRADLEY	ORIELLE JONES	

SBI #	FBI #	LOCAL ID (PRINT)
202129H	E7L1A7LN3	

EMPLOYER	OCCUPATION
FEDEX	PACKAGE HANDLER

ADDRESS OF EMPLOYER
EDISON

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	BRENNAN, P

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	BRENNAN, P

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BRENNAN, P	BRENNAN, P
COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: PERSON KNOWN TO OFFICER

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000489	10/15/2020 18:02:05	20017490

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BRADLEY	EUGENE	JUSTICE	08/12/2000	20	

TRUE NAME	MAIDEN NAME	HOME PHONE
EUGENE J BRADLEY IV		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
126 MAIN STREET		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	509	145	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	LEFT LOWER LEG SCARS; TATTOOS ON LEFT FOREARM, RIGHT WRIST, AND CHEST	2707 MAIN ST EXT

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW BRUNSWICK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
EUGENE BRADLEY	ORIELLE JONES	

SBI #	FBI #	LOCAL ID (PRINT)
202129H	E7L1A7LN3	

EMPLOYER	OCCUPATION
FEDEX	PACKAGE HANDLER

ADDRESS OF EMPLOYER
EDISON

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	GRANT, C

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	GRANT, C

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
GRANT, C	GRANT, C

COMPLAINANT	OFFICER IN CHARGE
GRANT, C	PAVLIK, T

OFFENSES

1. RIGHT AND LEFT TURNS
2. POSS CDS - < 50G MARIJUANA. 5G HASHISH
3. POSS DRUG PARAPHERNALIA
4. DRIVING WHILE SUSPENDED
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PARENT OR GUARDIAN NOTIFIED

NAME OF PROBATION OFFICER NOTIFIED — TIME

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000487	10/14/2020 00:19:16	20017314

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MUNOZ	NEFTALI	J	06/24/1997	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
NEFTALI J MUNOZ		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
153 ARMSTRONG LANE		PERTH AMBOY	NJ	08861	

SEX	HEIGHT	WEIGHT	RACE
M	511	160	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN		

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	FAMILIA ANTES TODO LEFT FOREARM, CANCER SIGN RIGHT INNER THIGH	510 GIORDANO AV

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ELIZABETH NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
NEFTALI MUNOZ JR	NILDA ARROYO	

SBI #	FBI #	LOCAL ID (PRINT)
352428H		

EMPLOYER	OCCUPATION
SARDO AND SONS	WAREHOUSE

ADDRESS OF EMPLOYER
249 CHEESEQUAKE RD PARLIN NJ 08872

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	VALENTIN, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	VALENTIN, M

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
JAROCK, J	VALENTIN, M
COMPLAINANT	OFFICER IN CHARGE
	PRZYBYLOWSKI, J

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSSESSION OF DRUGS
3. FAILURE TO EXHIBIT
4. DRIVING WHILE SUSPENDED
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000482	10/10/2020 23:02:36	20017095

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SIMMS	DAVID	C	02/08/1976	44	

TRUE NAME	MAIDEN NAME	HOME PHONE
DAVID C SIMMS		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
500 WASHINGTON AVE		SOUTH AMBOY	NJ	08879	

SEX	HEIGHT	WEIGHT	RACE
M	509	150	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	LIGHT BROWN

ETHNICITY: NOT OF HISPANIC ORIGIN

SCARS: LEFT SHOULDER 'JATAYANA' LEFT FOREARM 'DORY' RIGHT SHOULDER CROSS AND 'LAKEISHA' RIGHT FOREARM 'DAJAH'

LOCATION OF ARREST: 68 WINDING WOODS

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ORANGE NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DAVID SUTTON	MELINDA	SIMMS

SBI #	FBI #	LOCAL ID (PRINT)
455898C	379876KB0	

EMPLOYER	OCCUPATION
JIFFY LUBE	MECHANIC

ADDRESS OF EMPLOYER: 424 KING GEORGES ROAD WOODBRIDGE 07095

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	JAROCK, J

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	JAROCK, J

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
VALENTIN, M	JAROCK, J

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000478**	**10/07/2020 20:43:33**	**20016855**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MELVIN	**CLARENCE**		**07/30/1974**	**46**	

TRUE NAME	MAIDEN NAME	HOME PHONE
CLARENCE & MELVIN		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
113 WALNUT ST	**11**	**NEPTUNE**	**NJ**	**07759**	

SEX	HEIGHT	WEIGHT	RACE
M	**601**	**230**	**BLACK**

HAIR	EYES	BLD	SKIN
BALD/BALDING	**BROWN**	**MEDIUM**	**DARK BROWN**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**RIGHT HAND- ' I MAZ'**	**ERNSTON RD**

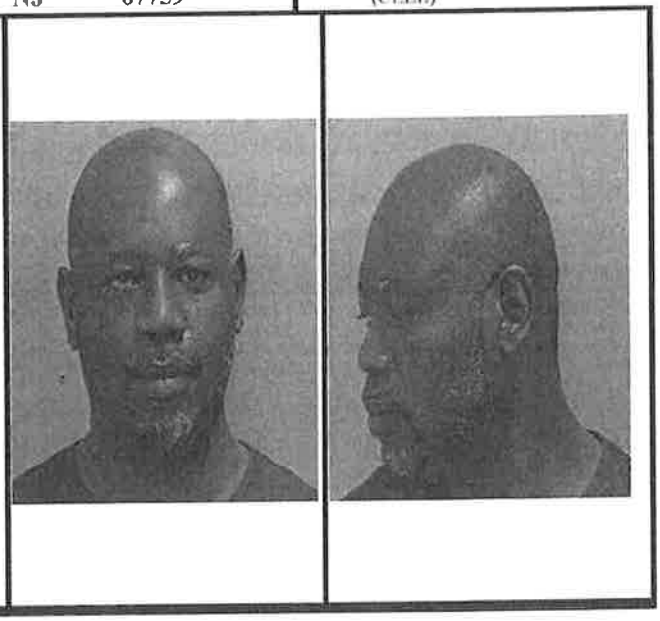
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
RED BANK NJ	**MARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
CLARENCE MELVIN	**DIANE MELVIN**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	**LESTUCK JR, G**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	**LESTUCK JR, G**

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
TEATOR, V	**LESTUCK JR, G**
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **POSS CDS - < 50G MARIJUANA, 5G HASHISH**
2. **DRIVING WHILE SUSPENDED**
3. **STOP OR YIELD**
4. **POSS DRUG PARAPHERNALIA**
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **GOVERNMENT ID**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000472	10/03/2020 17:50:08	20016496

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ACEVEDO-DURAN	JEFFRY		09/09/1999	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
JEFFRY & ACEVEDO-DURAN		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
33	COMMERCIAL AVENUE	4D	NEW BRUNSWICK	NJ	08901	

SEX	HEIGHT	WEIGHT	RACE
M	511	130	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	SCAR ON LOWER BACK	2707 MAIN ST EXT

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JULIO ACEVEDO	MARYANN DURAN	

SBI #	FBI #	LOCAL ID (PRINT)
226830H	X3L3HCD58	

EMPLOYER	OCCUPATION
UNEMPLORED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	SIVILLI, D

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	SIVILLI, D

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
ZEBROWSKI, M	SIVILLI, D

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. UNREGISTERED VEHICLE
3. PENALTIES/UNINSURED VEHCL
4. SPEEDING
5. POSSESSION OF DRUGS

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000464	09/28/2020 02:09:38	20016146

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MUSYOKA	MATTHEW	MUYSOAA	09/26/1995	25	

TRUE NAME	MAIDEN NAME	HOME PHONE
MATTHEW M MUSYOKA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
27 JENSEN ROAD		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	601	165	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BLACK	THIN	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	TATTOO LEFT FOREARM 'ZAYAS', TATTOO RIGHT FOREARM 'RHODA' & 'RICHARD', TAT LEFT ARM ALEX	3071 BORDENTOWN AV

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW BRUNSWICK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
RICHARD MUSYOKA	RHODA MUSYOKA	RHODA HARRIS

SBI #	FBI #	LOCAL ID (PRINT)
108086G	846148VD8	

EMPLOYER	OCCUPATION
MAVIS DISCOUNT TIRE	MECHANIC

ADDRESS OF EMPLOYER
3691 ROUTE 9 N OLD BRIDGE NJ 08859

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	DEGUZMAN, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	DEGUZMAN, M

BREATHLYZER READING	BY WHOM
REFUSAL	GOTTA, K.

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	DEGUZMAN, M
COMPLAINANT	OFFICER IN CHARGE
	ZAMBRZYCKI, M

OFFENSES

1. DUI/DWI
2. OPEN CONTAINER
3. POSS CDS - < 50G MARIJUANA, 5G HASHISH
4. CONSENT OF BREATH SAMPLES
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER — AMOUNT OF BAIL — DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000451	09/20/2020 01:38:57	20015725

LAST NAME	FIRST	MIDDLE NAME	D.O.B	AGE	SSN
HODE	BRIAN	C	02/05/1975	45	

TRUE NAME	MAIDEN NAME	HOME PHONE
BRIAN C HODE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
3125 WASHINGTON RD		PARLIN	NJ	08859	

SEX	HEIGHT	WEIGHT	RACE
M	506	160	WHITE

HAIR	EYES	BLD	SKIN
SANDY	HAZEL	MEDIUM	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	RT UPPER ARM PANTHER	3125 WASHINGTON RD

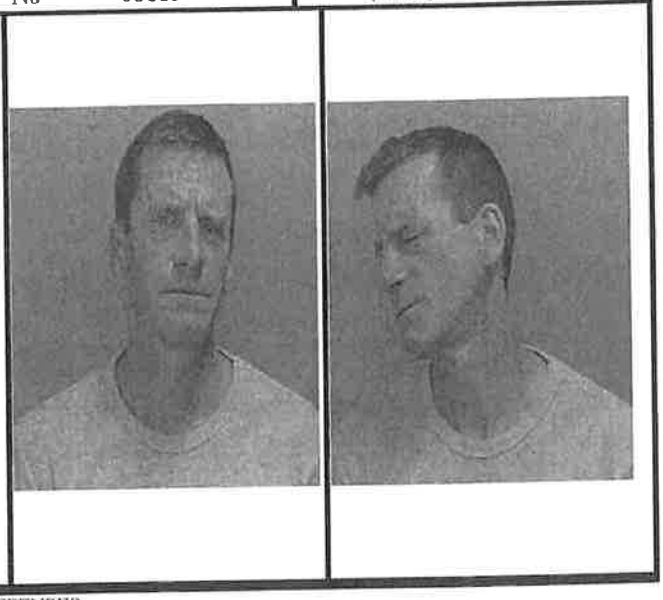
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW BRUNSWICK NJ	DIVORCED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MIGUEL	MICHELLE	GROSS

SBI #	FBI #	LOCAL ID (PRINT)
502740C	60349MB2	

EMPLOYER	OCCUPATION
SWIDER CONCRETE	LABORER

ADDRESS OF EMPLOYER
3125 WASHINGTON ROAD PARLIN NJ 08859



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	GOTTA, K.

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	GOTTA, K.

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
GOTTA, K.	GOTTA, K.

COMPLAINANT	OFFICER IN CHARGE
	BECKER, L

OFFENSES

1. SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ
2. POSS CDS - < 50G MARIJUANA, 5G HASHISH
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER S2018000432
	☒	CITY/COURT EAST BRUNSWICK

CHARGES
CRIMINAL TRESPASS (UNLICENSED ENTRY)

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: OTHER SOURCE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000431	09/10/2020 16:14:21	20015054

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SPECHT	JOHN		06/01/1998	22	

TRUE NAME	MAIDEN NAME	HOME PHONE
JOHN & SPECHT		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
424 PORTIA ST		SOUTH AMBOY	NJ	08879	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	601	175	WHITE

HAIR	EYES	BLD	SKIN
SANDY	BLUE	MEDIUM	MEDIUM

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		73 WINDING WOODS

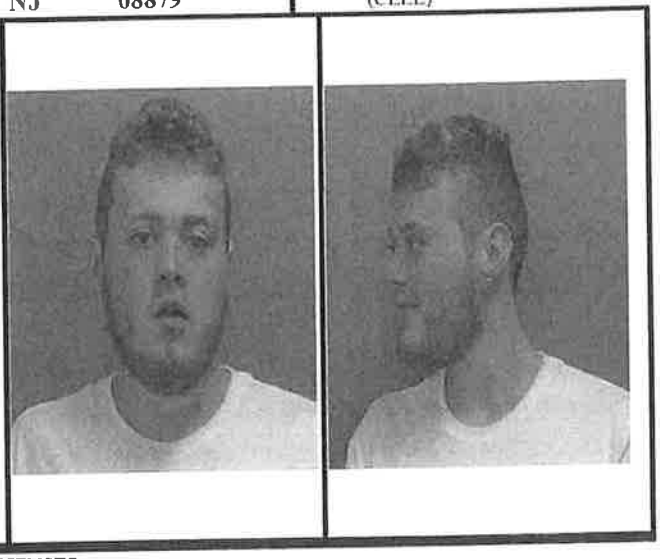
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
EDISON NJ		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JOHN SPECHT IV	JODI	DITARKA

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
WAWA	PUMP GAS

ADDRESS OF EMPLOYER
RT 9 N SAYREVILLE NJ 08872



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	BARTLINSKI, J

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	BARTLINSKI, J

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARTLINSKI, J	BARTLINSKI, J

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER: **RELEASED**	ARREST NUMBER: **TSAY202000428**	DATE & TIME OF BOOKING: **09/10/2020 15:36:13**			INCIDENT NUMBER: **20015054**
LAST NAME: **VAUGHN**	FIRST: **SEAN**	MIDDLE NAME: **T**	D.O.B.: **07/01/1997**	AGE: **23**	SSN:
TRUE NAME: **SEAN T VAUGHN**			MAIDEN NAME:		HOME PHONE:
STREET NO. STREET NAME: **380 RARITAN ST**	APT #	CITY/TOWN: **SOUTH AMBOY**	STATE: **NJ**	ZIP: **08879**	PHONE (WORK) (CELL)

SEX: **M**	HEIGHT: **508**	WEIGHT: **175**	RACE: **BLACK**
HAIR: **BLACK**	EYES: **BROWN**	BLD: **MUSCULAR**	SKIN: **DARK BROWN**
ETHNICITY: **NOT OF HISPANIC ORIGIN**	SCARS: **SMALL HAND TATTOOS**	LOCATION OF ARREST: **73 WINDING WOODS**	
PLACE OF BIRTH: **NEWARK NJ**	MARTIAL STATUS: **UNMARRIED**	DRIVER'S LICENSE	
FATHER'S NAME: **RICHARD VAUGHN**	MOTHER'S NAME: **VIVIAN GORDON (DECEASED)**	MOTHER'S MAIDEN	
SBI #	FBI #	LOCAL ID (PRINT)	
EMPLOYER: **FEDEX**	OCCUPATION: **PACKAGE HANDLER**		
ADDRESS OF EMPLOYER: **6000 RIVERSIDE DR KEASBEY NJ 08832**			

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN	
PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A: YES ☐	BY WHOM: **MCMAHON, J**	
FINGERPRINTS TAKEN: YES ☒	PHOTO TAKEN: YES ☒	

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A: YES ☐	BY WHOM: **MCMAHON, J**	
BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER: **BARTLINSKI, J**	BOOKING OFFICER: **MCMAHON, J**
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **POSS CDS - < 50G MARIJUANA, 5G HASHISH**
2.
3.
4.
5.

ARREST ON WARRANT? YES ☐	WARRANT NUMBER
	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: **GOVERNMENT ID**

IS ARRESTEE A JUVENILE ☐ YES	NAME OF PROBATION OFFICER NOTIFIED / TIME
NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION / TIME
BAIL COMMISSIONER	AMOUNT OF BAIL / DATE AND TIME OF BAIL
DISPOSITION	

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000424	09/08/2020 16:43:18	20014925

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MALONE	GERALD	F	10/03/1949	70	

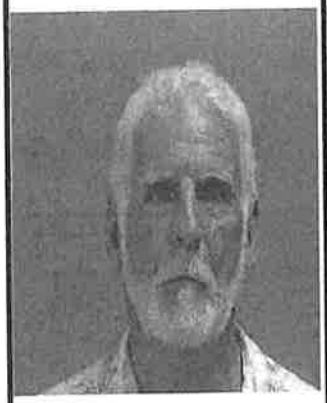
TRUE NAME	MAIDEN NAME	HOME PHONE
GERALD F MALONE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
34 WILLOW ST		SOUTH AMBOY	NJ	08879	

SEX	HEIGHT	WEIGHT	RACE
M	603	205	WHITE

HAIR	EYES	BLD	SKIN
GRAY/PARTL GRAY	GREEN	THIN	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	CELTIC ON CHEST, FAMILY CREST ON BACK, CAT HOLDING A MOUSE ON BACK	34 WILLOW ST



PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ELIZABETH NJ	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JAMES MALONE	ELLEN MALONE	SULLIVAN

SBI #	FBI #	LOCAL ID (PRINT)
729909B		

EMPLOYER	OCCUPATION
RETIRED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
ST BARNABAS	ED HARBACK

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	ZEBROWSKI, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	ZEBROWSKI, M

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MADER, J	ZEBROWSKI, M
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA OVER 50 GRAMS
2. POSS DRUG PARAPHERNALIA
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: OTHER SOURCE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000418**	**09/04/2020 20:14:31**	**20014760**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
JAIN	**ARNAV**	**H**	**02/02/2001**	**19**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ARNAV H JAIN		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
7 KANIA COURT		**SAYREVILLE**	**NJ**	**08872**	

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**220**	**ASIAN/PACIFIC ISLANDER**

HAIR	EYES	BLD	SKIN
BLACK	**BROWN**	**MEDIUM**	**OLIVE**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**FORREST AV**

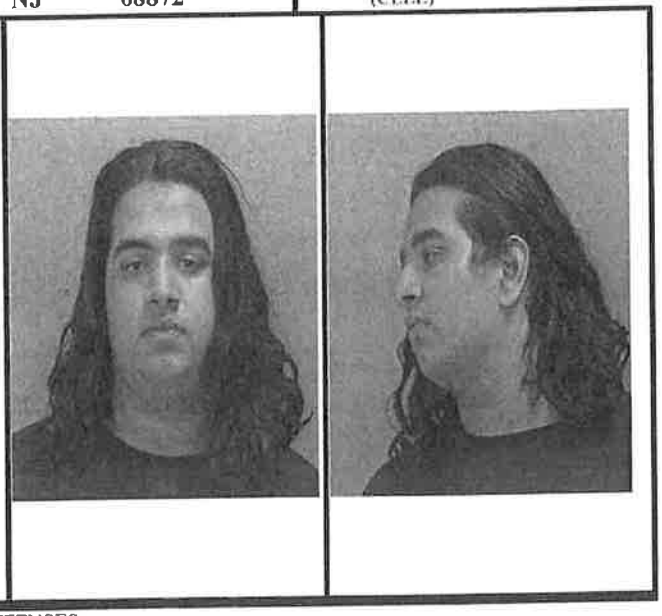
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
HARSH JAIN	**JESAL JAIN**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
RIDER UNIVERSITY	**STUDENT**

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	**BRAUN, J**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	**BRAUN, J**

BREATHALYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BRENNAN, P	**BRAUN, J**
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **POSS CDS - < 50G MARIJUANA, 5G HASHISH**
2. **POSS DRUG PARAPHERNALIA**
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000415	09/03/2020 16:10:42	20014681

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BARTH	WILLIAM	A	06/19/1983	37	

TRUE NAME	MAIDEN NAME	HOME PHONE
WILLIAM A BARTH JR		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
7 INVERNESS LANE		JACKSON	NJ	08567	

SEX	HEIGHT	WEIGHT	RACE
M	511	165	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	OLIVE

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	SLEEVE TATTOOS BOTH ARMS	19 DRIFTWOOD DR

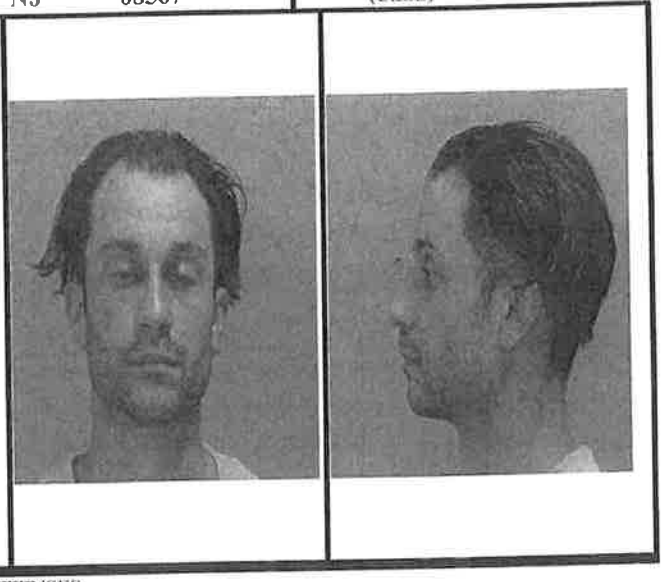
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
WILLIAM BARTH SR	GLADYS SCHNUERING	GARCIA

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
TOP SHELF ELECTRIC	ELECTRICIAN

ADDRESS OF EMPLOYER
485 RT 1 S ISELIN NJ 08830



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	MCMAHON, J

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	MCMAHON, J

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MCMAHON, J	MCMAHON, J

COMPLAINANT	OFFICER IN CHARGE
MCMAHON, J	PRZYBYLOWSKI, J

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSSESSION OF CDS SCHEDULE I, II, III OR IV
3. POSS DRUG PARAPHERNALIA
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CTY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000403	08/29/2020 02:59:51	20014331

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
VILA	ELVIN		07/24/2000	20	

TRUE NAME	MAIDEN NAME	HOME PHONE
ELVIN & VILA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
22 HAMILTON ST		SOMERVILLE	NJ	08876	

SEX	HEIGHT	WEIGHT	RACE
M	506	130	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	NONE	125.1 GSP N EXP

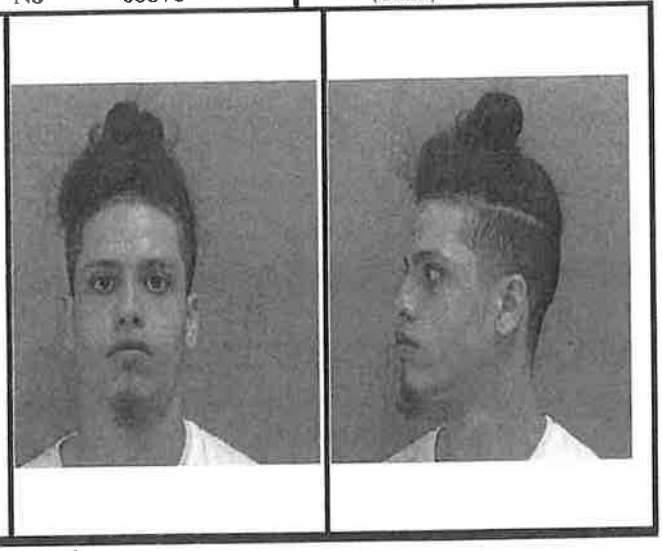
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
MANHATTAN NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ELVIN VILA	TYRENE	AGOSTO

SBI #	FBI #	LOCAL ID (PRINT)
498548G	7213C006W	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	PIZZILLO, T

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	PIZZILLO, T

BREATHALYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
PIZZILLO, T	PIZZILLO, T

COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1. POSSESSION OF MARIJUANA OVER 50 GRAMS
2. MANUFACTURING,DISTRIBUTE
3. POSS DRUG PARAPHERNALIA
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
SUMMONS	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000402	08/29/2020 00:48:41	20014331

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
FLORES ZARANTES	MARVIN		08/09/1999	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
MARVIN & FLORES ZARANTES	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
2124 ELLIS AVE		BRONX	NY	10462	

SEX	HEIGHT	WEIGHT	RACE
M	503	130	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	N/A	125.1 GSP N EXP

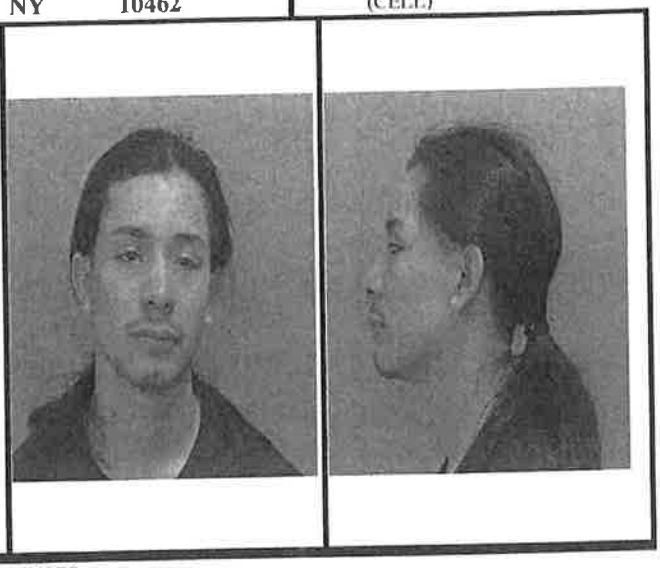
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BRONX NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
UNKNOWN	DOLORES FLOREZ	UNKNOWN

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
LOCAL 295	MECHANIC

ADDRESS OF EMPLOYER
QUEENS NY



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
N/A	

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	WAGNER, G

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	WAGNER, G

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
LESTUCK JR, G	WAGNER, G
COMPLAINANT	OFFICER IN CHARGE
	KWITKOSKI, J

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3. ELUDING OFFICER
4. RESISTING ARREST
5. RECKLESS DRIVING

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
SUMMONS	ROR	

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000392	08/21/2020 00:23:23	20013908

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
STOLZ-FEDZUIK	CONSTANTINE	GREGORY	09/16/1992	27	

TRUE NAME	MAIDEN NAME	HOME PHONE
CONSTANTINE G STOLZ-FEDZUIK		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
166 HILLSIDE TERR		STATEN ISLAND	NY	10308	

SEX	HEIGHT	WEIGHT	RACE
M	507	160	WHITE

HAIR	EYES	BLD	SKIN
BROWN	HAZEL	SMALL	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		221 MACARTHUR AV

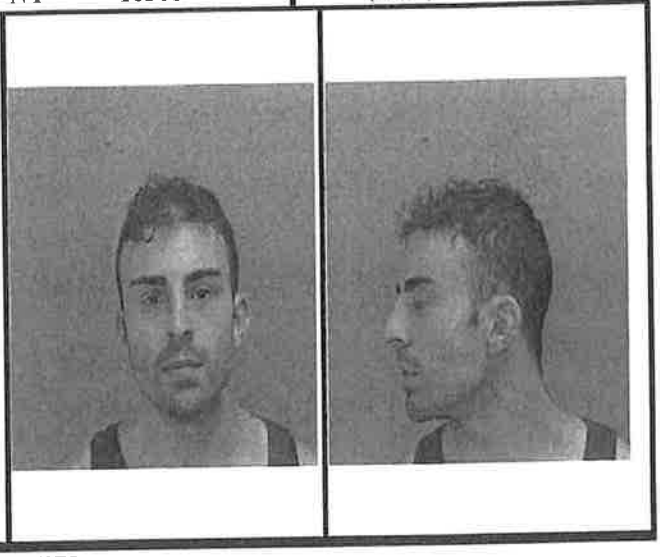
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
STATEN ISLAND NJ	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
BINX ENTERTAINMENT	ENTERTAINER

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
N/A	

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	MARTINS, A

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	MARTINS, A

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
WAGNER, G	MARTINS, A

COMPLAINANT	OFFICER IN CHARGE
	MONACO, J

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. CARELESS DRIVING
3. POSSESSION OF DRUGS
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PARENT OR GUARDIAN NOTIFIED

NAME OF PROBATION OFFICER NOTIFIED — TIME

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000381	08/18/2020 18:35:39	20013768

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DIANE	IBRAHIMA		03/17/1995	25	

TRUE NAME	MAIDEN NAME	HOME PHONE
IBRAHIMA & DIANE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
320 VANDERBILT	1E	STATEN ISLAND	NY	10304	

SEX	HEIGHT	WEIGHT	RACE
M	602	170	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BLACK	THIN	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	FULL SLEEVES BOTH ARMS	920 RT 9 S

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
QUEENS NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MAIMADI DIANE	MARIAME KASSE	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	MCMAHON, J

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	MCMAHON, J

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
GRAUSAM, K	MCMAHON, J
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000380	08/18/2020 17:47:59	20013781

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SANTIAGO	MICHAEL		01/30/1989	31	

TRUE NAME	MAIDEN NAME	HOME PHONE
MICHAEL & SANTIAGO		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
350	VANDERBILT AVENUE	2N	STATEN ISLAND	NY	10304	

SEX	HEIGHT	WEIGHT	RACE
M	508	150	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	NONE	970 RT 9 S

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW YORK NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
WILLIAM SANTIAGO	LUZ BARRIOS	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	BURT, C

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	BURT, C

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
PASCONE, M	BURT, C
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000379**	**08/18/2020 17:02:24**	**20013775**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
TOURE	**MOUSTAPHA**		**05/16/1996**	**24**	

TRUE NAME	MAIDEN NAME	HOME PHONE
MOUSTAPHA & TOURE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
160 PARK HILL AVE	**3E**	**STATEN ISLAND**	**NY**	**10304**	

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**165**	**BLACK**

HAIR	EYES	BLD	SKIN
BLACK	**BROWN**	**THIN**	**MEDIUM BROWN**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**NO TATTOOS**	**920 RT 9 S**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
IVORY COAST		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
N/A	**N/A**	

SBI #	FBI #	LOCAL ID (PRINT)
966534G	**NA81AM9TD**	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	**BURT, C**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	**BURT, C**

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
COX, A	**BURT, C**

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. **POSS CDS - < 50G MARIJUANA, 5G HASHISH**
2. **POSS DRUG PARAPHERNALIA**
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **S2019000357**
	☒	CITY/COURT **ELIZABETH**

CHARGES
CRIMINAL SIMULATION

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **GOVERNMENT ID**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000378	08/18/2020 16:36:32	20013781

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BASTIEN	KHYRI	Z	01/09/1994	26	

TRUE NAME	MAIDEN NAME	HOME PHONE
KHYRI Z BASTIEN		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
5416 AVENUE L		BROOKLYN	NY	11234	

SEX	HEIGHT	WEIGHT	RACE
M	510	165	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	RIGHT ARM (BIRDS,ANGEL,WORDS,CLOUD LEFT ARM (FLOWERS, STAIRCASE,WORDS,CLOUDS	970 RT 9 S

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JAMAR BASTIEN	AYISHA BENNETT	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
ALI UNVERSITY	SECURITY

ADDRESS OF EMPLOYER
NY

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	BURT, C

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	BURT, C

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
SALVATORE, M	BURT, C
COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. POSSESSION OF MARIJUANA OVER 50 GRAMS
2. MANUFACTURING,DISTRIBUTE
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000377	08/18/2020 16:06:40	20013781

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
JEWELL	TYRON	O	06/07/1994	26	

TRUE NAME	MAIDEN NAME	HOME PHONE
TYRON O JEWELL		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
426 BALTIC ST	12A	BROOKLYN	NY	11217	

SEX	HEIGHT	WEIGHT	RACE
M	601	175	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	LEFT ARM SLEEVE: FLOWERS, STATUE, CROSS	970 RT 9 S

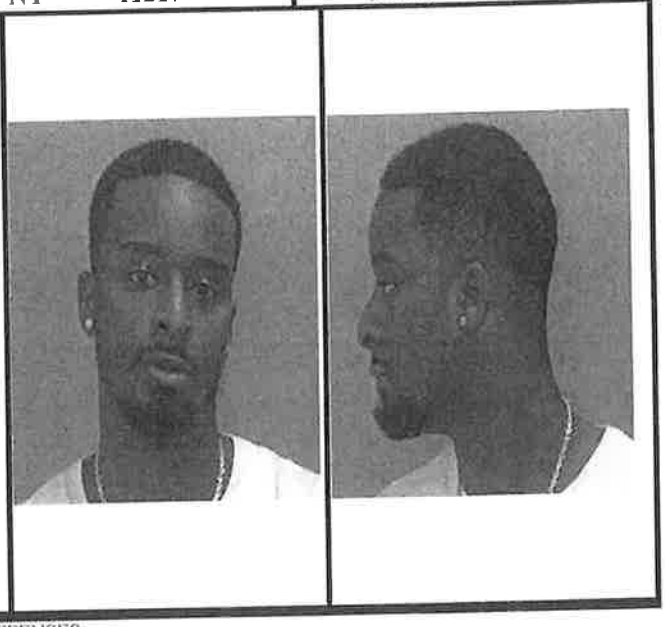
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
CHRISTIAN JEWELL	CRYSTAL JEWELL	

SBI #	FBI #	LOCAL ID (PRINT)
3329141L	622658WD8	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L CHAP 276 33A	YES	BY WHOM
	☐	BURT, C

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	BURT, C

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BURT, C	BURT, C

COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. POSSESSION OF MARIJUANA OVER 50 GRAMS
2. MANUFACTURING,DISTRIBUTE
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000376**	**08/18/2020 15:34:49**	**20013781**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
WYNTER	**ARMANI**	**DIOR**	**07/18/1995**	**25**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ARMANI D WYNTER		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
150 NEVINS ST	**4B**	**BROOKLYN**	**NY**	**11217**	

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**160**	**BLACK**

HAIR	EYES	BLD	SKIN
BLACK	**BROWN**	**THIN**	**MEDIUM BROWN**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**NO TATTOOS**	**970 RT 9 S**

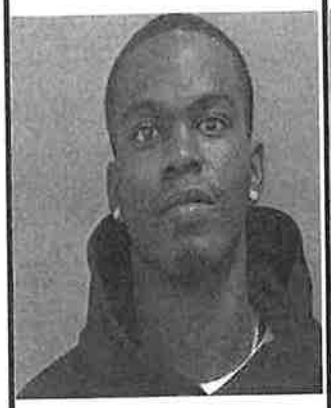
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
CASEY WYNTER	**THERESA TUCKER**	

SBI #	FBI #	LOCAL ID (PRINT)
00755195	**837656WD6**	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	**COX, A**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	**COX, A**

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
COX, A	**COX, A**
COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. **POSSESSION OF MARIJUANA OVER 50 GRAMS**
2. **MANUFACTURING,DISTRIBUTE**
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000374	08/18/2020 14:46:38	20013775

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MCGILL	JULIUS	P	03/08/1997	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
JULIUS P MCGILL		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
140 PARK HILL	5B	STATEN ISLAND	NY	10304	

SEX	HEIGHT	WEIGHT	RACE
M	511	192	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	HALF SLEEVE RIGHT ARM NAME 'CARTER', TIGER ON RIGHT ARM, FACE MASK LOWER RIGHT ARM	920 RT 9 S

PLACE OF BIRTH	MARITAL STATUS	DRIVER'S LICENSE
IVORY COAST		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
PETER MCGILL	MERLYN GIBSON	

SBI #	FBI #	LOCAL ID (PRINT)
661152G	NXCFWCJW1	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	ZUCZEK, S

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	ZUCZEK, S

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
GOTTA, K.	ZUCZEK, S
COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. POSS DRUG PARAPHERNALIA
2. POSS CDS - < 50G MARIJUANA, 5G HASHISH
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: OTHER SOURCE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

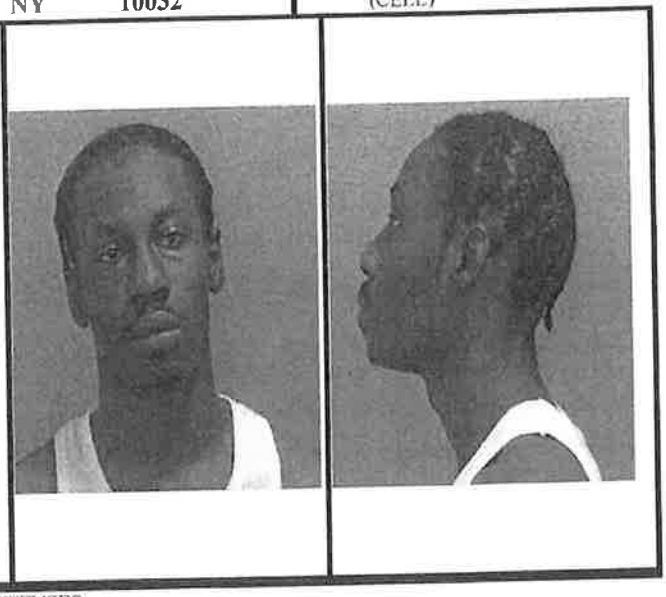
POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER: **RELEASED**	ARREST NUMBER: **TSAY202000373**	DATE & TIME OF BOOKING: **08/18/2020 14:00:53**			INCIDENT NUMBER: **20013768**
LAST NAME: **LEE**	FIRST: **GENERAL**	MIDDLE NAME:	D.O.B.: **12/20/1996**	AGE: **23**	SSN:
TRUE NAME: **GENERAL & LEE**			MAIDEN NAME:		HOME PHONE:
STREET NO. STREET NAME: **1070 SAINT NICHLS**	APT #: **E2**	CITY/TOWN: **NEW YORK**	STATE: **NY**	ZIP: **10032**	PHONE (WORK) (CELL)

SEX: **M**	HEIGHT: **510**	WEIGHT: **145**	RACE: **BLACK**
HAIR: **BLACK**	EYES: **BLACK**	BLD: **THIN**	SKIN: **DARK BROWN**
ETHNICITY: **NOT OF HISPANIC ORIGIN**	SCARS:	LOCATION OF ARREST: **920 RT 9 S**	
PLACE OF BIRTH: **BRONX NY**	MARTIAL STATUS: **UNMARRIED**	DRIVER'S LICENSE:	
FATHER'S NAME: **GENERAL LEE**	MOTHER'S NAME: **TARA BURTON**	MOTHER'S MAIDEN:	
SBI #:	FBI #:	LOCAL ID (PRINT):	
EMPLOYER: **UNEMPLOYED**	OCCUPATION:		
ADDRESS OF EMPLOYER:			



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE: **PERTH AMBOY**	ATTENDING PHYSICIAN: **DR LIVINGSTON**	
PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A: YES ☐	BY WHOM: **PLUMACKER, M**	
FINGERPRINTS TAKEN: YES ☐	PHOTO TAKEN: YES ☒	

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A: YES ☐	BY WHOM: **PLUMACKER, M**	
BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER: **GRAUSAM, K**	BOOKING OFFICER: **PLUMACKER, M**
COMPLAINANT	OFFICER IN CHARGE: **MADER, J**

OFFENSES

1. **POSS CDS - < 50G MARIJUANA, 5G HASHISH**
2. **POSSESSION OF CDS SCHEDULE I, II, III OR IV**
3. **POSS DRUG PARAPHERNALIA**
4. **EXHIBITING FRAUDULENT DL**
5.

ARREST ON WARRANT? YES ☐ | WARRANT NUMBER | CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION ☒ YES ☐ NO TYPE: **GOVERNMENT ID**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED | TIME

NAME OF PARENT OR GUARDIAN NOTIFIED | OFFICER MAKING NOTIFICATION | TIME

BAIL COMMISSIONER | AMOUNT OF BAIL | DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000372	08/18/2020 13:15:08	20013781

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
EVERETT	ADONIS	CLINT	06/21/1995	25	

TRUE NAME	MAIDEN NAME	HOME PHONE
ADONIS C EVERETT		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
345 LIVONIA	10E	BROOKLYN	NY	11212	

SEX	HEIGHT	WEIGHT	RACE
M	509	180	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	INDIAN WOMEN FACE UPPER RIGHT SHOULDER '1995' ON RIGHT KNEE	970 RT 9 S

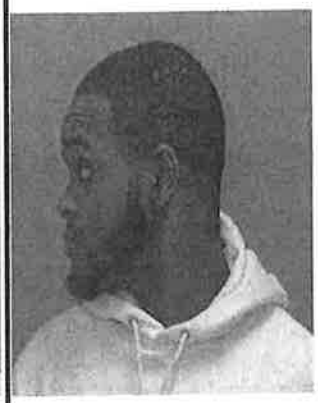
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
CLINT WEEKS	ZENOBIA	EVERETT

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
DELTA AIRLINES @JFK AIRPORT	RAMP AGENT

ADDRESS OF EMPLOYER
QUEENS NY 11430



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	PLUMACKER, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G L. CHAP 263 5A	YES	BY WHOM
	☐	PLUMACKER, M

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BURT, C	PLUMACKER, M

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA OVER 50 GRAMS
2. MANUFACTURING,DISTRIBUTE
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME:

NAME OF PARENT OR GUARDIAN NOTIFIED

OFFICER MAKING NOTIFICATION — TIME:

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000371	08/18/2020 12:29:40	20013768

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
QUINONES	ARTIN	J	08/28/1998	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
ARTIN J QUINONES		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
260 AUDUBON AVE	19E	NEW YORK	NY	10033	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	510	145	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	MARIA BEHIND LEFT EAR LONG LIVE STYLES BEHIND RIGHT EAR	920 RT 9 S

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW YORK NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ALBERTO	MARIA	CHACON

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	PLUMACKER, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	PLUMACKER, M

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MADER, J	PLUMACKER, M
COMPLAINANT	OFFICER IN CHARGE
	MADER, J

OFFENSES

1. POSSESSION OF CDS SCHEDULE I, II, III OR IV
2. POSS CDS - < 50G MARIJUANA, 5G HASHISH
3. POSS DRUG PARAPHERNALIA
4. EXHIBITING FRAUDULENT DL
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: GOVERNMENT ID

IS ARRESTEE A JUVENILE	☐ YES	NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000370	08/18/2020 11:13:51	20013775

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
KENNEDY	PRINCE		05/21/2000	20	

TRUE NAME	MAIDEN NAME	HOME PHONE
PRINCE & KENNEDY		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
260	PARK HILL AVENUE	2W	STATEN ISLAND	NY	10304	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	511	120	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		920 RT 9 S

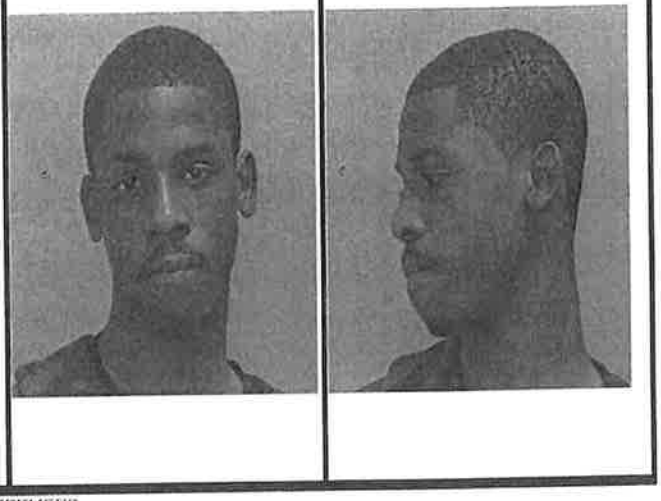
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW YORK NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
PRINCE	BETTY KENNEDY	N/A

SBI #	FBI #	LOCAL ID (PRINT)
23ENHE5KL	23289H	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	ZUCZEK, S

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	ZUCZEK, S

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
ZUCZEK, S	ZUCZEK, S
COMPLAINANT	OFFICER IN CHARGE
	CASELLA, J

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3. POSSESSION OF CDS SCHEDULE I, II, III OR IV
4. EXHIBITING FRAUDULENT DL
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION

☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE	☐ YES	NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000369	08/18/2020 10:08:23	20013768

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DOMINGUEZ	JALEN	J	04/10/1996	24	

TRUE NAME	MAIDEN NAME	HOME PHONE
JALEN J DOMINGUEZ		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
601 WEST 151ST STREET	67	NEW YORK	NY	10031	

SEX	HEIGHT	WEIGHT	RACE
M	506	130	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	SMALL SCAR ON RIGHT KNEE	920 RT 9 S

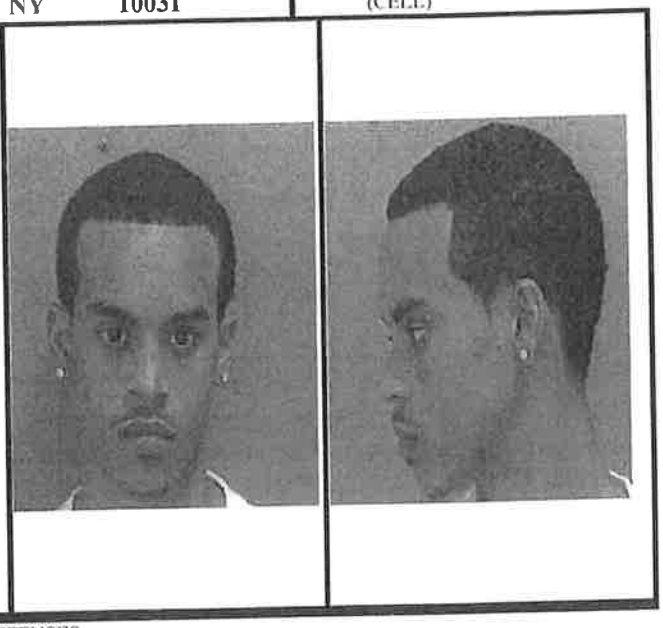
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW YORK CITY NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JUAN DOMINGUEZ	SHIRLEY SMALLS	GUZMAN

SBI #	FBI #	LOCAL ID (PRINT)
CO3546521	RC2TMVJWL	

EMPLOYER	OCCUPATION
UPS	PACKAGE UNLOADE

ADDRESS OF EMPLOYER
493 COUNTY AVE SECAUCUS NJ 07094



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES ☐	BY WHOM
		DEGUZMAN, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES ☐	BY WHOM
		DEGUZMAN, M

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	DEGUZMAN, M
COMPLAINANT	OFFICER IN CHARGE
	CASELLA, J

OFFENSES

1. POSSESSION OF CDS SCHEDULE I, II, III OR IV
2. POSS CDS - < 50G MARIJUANA, 5G HASHISH
3. POSS DRUG PARAPHERNALIA
4. EXHIBITING FRAUDULENT DL
5.

ARREST ON WARRANT?	YES ☐	WARRANT NUMBER
		CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: OTHER SOURCE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000366	08/17/2020 01:05:21	20013706

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
AIELLO	DANIELLE	M	03/12/1993	27	

TRUE NAME	MAIDEN NAME	HOME PHONE
DANIELLE M AIELLO	AIELLO	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
15 FLORENCE DR		PARLIN	NJ	08859	

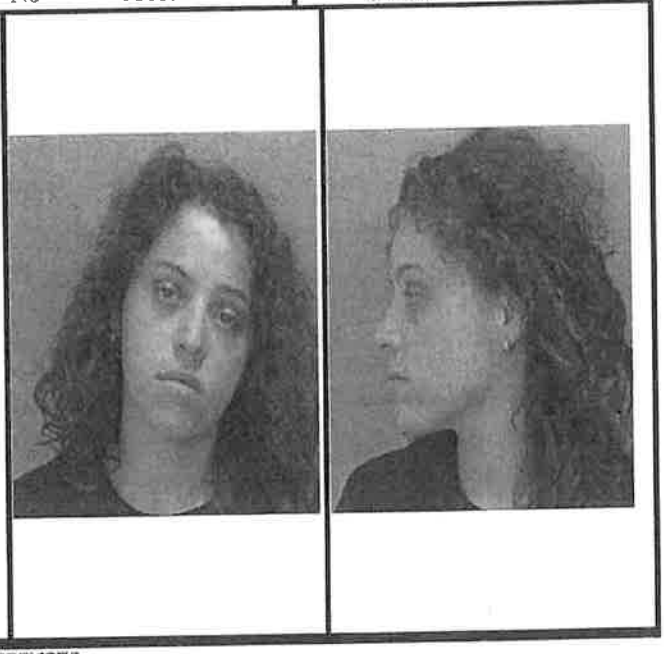
SEX	HEIGHT	WEIGHT	RACE
F	502	150	WHITE

HAIR	EYES	BLD	SKIN
BROWN	HAZEL	MEDIUM	OLIVE

ETHNICITY
HISPANIC ORIGIN

SCARS
TATTOO LEFT WRIST
MOM'S BIRTHDAY
TATTOO CHEST I AM
ENOUGH THE WAY I
AM

LOCATION OF ARREST
BOEHMHURST AV



PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
THOMAS AIELLO	CAROL AIELLO	RENDE

SBI #	FBI #	LOCAL ID (PRINT)
533929G	9C2M1HJW0	

EMPLOYER	OCCUPATION
GOODFELLOWS AND SANTINOS	DRIVER

ADDRESS OF EMPLOYER
PARLIN NJ 08859

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	POPOWSKI, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	POPOWSKI, M

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
POPOWSKI, M	POPOWSKI, M
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3. POSSESSION OF CDS SCHEDULE I, II, III OR IV
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000360	08/14/2020 14:41:01	20013576

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BAKER	RASHMARE	TA-LIB	02/24/1988	32	

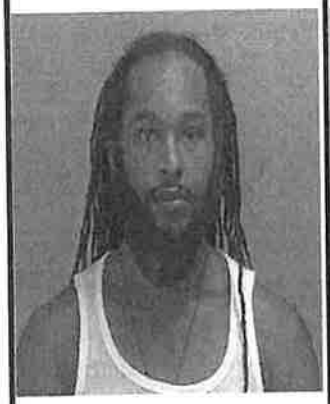
TRUE NAME	MAIDEN NAME	HOME PHONE
RASHMARE T BAKER		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
184 BUCKELEW AVE		JAMESBURG	NJ	08831	

SEX	HEIGHT	WEIGHT	RACE
M	600	200	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	BOTH WRISTS LEFT- LEADER SYMBOL RIGHT- POWERFUL SYMBOL	BORDENTOWN AV



PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ELIZABETH NJ		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN

SBI #	FBI #	LOCAL ID (PRINT)
900888E	84260TD1	

EMPLOYER	OCCUPATION
QUICK CHEK (HAVENT STARTED YET	

ADDRESS OF EMPLOYER
JAMESBURG NJ

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	BARTLINSKI, J

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	BARTLINSKI, J

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARTLINSKI, J	BARTLINSKI, J
COMPLAINANT	OFFICER IN CHARGE
	MADER, J

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000357	08/12/2020 17:13:59	20013472

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CARDONA	PABLO	E	09/08/1990	29	

TRUE NAME	MAIDEN NAME	HOME PHONE
PABLO E CARDONA III		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
7069 ROUTE 9/35 S	106	SAYREVILLE	NJ	08872	

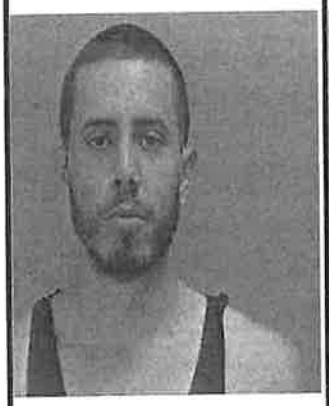
SEX	HEIGHT	WEIGHT	RACE
M	509	160	WHITE

HAIR	EYES	BLD	SKIN
BALD/BALDING	HAZEL	MEDIUM	FAIR

ETHNICITY
HISPANIC ORIGIN

SCARS
RIGHT FOREARM: PUERTO RICO CROSS, NECCO INSIDE RIGHT FOREARM LEFT FOREARM: PUERTO RICAN TRIBAL, JULISSA INSIDE FOREARM

LOCATION OF ARREST
7069 RT 9/35 S



PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ANTHONY CARDONA	KIMBERLEY	VARGAS

SBI #	FBI #	LOCAL ID (PRINT)
381301E	505281ED4	

EMPLOYER	OCCUPATION

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	BARTLINSKI, J

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

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COMPLAINANT	OFFICER IN CHARGE
	MADER, J

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. POSS DRUG PARAPHERNALIA
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
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NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER — AMOUNT OF BAIL — DATE AND TIME OF BAIL

DISPOSITION