POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000346**	**08/05/2020 11:59:37**	**20013022**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
FERNANDEZ	**BRENDAN**	**J**	**11/28/1996**	**23**	

TRUE NAME: **BRENDAN J FERNANDEZ**

MAIDEN NAME:

HOME PHONE:

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
5 OLD ROAD	**17**	**OLD BRIDGE**	**NJ**	**08879**	

SEX	HEIGHT	WEIGHT	RACE
M	**509**	**180**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	**N/A**	**FERNANDEZ CT**

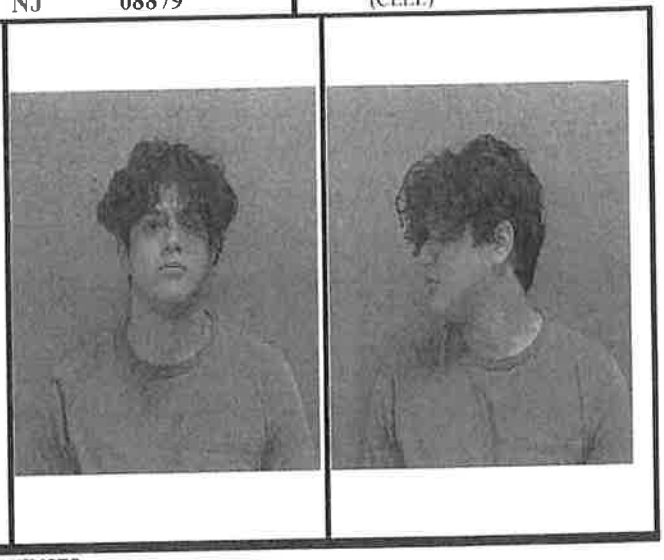
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NJ	**UNMARRIED**	

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
	☐	**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

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	TSAY202000339	07/29/2020 00:17:54	20012391

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SIMMONS	SYHEED	MICHAEL	05/28/1979	41	

TRUE NAME	MAIDEN NAME	HOME PHONE
SYHEED M SIMMONS		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
11 HILLCREST AV		EDISON	NJ	08817	

SEX	HEIGHT	WEIGHT	RACE
M	600	270	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	HEAVY	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		47 WINDING WOODS

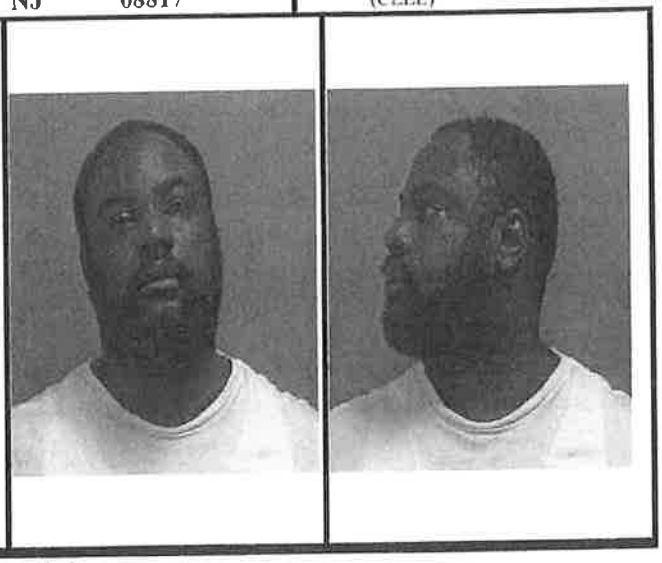
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
	ADIS SKIPPER	SKIPPER

SBI #	FBI #	LOCAL ID (PRINT)
218699C	422549JB6	

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
	☐	NOVAK, 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
	☐	NOVAK, 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
BRENNAN, P	NOVAK, C
COMPLAINANT	OFFICER IN CHARGE
	MCGRATH, S

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
	☐	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	TSAY202000330	07/23/2020 13:19:51	20012014

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LORD	EUTON	W	02/10/1997	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
EUTON W LORD JR		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
144 MAGNOLIA AVENUE		ELIZABETH	NJ	07206	

SEX	HEIGHT	WEIGHT	RACE
M	603	180	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MUSCULAR	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		1 VICTORY BRIDGE

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNKNOWN	

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION

ADDRESS OF EMPLOYER

Photo Not Available!

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
RARITAN BAY MEDICAL CENTER	

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	MADER, 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
	☐	MADER, 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	MADER, J
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
	0	

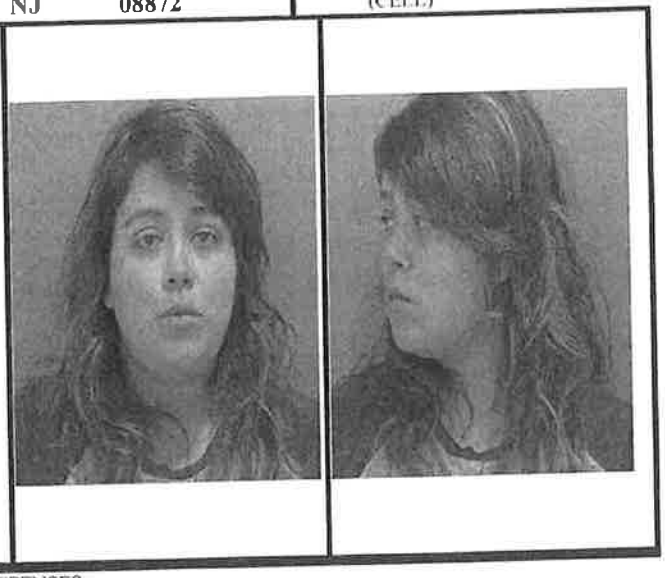
DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER: **RELEASED**	ARREST NUMBER: **TSAY202000270**	DATE & TIME OF BOOKING: **06/17/2020 16:56:29**			INCIDENT NUMBER: **20009052**
LAST NAME: **IRIZARRY**	FIRST: **MARITZA**	MIDDLE NAME: **DIANNE**	D.O.B.: **04/08/1998**	AGE: **22**	SSN:
TRUE NAME: **MARITZA D IRIZARRY**			MAIDEN NAME:		HOME PHONE:
STREET NO. STREET NAME: **5 MARSHALL PLACE**	APT #	CITY/TOWN: **SAYREVILLE**	STATE: **NJ**	ZIP: **08872**	PHONE (WORK) (CELL)

SEX: **F**	HEIGHT: **503**	WEIGHT: **200**	RACE: **WHITE**
HAIR: **BROWN**	EYES: **GREEN**	BLD: **HEAVY**	SKIN: **OLIVE**
ETHNICITY: **HISPANIC ORIGIN**	SCARS: **WATER AND FIRE SYMBOL ON BACK**	LOCATION OF ARREST: **5 MARSHALL PL**	
PLACE OF BIRTH: **BROOKYLN NY**	MARTIAL STATUS: **UNMARRIED**	DRIVER'S LICENSE:	
FATHER'S NAME: **ANTHONY IRIZARRY**	MOTHER'S NAME: **STEPHANIE NICASTRO**	MOTHER'S MAIDEN: **GLESSING**	
SBI #	FBI #	LOCAL ID (PRINT):	
EMPLOYER: **SHOPRITE**	OCCUPATION: **SHOP FROM HOME**		
ADDRESS OF EMPLOYER: **2909 WASHINGTON RAOAD 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: **CORTEZ, 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: **CORTEZ, 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: **BARTLINSKI, J**	BOOKING OFFICER: **CORTEZ, B**
COMPLAINANT	OFFICER IN CHARGE: **MADER, J**

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 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	TSAY202000255	06/10/2020 15:43:27	20009659

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
KALLON	MAIGORE		12/19/1997	22	

TRUE NAME	MAIDEN NAME	HOME PHONE
MAIGORE & KALLON		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
33 WINDING WOOD DR	6B	SAYREVILLE	NJ	08872	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	510	230	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BLACK	MEDIUM	DARK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	MUINURU ON LEFT WRIST, HANNAH ON RIGHT WRIST, ICK KING RIGHT FOREARM	73 WINDING WOODS

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MAUNIORU KALLON	HANNAH LASTEL	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	GRILL COOK

ADDRESS OF EMPLOYER
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
	☐	SATORSKI, 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
	☐	SATORSKI, 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	SATORSKI, J
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

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

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000254	06/10/2020 15:11:59	20009659

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ROBERTS	JAQUAE	D	09/21/1999	20	

TRUE NAME	MAIDEN NAME	HOME PHONE
JAQUAE D ROBERTS		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
83 HARDING AVENUE		PARLIN	NJ	08859	

SEX	HEIGHT	WEIGHT	RACE
M	510	220	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	DARK

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		73 WINDING WOODS

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ISAIAH ROBERTS	KHALIMAH ROBERTS	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SWMHS 12TH GRADER	STUDENT

ADDRESS OF EMPLOYER
820 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
	☐	SATORSKI, 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
	☐	SATORSKI, 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
BARON, T	SATORSKI, J
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER E197957
	☒	CITY/COURT PISCATAWAY

CHARGES
DRIVING WHILE SUSPENDED

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	TSAY202000222	05/08/2020 10:07:20	20008018

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ABEL	TYSON	DEVIN	11/24/1975	44	

TRUE NAME	MAIDEN NAME	HOME PHONE
TYSON D ABEL		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
258 BATH AVE.		LONG BRANCH	NJ	07740	

SEX	HEIGHT	WEIGHT	RACE
M	602	255	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	HEAVY	OLIVE

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	'ZANE' LEFT FOREARM, 'SON OF MAN' LEFT ARM	5 SKYTOP GARDENS

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
LONG BRANCH NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ZANE CLIFTON ABEL	SUSAN DIANE MOORE	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
MAZZE DEMOLITION	LABOR

ADDRESS OF EMPLOYER
TINTON FALLS 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
	☐	CORTEZ, 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
	☐	CORTEZ, 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
LESTUCK JR, G	CORTEZ, B
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. CRIMINAL MISCHIEF
2. POSS CDS - < 50G MARIJUANA, 5G HASHISH
3. POSSESSION OF CDS SCHEDULE I, II, III OR IV
4. MANUFACTURING.DISTRIBUTE
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER E18000001
	☒	CITY/COURT FREEHOLD

CHARGES
DUI/DWI

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
RARITAN BAY HOSPITAL PERTH AMBOY	TSAY202000208	04/11/2020 08:42:11	20006868

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SCULLY	LEO	J	03/02/1978	42	

TRUE NAME	MAIDEN NAME	HOME PHONE
LEO J SCULLY	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
519 WASHINGTON AVE		HULMEVILLE	PA	19047	

SEX	HEIGHT	WEIGHT	RACE
M	600	250	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BLUE	MUSCULAR	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	LEFT ARM SLEEVE	19 EULNER ST

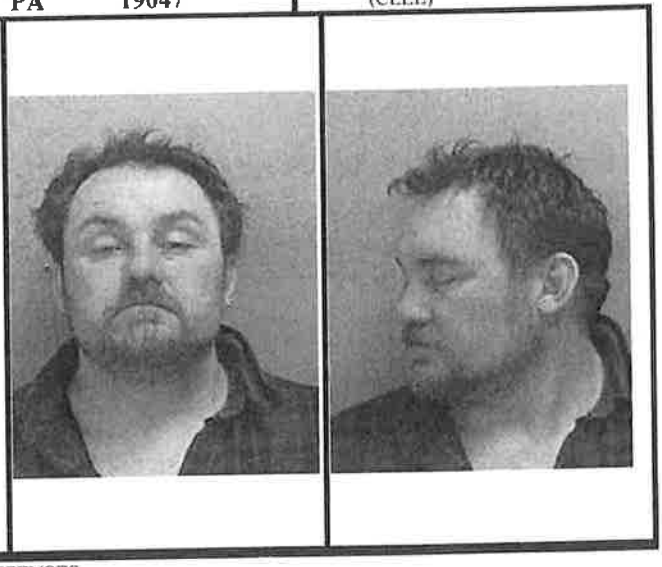
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
FREEHOLD NJ	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
LEO	MARGARET	MACPATE

SBI #	FBI #	LOCAL ID (PRINT)
558912C	724668NB3	

EMPLOYER	OCCUPATION
ISM	IRON WORKER

ADDRESS OF EMPLOYER
600 UNION AVE HILLSIDE NJ 07205



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
	☐	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
ZEBROWSKI, M	ZEBROWSKI, M
COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. DUI/DWI
2. RECKLESS DRIVING
3. DRIVING WHILE SUSPENDED
4. POSS CDS - < 50G MARIJUANA, 5G HASHISH
5. RESPNSBILITY IN ACCIDENTS

ARREST ON WARRANT?	YES	WARRANT NUMBER S2019000616
	☒	CITY/COURT OLD BRIDGE PD

CHARGES
CRIMINAL MISCHIEF-DAMAGE PROPERTY

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

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	TSAY202000191	03/13/2020 23:35:57	20005675

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MCLEOD	RAYMOND	A	08/24/1990	29	

TRUE NAME	MAIDEN NAME	HOME PHONE
RAYMOND A MCLEOD	N/A	

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

SEX	HEIGHT	WEIGHT	RACE
M	509	180	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	'12-21-10' RIGHT BICEP	1776 RT 35 N

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

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

SBI #	FBI #	LOCAL ID (PRINT)
657907E	921854LD5	

EMPLOYER	OCCUPATION
REFUSED	REFUSED

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
	☐	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
TEATOR, V	WAGNER, G
COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1. DRIVING WHILE SUSPENDED
2. RECEIVING STOLEN PROPERTY
3. RECKLESS DRIVING
4. POSS CDS - < 50G MARIJUANA, 5G HASHISH
5. POSS DRUG PARAPHERNALIA

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	TSAY202000189	03/12/2020 19:50:48	20005599

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
RAJA	TEERTH	A	10/27/2000	19	

TRUE NAME	MAIDEN NAME	HOME PHONE
TEERTH A RAJA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
5 DOGWOOD CT		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	504	117	ASIAN/PACIFIC ISLANDER

HAIR	EYES	BLD	SKIN
BLACK	BLACK	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		435 BAIST DR

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ASHVIN RAJA	ASHA RAJA	

SBI #	FBI #	LOCAL ID (PRINT)
253366H	W4PXDHLN4	

EMPLOYER	OCCUPATION
RUTGERS UNIVERSITY	STUDENT

ADDRESS OF EMPLOYER
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
	☐	BECKER, L

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
	☐	BECKER, L

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	BECKER, L
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF CDS SCHEDULE I, II, III OR IV
2. POSSESSION OF MARIJUANA OVER 50 GRAMS
3. POSS DRUG PARAPHERNALIA
4. MANUFACTURING,DISTRIBUTE
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	TSAY202000188	03/12/2020 19:47:56	20005599

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PATEL	NAMAN		07/12/2000	19	

TRUE NAME	MAIDEN NAME	HOME PHONE
NAMAN & PATEL		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
13 FERN CT		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	506	160	ASIAN/PACIFIC ISLANDER

HAIR	EYES	BLD	SKIN
BROWN	BROWN	SMALL	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		435 BAIST DR

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
RAJESH	USHABEN PATAL	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
DUNKIN DOUNTS	

ADDRESS OF EMPLOYER
MARLBORO 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
	☐	TAYLOR, 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
	☐	TAYLOR, 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
PASCONE, M	TAYLOR, J
COMPLAINANT	OFFICER IN CHARGE
	MADER, J

OFFENSES

1. POSSESSION OF MARIJUANA OVER 50 GRAMS
2. POSS DRUG PARAPHERNALIA
3. MANUFACTURING,DISTRIBUTE
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	**TSAY202000187**	**03/12/2020 19:47:33**	**20005599**

LAST NAME	FIRST	MIDDLE NAME	D.O.B	AGE	SSN
KHALABUDNYAK	**MYKHAYLO**		**05/18/2001**	**18**	

TRUE NAME	MAIDEN NAME	HOME PHONE
MYKHAYLO & KHALABUDNYAK		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1802 RIDGEVIEW COURT		**PARLIN**	**NJ**	**08859**	

SEX	HEIGHT	WEIGHT	RACE
M	**604**	**195**	**WHITE**

HAIR	EYES	BLD	SKIN
BROWN	**BROWN**	**MEDIUM**	**FAIR**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**436 BAIST DR**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
UNK	**JULIA KASHINSKY**	

SBI #	FBI #	LOCAL ID (PRINT)
253362H		

EMPLOYER	OCCUPATION
PIRAMIDA	**WAITER**

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 **BECKER, L**

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 **BECKER, L**

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 **PIZZILLO, T**

BOOKING OFFICER **BECKER, L**

COMPLAINANT

OFFICER IN CHARGE **MADER, J**

OFFENSES

1. **POSSESSION OF MARIJUANA OVER 50 GRAMS**
2. **MANUFACTURING,DISTRIBUTE**
3. **POSS DRUG PARAPHERNALIA**
4. **POSSESSION OF MARIJUANA OVER 50 GRAMS**
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 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	TSAY202000186	03/12/2020 19:39:09	20005599

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GANDHI	KARAN		04/01/2001	18	

TRUE NAME	MAIDEN NAME	HOME PHONE
KARAN & GANDHI		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1407 SOLOOK DRIVE		PARLIN	NJ	08859	

SEX	HEIGHT	WEIGHT	RACE
M	506	130	ASIAN/PACIFIC ISLANDER

HAIR	EYES	BLD	SKIN
BLACK	BLACK	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		453 BAIST DR

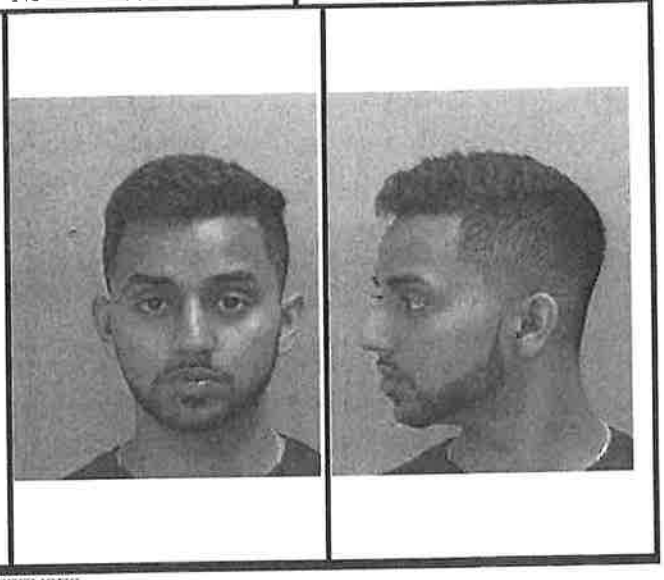
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BARODA	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MUKESH GANDHI	PRAGNA	SHAH

SBI #	FBI #	LOCAL ID (PRINT)
177559H	VHTH7AD56	

EMPLOYER	OCCUPATION
DUNKIN DONUTS	SERVER

ADDRESS OF EMPLOYER
RARITAN ST SAYREVILLE NJ 08879



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
	MADER, J

OFFENSES

1. POSSESSION OF CDS SCHEDULE 1, II, III OR IV
2. POSSESSION OF MARIJUANA OVER 50 GRAMS
3. MANUFACTURING,DISTRIBUTE
4. POSS DRUG PARAPHERNALIA
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	TSAY202000180	03/10/2020 22:09:09	20005439

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LANTIGUA	DARVIN	RAFAEL	01/06/2002	18	

TRUE NAME	MAIDEN NAME	HOME PHONE
DARVIN R LANTIGUA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
261 ELM ST.		PERTH AMBOY	NJ	08861	

SEX	HEIGHT	WEIGHT	RACE
M	508	153	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	THIN	

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		7070 RT 9/35 N

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DANNY LANTIGUA	MARILUZ LATIGUA	HERNANDEZ

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SUBWAY (WALMART)	SANDWICH ARTIST

ADDRESS OF EMPLOYER
360 U.S. 9 N. WOODBRIDGE NJ 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
	☐	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
BARTLINSKI, J	DEGUZMAN, M
COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. POSS CDS - < 50G MARIJUANA. 5G HASHISH
2. HINDERING APPREHENSION
3. POSSESSION OF DRUGS
4. STOP OR YIELD
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	TSAY202000171	03/08/2020 22:45:22	20005250

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
JIMENEZ	JERRY	X	12/04/1986	33	

TRUE NAME	MAIDEN NAME	HOME PHONE
JERRY X JIMENEZ		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
76	MARKET ST	B1	PERTH AMBOY	NJ	08861	

SEX	HEIGHT	WEIGHT	RACE
M	506	180	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	JERRY ON RIGHT FOREARM, JEAN CARLOS RIGHT HAND, FM RIGHT FOREARM, ANALIA RIGHT FOREARM	VICTORY BRIDGE

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
SAN JUAN PR	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
	ALBA	JIMENEZ

SBI #	FBI #	LOCAL ID (PRINT)
889028C	708328AC0	

EMPLOYER	OCCUPATION
RENAISSANCE HOTEL	ENGINEER

ADDRESS OF EMPLOYER
RT 17 EAST RUTHERFORD NJ 07073

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
PERTH AMBOY	PATEL

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
BARTLINSKI, J	MCMAHON, J

COMPLAINANT	OFFICER IN CHARGE
BARTLINSKI, J	GAINES, M

OFFENSES

1. POSS CDS - < 50G MARIJUANA, 5G HASHISH
2. UNREGISTERED VEHICLE
3. 'SAFETY GLASS' DEFINED
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	TSAY202000148	02/24/2020 22:28:17	20004282

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PETERS	JAMES	RAYMOND	04/19/1995	24	

TRUE NAME	MAIDEN NAME	HOME PHONE
JAMES R PETERS JR		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
19 WINDING WOOD DR	5B	SAYREVILLE	NJ	08872	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	511	160	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	TATTOO RIGHT ARM - ANGEL	19 WINDING WOODS

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
CHESTER PA	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JAMES PETERS	IVY SIMKALLAY	

SBI #	FBI #	LOCAL ID (PRINT)
387526G	614386EH3	

EMPLOYER	OCCUPATION
AMC	COOK

ADDRESS OF EMPLOYER
55 PARSONAGE RD EDISON NJ 08837

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
BARTLINSKI, J	DEGUZMAN, M

COMPLAINANT	OFFICER IN CHARGE
	ZAMBRZYCKI, M

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
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000147	02/23/2020 22:03:07	20004187

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
RAMOS	ROSA	ENEIDA	08/30/1989	30	

TRUE NAME	MAIDEN NAME	HOME PHONE
ROSA E RAMOS		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
509 AMBOY AVE		WOODBRIDGE	NJ	07095	

SEX	HEIGHT	WEIGHT	RACE
F	503	115	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	LOWER BACK 'ROSA' TOP RIGHT SHOULDER 'JAYDIN' STARS ON RIGHT HIP	7069 RT 9/35 S

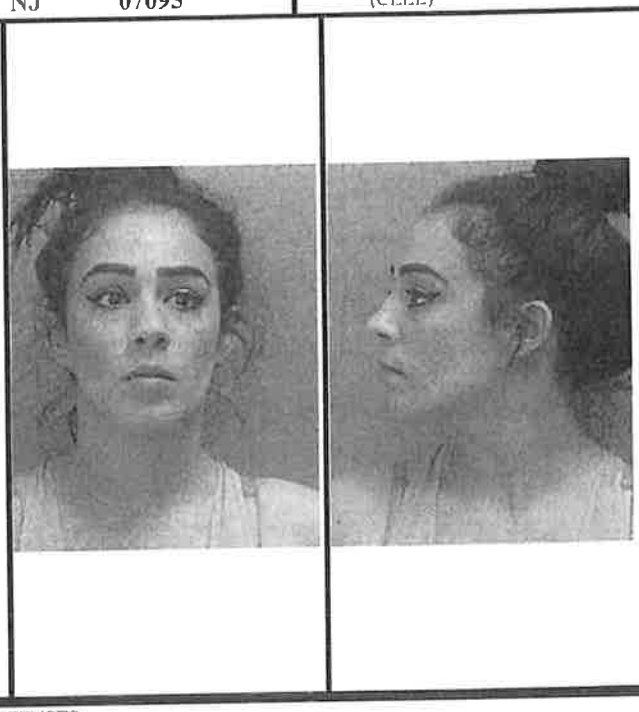
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
PABLO RAMOS	LUCY RAMOS	PEREZ

SBI #	FBI #	LOCAL ID (PRINT)
83999OE	956855PD9	

EMPLOYER	OCCUPATION
WOODBRIDGE DELI	CASHIER

ADDRESS OF EMPLOYER
575 AMBOY AVE WOODBRIDGE NJ 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
	☐	LUONG, H

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
	☐	LUONG, H

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	LUONG, H
COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER S2012000542
	☒	CITY/COURT SAYREVILLE PD

CHARGES
SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ

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
JAMES F. WEBER, JMC	750.00	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000127	02/14/2020 22:16:28	20003493

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DEECKEN	HUNTER	RYAN	06/08/2001	18	

TRUE NAME	MAIDEN NAME	HOME PHONE
HUNTER R DEECKEN		

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

SEX	HEIGHT	WEIGHT	RACE
M	506	190	WHITE

HAIR	EYES	BLD	SKIN
RED/AUBURN	HAZEL	THIN	LIGHT

ETHNICITY
NOT OF HISPANIC ORIGIN

SCARS
FTP- LEFT WRIST, FACELESS MONA LISA - LEFT FOREARM, TRIBAL AND FACE- RIGHT FOREARM

LOCATION OF ARREST
825 WASHINGTON RD

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
RAYMOND DEECKEN	BETHANY DEECKEN	

SBI #	FBI #	LOCAL ID (PRINT)
618169G		

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

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
	GAINES, M

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	TSAY202000126	02/14/2020 21:49:21	20003493

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LENSEN	JASON		03/30/2001	18	

TRUE NAME	MAIDEN NAME	HOME PHONE
JASON & LENSEN		

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

SEX	HEIGHT	WEIGHT	RACE
M	600	150	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BLUE	SMALL	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	SCARS BOTH FOREARMS	825 WASHINGTON RD

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DANIEL LENSEN	DENISE	TOPOLOSKI

SBI #	FBI #	LOCAL ID (PRINT)
180983H		

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
BARTLINSKI, J	MCMAHON, J
COMPLAINANT	OFFICER IN CHARGE
BARTLINSKI, J	GAINES, M

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	TSAY202000123	02/13/2020 23:03:08	20003421

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
STEVANUS	AIRON	E	10/12/1995	24	

TRUE NAME	MAIDEN NAME	HOME PHONE
AIRON E STEVANUS		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
108 HUDSON ST		PHILLIPSBURG	NJ	08865	

SEX	HEIGHT	WEIGHT	RACE
M	508	130	ASIAN/PACIFIC ISLANDER

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	NONE	426 RARITAN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MARK STEVANUS	LYNDA WAGNER	

SBI #	FBI #	LOCAL ID (PRINT)
512141G		

EMPLOYER	OCCUPATION
DUNKIN DONUTS	MANAGER

ADDRESS OF EMPLOYER
848 US 1 HWY AVENEL NJ 07001

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
TESAR, T	BARTLINSKI, J
COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER DIS708787033
	☒	CITY/COURT BETHLEHEM PD

CHARGES
THEFT

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	TSAY202000111	02/08/2020 19:02:35	20003041

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MENDEZ	DIGMA	MARIA	09/07/1990	29	

TRUE NAME	MAIDEN NAME	HOME PHONE
DIGMA M MENDEZ	MENDEZ	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
4 AUSTIN AVE		ISELIN	NJ	08830	

SEX	HEIGHT	WEIGHT	RACE
F	502	135	ASIAN/PACIFIC ISLANDER

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	FAIR

ETHNICITY
UNKNOWN

SCARS
WOMAN EMPOWERMENT, PAW HEART ON RIGHT WRIST, FLOWERS ON LEFT WRIST, INITIALS AND DOB ON NECK, HEARTS ON RIGHT HAND FINGERS

LOCATION OF ARREST
BORDENTOWN AV

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
UNK	DIGNA DIAZ	DIAZ

SBI #	FBI #	LOCAL ID (PRINT)
101743E	26201WC2	

EMPLOYER	OCCUPATION
WINDOW NATION	PRODUCTION

ADDRESS OF EMPLOYER
2050 SPRINGDALE RD CHERRY HILL NJ 08003

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
	☐	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
BARTLINSKI, J	ZEBROWSKI, M
COMPLAINANT	OFFICER IN CHARGE
	MOAT, A

IS ARRESTEE A JUVENILE ☐ YES

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

NAME OF PROBATION OFFICER NOTIFIED | TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME
BAIL COMMISSIONER	AMOUNT OF BAIL **ROR**	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	**TSAY202000109**	**02/07/2020 13:38:54**	**20002264**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MCCLYMONT	**RUDEEN**	**STEPHEN**	**11/27/1983**	**36**	

TRUE NAME	MAIDEN NAME	HOME PHONE
RUDEEN S MCCLYMONT		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
569 BRACE AVE		**PERTH AMBOY**	**NJ**	**08861**	

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

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

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

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ATLE MCCLYMONT	**SHEILA**	**GROSS**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	**TILE WORK**

ADDRESS OF EMPLOYER

Photo Not Available!

Photo Not Available!

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

OFFENSES

1. **POSSESSION OF MARIJUANA UNDER 50 GRAMS**
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

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	TSAY202000108	02/07/2020 02:03:39	20002912

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HENRICH	JONATHAN	RYAN	02/18/2000	19	

TRUE NAME	MAIDEN NAME	HOME PHONE
JONATHAN R HENRICH		

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

SEX	HEIGHT	WEIGHT	RACE
M	605	180	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BLUE	THIN	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	NONE	ELACQUA BLVD

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JOHN KARL HENRICH	MARY	UNDROSKI

SBI #	FBI #	LOCAL ID (PRINT)
970217G	53XNTHPAH	

EMPLOYER	OCCUPATION
FIVE GUYS	MANAGER

ADDRESS OF EMPLOYER
OLD BRIDGE 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
	☐	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
ZUCZEK, S	GRANT, C
COMPLAINANT	OFFICER IN CHARGE
	MOAT, A

OFFENSES

1. 'SAFETY GLASS' DEFINED
2. FAILURE TO EXHIBIT
3. FAILURE TO EXHIBIT
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	TSAY202000107	02/06/2020 21:37:03	20002896

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ELESTIN	MARLY		04/06/1997	22	

TRUE NAME	MAIDEN NAME	HOME PHONE
MARLY & ELESTIN		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
399 LINCOLN AVE	403	ORANGE	NJ	07050	

SEX	HEIGHT	WEIGHT	RACE
F	507	130	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	NONE	16 WINDING WOODS

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ORANGE NJ		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MARK ELESTIN	FREDELINE EDOUARD	EDOUARD

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

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
	MOAT, A

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: **TSAY202000104**	DATE & TIME OF BOOKING: **02/06/2020 19:43:08**		INCIDENT NUMBER: **20002890**
LAST NAME: **PENA**	FIRST: **IVAN**	MIDDLE NAME: **LUDWIN**	D.O.B.: **09/14/2000** AGE: **19**	SSN
TRUE NAME: **IVAN L PENA**			MAIDEN NAME: **NA**	HOME PHONE
STREET NO. STREET NAME: **871 OLD BRIDGE TPK**	APT #	CITY/TOWN: **OLD BRIDGE**	STATE: **NJ** ZIP: **08816**	PHONE (WORK) (CELL)

SEX: **M**	HEIGHT: **601**	WEIGHT: **170**	RACE: **WHITE**
HAIR: **BLACK**	EYES: **HAZEL**	BLD: **THIN**	SKIN: **FAIR**
ETHNICITY: **HISPANIC ORIGIN**	SCARS	LOCATION OF ARREST: **27 WINDING WOODS**	
PLACE OF BIRTH: **PERTH AMBOY NJ**	MARTIAL STATUS: **UNMARRIED**	DRIVER'S LICENSE	
FATHER'S NAME: **LOUIS PENA**		MOTHER'S NAME: **ENELIDA GONZLEZ**	MOTHER'S MAIDEN: **ROSA**
SBI #: **238900H**	FBI #	LOCAL ID (PRINT)	
EMPLOYER: **DENNY'S**		OCCUPATION: **WAITER**	
ADDRESS OF EMPLOYER: **752 HWY 18 EAST BRUNSWICK NJ 08816**			

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: **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: **ZEBROWSKI, M** | BOOKING OFFICER: **ZEBROWSKI, M**

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: **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	**TSAY202000100**	**02/05/2020 20:45:00**	**20002821**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PIERRE	**GREGORY**		**02/09/1998**	**21**	

TRUE NAME	MAIDEN NAME	HOME PHONE
GREGORY & PIERRE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1017 E 57TH ST		**BROOKLYN**	**NY**	**11234**	

SEX	HEIGHT	WEIGHT	RACE
M	**510**	**140**	**BLACK**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**LEFT INNER FOREARM (BAGGBOYZ)**	**DOLAN ST**

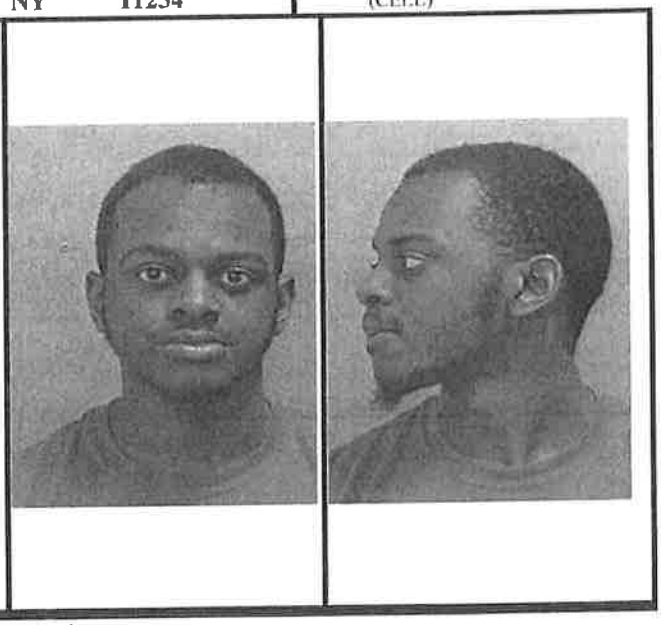
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ERIC PIERRE	**MARIE MERIVIL**	**MERIVIL**

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**

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
	MOAT, A

OFFENSES

1. **POSSESSION OF MARIJUANA UNDER 50 GRAMS**
2. **POSS DRUG PARAPHERNALIA**
3. **DRIVING WHILE SUSPENDED**
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	TSAY202000099	02/05/2020 20:10:36	20002821

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PERRY	BRITTON	TRAVIS	12/12/2000	19	

TRUE NAME	MAIDEN NAME	HOME PHONE
BRITTON T PERRY		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1671 E 55TH ST		BROOKLYN	NY	11234	

SEX	HEIGHT	WEIGHT	RACE
M	506	150	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	TATTOO LEFT FOREARM (INSIDE)	DOLAN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
HAROLD BERRY	KAREN BERRY	PHILLIP

SBI #	FBI #	LOCAL ID (PRINT)
	CD5V8CD5E	

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

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. POSSESSION OF MARIJUANA UNDER 50 GRAMS
2. POSS DRUG PARAPHERNALIA
3. CREDIT CARD THEFT
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	TSAY202000086	02/01/2020 01:17:30	20002488

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CARTWRIGHT	STEPHEN	TRAVIS	04/19/1998	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
STEPHEN T CARTWRIGHT JR		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
39 LANTERN LN		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	508	140	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	BIRTH DATE IN ANCHOR LEFT ARM 'CINDY' ON LEFT ARM SCAR UNDER LEFT EYE	ERNSTON RD

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
FREEPORT	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
STEPHEN	HORTENSE	CARTWRIGHT

SBI #	FBI #	LOCAL ID (PRINT)
284119G	90594CE1	

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
	☐	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
ZEBROWSKI, M	ZEBROWSKI, M

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 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: 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	TSAY202000085	02/01/2020 00:34:26	20002488

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ENEMUO	SAMUEL	CHIDUBEM	08/17/1995	24	

TRUE NAME	MAIDEN NAME	HOME PHONE
SAMUEL C ENEMUO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
45 DELIKAT LANE		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	600	160	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	SCAR LEFT INNER ARM NEAR ELBOW 6'	ERNSTON RD

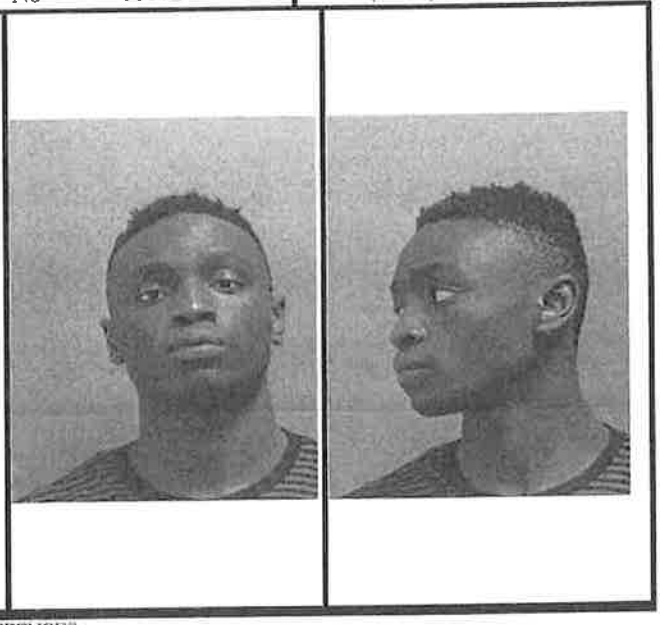
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
SAMUEL ENEMUO	ELIZABETH IGIEBOR-OLISA	

SBI #	FBI #	LOCAL ID (PRINT)
485760G	KHD4D0065	

EMPLOYER	OCCUPATION
FEDEX	WAREHOUSE

ADDRESS OF EMPLOYER
6000 RIVERSIDE DRIVE KEASBEY 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
	☐	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
ZEBROWSKI, M	ZEBROWSKI, M

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 50 GRAMS
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
	ROR	

DISPOSITION

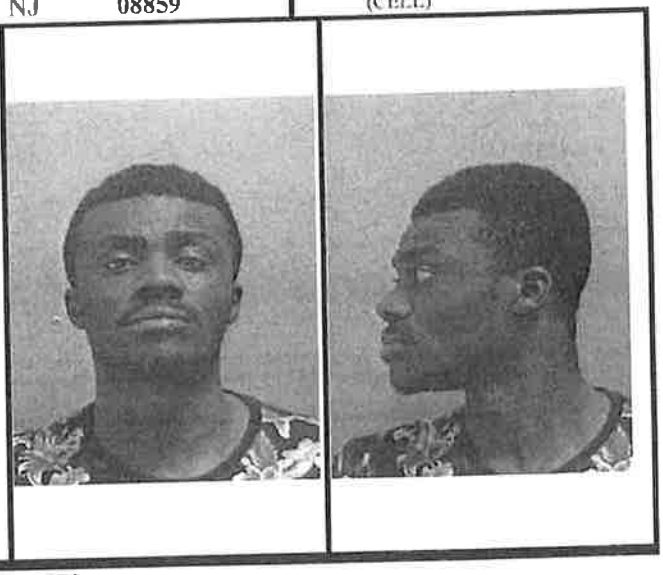
POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER: **RELEASED**	ARREST NUMBER: **TSAY202000079**	DATE & TIME OF BOOKING: **01/30/2020 22:13:21**			INCIDENT NUMBER: **20002374**
LAST NAME: **FULLER**	FIRST: **MARTIN**	MIDDLE NAME: **TWUMASI**	D.O.B.: **01/23/1995**	AGE: **25**	SSN:
TRUE NAME: **MARTIN T FULLER**			MAIDEN NAME:		HOME PHONE:
STREET NO. STREET NAME: **3 SKY TOP GARDEN**	APT #: **6**	CITY/TOWN: **PARLIN**	STATE: **NJ**	ZIP: **08859**	PHONE: (WORK) (CELL)

SEX: **M**	HEIGHT: **509**	WEIGHT: **120**	RACE: **BLACK**
HAIR: **BLACK**	EYES: **BROWN**	BLD: **MEDIUM**	SKIN: **DARK**
ETHNICITY: **NOT OF HISPANIC ORIGIN**	SCARS: **NONE**	LOCATION OF ARREST: **7069 RT 9/35 S**	
PLACE OF BIRTH: **NEW BRUNSWICK NJ**	MARTIAL STATUS: **UNMARRIED**	DRIVER'S LICENSE:	
FATHER'S NAME: **KOFI FULLER**	MOTHER'S NAME: **MERCY OPPONG**	MOTHER'S MAIDEN: **OPPONG**	
SBI #:	FBI #:	LOCAL ID (PRINT):	
EMPLOYER: **WOOD HAVEN LUMBER**	OCCUPATION: **LABOR**		
ADDRESS OF EMPLOYER: **200 JAMES ST LAKEWOOD 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: **PIZZILLO, T**	BOOKING OFFICER: **PIZZILLO, T**
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

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

ARREST ON WARRANT? YES ☒ — WARRANT NUMBER: **S2019000347** — CITY/COURT: **LONG BRANCH**

CHARGES: **POSSESSION OF MARIJUANA UNDER 50 GRAMS**

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
OTHER JURISDICTION	TSAY202000075	01/28/2020 19:28:08	20002130

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
NICHOLSON	SHAQWAN	J-VON	09/29/1996	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
SHAQWAN J NICHOLSON		

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

SEX	HEIGHT	WEIGHT	RACE
M	600	180	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	NO TATTOOS	31 WINDING WOODS

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
BRUCE SIMON GRAVES	KATRINA NICHOLSON	NICHOLSON

SBI #	FBI #	LOCAL ID (PRINT)
131944H	VKD4PPCP4	

EMPLOYER	OCCUPATION
AMAZON	PACKAGE HANDLER

ADDRESS OF EMPLOYER
EDISON 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
	☐	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
MARTINS, A	MARTINS, A
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER B156543
	☒	CITY/COURT SOUTH RIVER

CHARGES
DRIVING WHILE SUSPENDED

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	TSAY202000071	01/27/2020 12:22:00	20001998

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PEREZ-MARTINEZ	MERCY		12/17/2001	18	

TRUE NAME	MAIDEN NAME	HOME PHONE
MERCY & PEREZ-MARTINEZ		

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

SEX	HEIGHT	WEIGHT	RACE
F	502	120	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	NONE	820 WASHINGTON RD

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JOSE HERNANDEZ	YOANY MARTINEZ	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SAYREVILLE HIGH SCHOOL	STUDENT, 12TH G

ADDRESS OF EMPLOYER
800 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
	☐	BARON, 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
	☐	BARON, 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
ENGELBRECHT, C	BARON, T
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA OVER 50 GRAMS
2. MANUFACTURING,DISTRIBUTE
3. CDS NEAR/ON SCHOOL PRPRTY
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
OTHER JURISDICTION	TSAY202000069	01/27/2020 00:01:43	20001962

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ENEMUO	SAMUEL	C	08/17/1995	24	

TRUE NAME	MAIDEN NAME	HOME PHONE
SAMUEL C ENEMUO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
45 DELIKAT LANE		SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	600	160	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	SCAR LEFT INNER ARM NEAR ELBOW 6'	570 JERNEE MILL RD

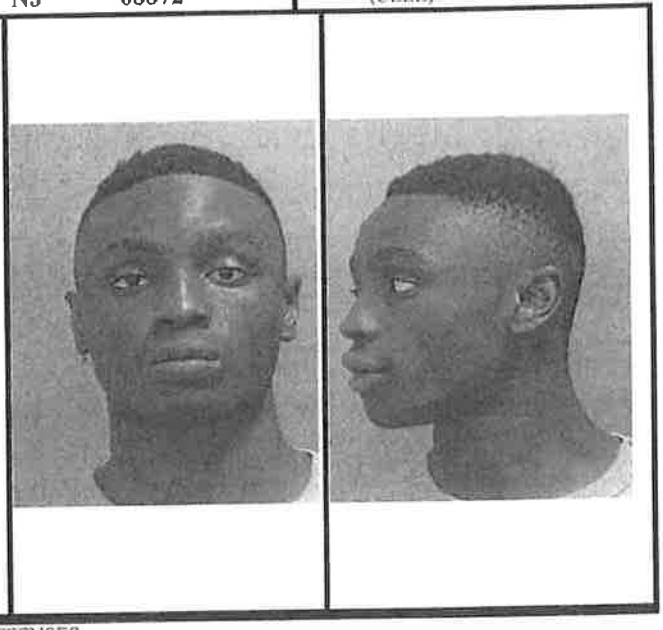
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
SAMUEL ENEMUO	ELIZABETH IGIEBOR-OLISA	

SBI #	FBI #	LOCAL ID (PRINT)
485760G	KHD4D0065	

EMPLOYER	OCCUPATION
FEDEX	WAREHOUSE

ADDRESS OF EMPLOYER
6000 RIVERSIDE DRIVE KEASBEY 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
	☐	KLEIN,R

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
	☐	KLEIN,R

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	KLEIN,R

COMPLAINANT	OFFICER IN CHARGE
	KWITKOSKI, J

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER S2018000763
	☒	CTY/COURT PERTH AMBOY

CHARGES
POSSESSION OF MARIJUANA UNDER 50 GRAMS

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	TSAY202000063	01/25/2020 00:14:11	20001834

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BOOKER	MICHELLE	DENISE	08/23/1998	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
MICHELLE D BOOKER		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
102	WINDING WOODS DR	5B	SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
F	508	190	BLACK

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	TAT LT ARM,RT ARM, NECK, LT LEG, RT LEG,	13 WINDING WOODS

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MICHAEL BOOKER	LOURDES BOOKER	LOURDES DIAZ MEDEROS

SBI #	FBI #	LOCAL ID (PRINT)
233567H		

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
	☐	CORTEZ, 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
	☐	CORTEZ, 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
CORTEZ, B	CORTEZ, B

COMPLAINANT	OFFICER IN CHARGE
CORTEZ, B	

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 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: 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	TSAY202000060	01/24/2020 16:08:47	20001812

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
NEWCOMBE	RAVEN	G	06/29/1986	33	

TRUE NAME	MAIDEN NAME	HOME PHONE
RAVEN G NEWCOMBE		

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

SEX	HEIGHT	WEIGHT	RACE
F	511	260	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	HEAVY	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	TATTOO LEFT SHOULDER 'KHALIL'	CHEESEQUAKE RD

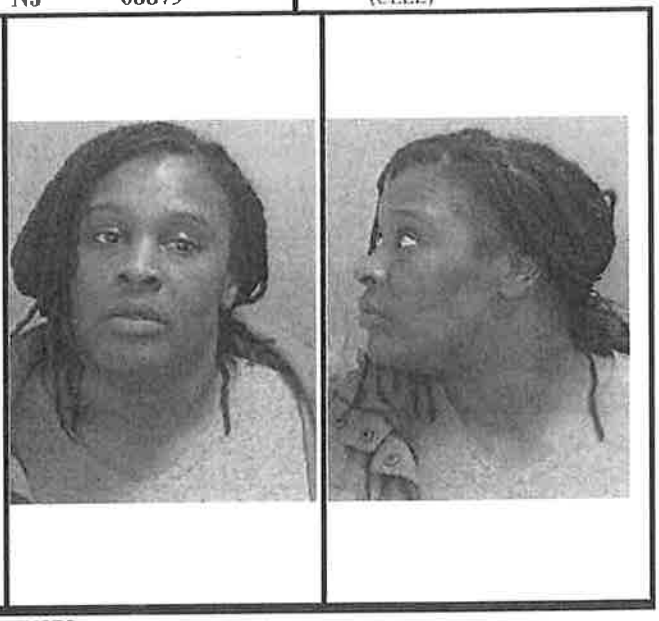
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
EDISON	UNMARRIED	

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
ARNOLD WALTER NURSING HOME	NURSE

ADDRESS OF EMPLOYER
622 LAUREL AVE HAZLET NJ 07730



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
BRAILE, B	BRAILE, B

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 50 GRAMS
2. SPEEDING
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
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000053	01/22/2020 23:43:45	20001624

LAST NAME	FIRST	MIDDLE NAME	D.O.B	AGE	SSN
MADAMA	CHRISTIAN	E	12/30/1999	20	

TRUE NAME	MAIDEN NAME	HOME PHONE
CHRISTIAN E MADAMA JR		

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

SEX	HEIGHT	WEIGHT	RACE
M	507	134	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	SMALL	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	TATTOO LEFT HAND - BLESSED, TATTOO RIGHT HAND - LOYALTY, BEHIND LEFT EAR - ZODIAC SIGN	820 WASHINGTON RD

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
CANCUN	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
CHRISTIAN	IRMA	ESCALANTE

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
	☐	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
ZEBROWSKI, M	DEGUZMAN, M

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 50 GRAMS
2. POSS DRUG PARAPHERNALIA
3. MANUFACTURING,DISTRIBUTE
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	TSAY202000046	01/21/2020 13:08:14	20001461

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CORA	ANGEL	A	08/17/2000	19	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANGEL A CORA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
128 W 19TH ST		BAYONNE	NJ	07002	

SEX	HEIGHT	WEIGHT	RACE
M	508		WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		287 CHEESEQUAKE RD

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ANGEL CORA	LUPITA VELEZ	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
ANTIQUE BAR AND BAKERY	RUN FOOD

ADDRESS OF EMPLOYER
120 WILLOW ST HOBOKEN 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
	☐	MADER, 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
	☐	MADER, 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
MADER, J	MADER, J

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 50 GRAMS
2. NO SEATBELT
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	TSAY202000023	01/14/2020 00:12:44	20000822

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
KROSNOWSKI	CHRISTIAN	T	03/29/2000	19	

TRUE NAME	MAIDEN NAME	HOME PHONE
CHRISTIAN T KROSNOWSKI		

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

SEX	HEIGHT	WEIGHT	RACE
M	605		WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		167 MAIN ST

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DAVID	JAIME	BERGLER

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
ROLLER MAGIC	SERVER

ADDRESS OF EMPLOYER
270 NORTH STEVENS SOUTH AMBOY NJ 08879

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
JAROCK, J	JAROCK, J

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 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: 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	TSAY202000021	01/13/2020 02:46:28	20000739

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
FETZKE	WILLIAM	SEAN	10/05/1999	20	

TRUE NAME	MAIDEN NAME	HOME PHONE
WILLIAM S FETZKE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
7217 WINDING CEDAR TRAIL		HARRISBURG	NC	28075	

SEX	HEIGHT	WEIGHT	RACE
M	507	190	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	OLIVE

ETHNICITY
NOT OF HISPANIC ORIGIN

SCARS
PENTAGRAM, DARK MARK, POPEYE ON INNER LEFT FOREARM, WOLF HEAD ON UPPER RIGHT SHOULDER

LOCATION OF ARREST
HARBOR CLUB DR

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
WILLIAM P FETZKE	ALYSSA SOBIESKI	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
HIGH LIFE MANAGEMENT LLC	STORE MANAGER

ADDRESS OF EMPLOYER
1525 CENTRAL AVE. CHARLOTTE NC 28205

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
BARTLINSKI, J	DEGUZMAN, M
COMPLAINANT	OFFICER IN CHARGE
	GAWRON, A

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 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: 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	TSAY202000020	01/13/2020 00:00:52	20000728

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ABEDRABBO	ERNEST		01/19/1990	29	

TRUE NAME	MAIDEN NAME	HOME PHONE
ERNEST & ABEDRABBO	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
122 RANDOLPH AVE		JERSEY CITY	NJ	07305	

SEX	HEIGHT	WEIGHT	RACE
M	509	180	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	'LOVE ME' ON LEFT HAND FINGERS	ERNSTON RD

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
JERSEY CITY NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
UNK	DARLEEN BREEDEN	BREEDEN

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
ADAMAS BUILDING SERVICES	SECURITY

ADDRESS OF EMPLOYER
88 MORGAN STREET JERSEY CITY NJ 07305

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
	☐	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
ZEBROWSKI, M	ZEBROWSKI, M

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 50 GRAMS
2. POSSESSION OF DRUGS
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	TSAY202000019	01/12/2020 18:40:26	20000698

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SALAAM-SIMON	ABDULSABR	F	02/09/2000	19	

TRUE NAME	MAIDEN NAME	HOME PHONE
ABDULSABR F SALAAM-SIMON		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
11 POINTE OF WOODS DR N		PARLIN	NJ	08859	

SEX	HEIGHT	WEIGHT	RACE
M	508		BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		LORRAINE AV

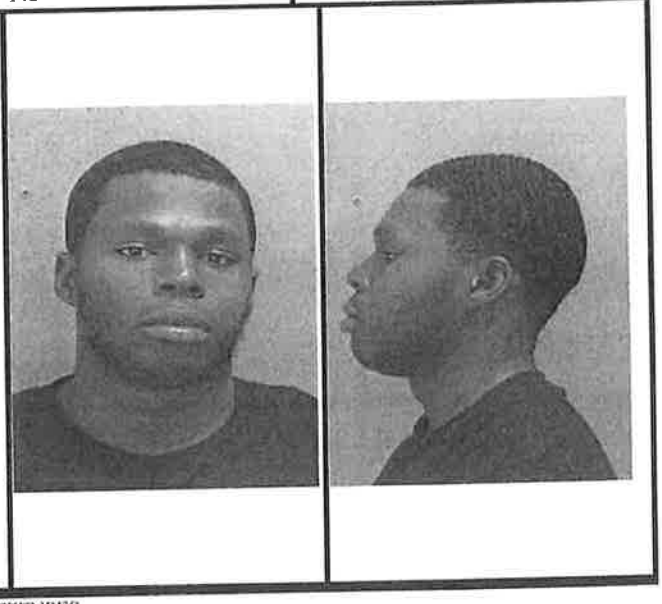
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ALFURQUAN SIMON	JANILLE WILLIAMS	

SBI #	FBI #	LOCAL ID (PRINT)
803932G	L1WXN09TF	

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
MCMAHON, J	MCMAHON, J

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. POSSESSION OF MARIJUANA UNDER 50 GRAMS
2. STOP OR YIELD
3. POSSESSION OF DRUGS
4. NOTICE OF CHANGE OF ADD
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