

BRADLEY D. BILLHIMER
Ocean County Prosecutor

ANTHONY U. CARRINGTON
Chief of Detectives



MICHAEL T. NOLAN, JR.
First Assistant Prosecutor

ROBERT J. ARMSTRONG
Deputy First Assistant Prosecutor

OFFICE OF THE PROSECUTOR

Courthouse Annex Building
119 Hoober Avenue
P.O. Box 2191
Toms River, New Jersey 08754-2191
732-929-2027
www.OceanCountyNJ.gov

June 2, 2022

Crodox

Via OPRA Machine: opra+request-32188-a@requests.opramachine.com

Re: Open Public Records Act (OPRA) Request
OCPO Case# 20000204, 1900933, 17001051, 16004604, 16001285, 13093578

Dear Sir/Madam:

Enclosed please find the Complaint Warrant and Complaint Summonses pursuant to your request made under the New Jersey Open Public Records Act (OPRA). Personal identifying information has been redacted pursuant to N.J.S.A. 17:1A-1.1, et seq.

As of this date, please be advised that there are no responsive documents pursuant to your request for the Arrest reports.

Please be advised that police reports are considered criminal investigatory records, and as such, are exempt from disclosure under OPRA pursuant to N.J.S.A. 47:1A-1.1, et seq. Therefore, your request for same is denied.

If I can be of further assistance, please do not hesitate to contact me directly at 732-929-2027, x3135. Should you disagree with our decision, please contact us in writing with your concerns so that we may consider them.

Very truly,
Dina R. Khajezadeh
Dina R. Khajezadeh
Assistant Prosecutor

DRK/ec

Enclosures

Due by 6/3

Carey, Erin

From: Khajezadeh, Dina
Sent: Tuesday, May 24, 2022 7:53 PM
To: Prestia, Donna; Carey, Erin
Subject: FW: [EXTERNAL] OPRA request - Arrest Records

Categories: IMPORTANT DOCUMENTS

20000204
19000933
17001051
16004604
16001285
13093578

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Crodox <opra+request-32188-a9058034@requests.opramachine.com>
Date: 5/24/22 7:44 PM (GMT-05:00)
To: "Khajezadeh, Dina" <DKhajezadeh@co.ocean.nj.us>
Subject: [EXTERNAL] OPRA request - Arrest Records

This message has originated from an External Source. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Dear Ocean County Prosecutor's Office,

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

Records requested:

All available public information for arrests and/or warrants for Ms. Melissa Weidencamp

Warrant status
Police Reports
Arrest Reports

Yours faithfully,

Crodox

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-32188-a9058034@requests.opramachine.com

Is DKhajezadeh@co.ocean.nj.us the wrong address for OPRA requests to Ocean County Prosecutor's Office? If so, please contact us using this form:

https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3docean_county_prosecutors_office&c=E.1.iAtODdFf6PnKI8ED0jZ4P1fzzt-yGNoOzqwtM25aZ_8I7EcVWwNLDP6OszP8kEMLbcxiCz7bPbGIGmTIbP9e3ljgC45UKz6KGauFaRh4yze8w.,&typo=1

COMPLAINT - WARRANT

COMPLAINT NUMBER			
1505	W	2020	000011
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS 0	POLICE CASE #: 20-000126	
COMPLAINANT NAME: DET. D FAZIO OCNSF NARCOTICS STRIKE FORCE TOMS RIVER NJ 08753		DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 872013C TELEPHONE #: () LIVSCAN PCN #: 150502004980	

THE STATE OF NEW JERSEY

VS.

MELISSA M WEIDENCAMP

ADDRESS: 34 BELL ST

BAYVILLE

NJ 08721-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/13/2020 in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT: SUSPECT "CRACK" COCAINE.

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS DRUG PARAPHERNALIA TO WIT: A GLASS PIPE USED TO SMOKE "CRACK" COCAINE.

" "

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:36-2	3)
Amended Charge			

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

Signed: OTHER OFFICER Date: 01/13/2020

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of OCEAN at the following address: OCEAN SUPERIOR COURT
120 HOOPER AVE
Date of Arrest: 01/13/2020 Appearance Date: TOMS RIVER NJ 08753-0000 Time: Phone: 732-504-0700

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☒ Probable cause IS found for the issuance of this complaint. JESSIE JENKINS JUDICIAL OFFICER 01/13/2020
Signature and Title of Judicial Officer Issuing Warrant Date

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

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

☐ Domestic Violence – Confidential ☐ Related Traffic Tickets or Other Complaints ☐ Serious Personal Injury/ Death Involved

Special conditions of release:

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

ORIGINAL

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER

1505**W****2020****000011**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

STATE V.**MELISSA M WEIDENCAMP****FTA Bail Information**

Date Bail Set: _____

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail
(✓)

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed: _____

Date Referred to

County Prosecutor: _____

Date of First
Appearance: _____☐ Advised of Rights by _____

Defendant Desires Counsel:

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

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:35-10A(1)**2) **2C:36-2**

3) _____

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea: _____

Date: _____

Plea: _____

Date: _____

Plea: _____

Date: _____

Adjudication (* see code)

Finding
Code: _____

Date: _____

Finding
Code: _____

Date: _____

Finding
Code: _____

Date: _____

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines: _____

Costs: _____

Fines: _____

Costs: _____

Fines: _____

Costs: _____

VCCB/SNSF

VCCB: _____

SNSF: _____

VCCB: _____

SNSF: _____

VCCB: _____

SNSF: _____

DEDR/Lab Fee

DEDR: _____

LAB: _____

DEDR: _____

LAB: _____

DEDR: _____

LAB: _____

CD Fee/Drug Ed Fnd

CD: _____

DAEF: _____

CD: _____

DAEF: _____

CD: _____

DAEF: _____

DV Surch/Other Fees

DV: _____

Other: _____

DV: _____

Other: _____

DV: _____

Other: _____

Restitution

Beneficiary: _____

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

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

COMPLAINT - WARRANT (Court Action)

JUDGE'S SIGNATURE _____

DATE _____

Page 2 of 7

NJ/CDR2 1/1/2017

COMPLAINT - WARRANT

COMPLAINT NUMBER

1505**W****2020****000011**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: **OCEAN**

of CHARGES **2** CO-DEFTS **0** POLICE CASE #: **20-000126**

COMPLAINANT
NAME: **DET. D FAZIO OCNSF**

THE STATE OF NEW JERSEY**VS.****MELISSA M WEIDENCAMP**

ADDRESS: **34 BELL ST**

BAYVILLE**NJ 08721-0000****DEFENDANT INFORMATION**

SEX: **F** EYE COLOR: **BLUE** DOB: **03/20/1989**
DRIVER'S LIC. #: [REDACTED] DL STATE: **NJ**
SOCIAL SECURITY #: [REDACTED] SBI #: **872013C**
TELEPHONE #: ()
LIVESCAN PCN #: **150502004980**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **01/13/2020** in **BERKELEY TWP**, **OCEAN** County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED
DANGEROUS SUBSTANCE TO WIT: SUSPECT "CRACK" COCAINE.

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS DRUG PARAPHERNALIA
TO WIT: A GLASS PIPE USED TO SMOKE "CRACK" COCAINE.
" "

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:36-2	3)
Amended Charge			

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

Signed: **OTHER OFFICER** Date: **01/13/2020**

You will be notified of your **Central First Appearance/CJP** date to be held at the **Superior Court** in the county of **OCEAN**
at the following address: **OCEAN SUPERIOR COURT**
120 HOOPER AVE **TOMS RIVER NJ 08753-0000**
Date of Arrest: **01/13/2020** Appearance Date: Time: Phone: **732-504-0700**

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

Signature of Court Administrator or Deputy Court Administrator

Date

Signature of Judge

Date

☒ Probable cause **IS** found for the issuance of this complaint. **JESSIE JENKINS JUDICIAL OFFICER 01/13/2020**
Signature and Title of Judicial Officer Issuing Warrant Date

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

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

☐ Domestic Violence – Confidential ☐ Related Traffic Tickets or Other Complaints ☐ Serious Personal Injury/ Death Involved

Special conditions of release:

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

COMPLAINT - WARRANT (DEFENDANT'S COPY)

COMMITMENT

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

	Offense	Aux Offense	Drug Code	Degree	Offense Description
1.	<u>2C:35-10A(1)</u>	<u></u>	<u>09</u>	<u>3</u>	<u>POSS CDS/ANALOG</u>
2.	<u>2C:36-2</u>	<u></u>	<u>09</u>	<u>D</u>	<u>USE/POSS W/INTE</u>
3.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4.	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

Date _____

Affidavit of Probable Cause

COMPLAINT NUMBER

1505**W****2020****000011**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

of CHARGES
2

CO-DEFTS

POLICE CASE #:
20-000126

COMPLAINANT DET. D FAZIO OCNSF
NAME: NARCOTICS STRIKE FORCE

TOMS RIVER

NJ 08753

*THE STATE OF NEW JERSEY**VS.***MELISSA M WEIDENCAMP**

ADDRESS:

34 BELL ST**BAYVILLE****NJ 08721-0000**

DEFENDANT INFORMATION

SEX: F EYE COLOR: BLUE

DOB: 03/20/1989

DRIVER'S LIC. #:

DL STATE: NJ

SOCIAL SECURITY #:

SBI #: 872013C

TELEPHONE #:

()

LIVESCAN PCN #: 150502004980

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

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

DEFENDANT WAS ARRESTED ON THE STRENGTH OF AN OUTSTANDING ACS WARRANT (SC 2019 075663 OUT OF ATLANTIC CITY FOR \$1,500). DEFENDANT WAS SEARCHED INCIDENT TO ARREST. THE SEARCH RESULTED IN LESS THAN 1/2 OUNCE OF "CRACK" COCAINE CONCEALED IN HER BRA AND A GLASS SMOKING PIPE LOCATED IN HER PANTS POCKET.

Affidavit of Probable Cause**Page 5 of 7**

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1505

W

2020

000011

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

MELISSA M WEIDENCAMP

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

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

Certification:

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

Signed: OTHER OFFICER LAW ENFORCEMENT OFFICER

Date: 01/13/2020

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. MELISSA M WEIDENCAMP ADDRESS: 34 BELL ST BAYVILLE NJ 08721-0000	
1505	W	2020	000011		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN					
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 20-000126		DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 872013C TELEPHONE #: [REDACTED] LIVESCAN PCN #: 150502004980	
COMPLAINANT NAME: DET. D FAZIO OCNSF					
NARCOTICS STRIKE FORCE TOMS RIVER NJ 08753					

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

-Physical evidence was seized/recovered:

- CDS:
 - *Cocaine
- Drug Paraphernalia

-The case involves CDS and the evidence was recovered via:

- Pedestrian Stop

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

Signed: OTHER OFFICER LAW ENFORCEMENT OFFICER Date: 01/13/2020

COMPLAINT - SUMMONS

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> MELISSA M WEIDENCAMP ADDRESS: 34 BELL STREET BAYVILLE NJ 08721-0000	
1505	S	2019	000117		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN					
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 19-000835		DEFENDANT INFORMATION	
COMPLAINANT NAME: DET. MATHEW CHESTER OCEAN COUNTY PROSECUTORS OFFICE 119 HOOPER AVENUE TOMS RIVER NJ 08754				SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. #. DL STATE: SOCIAL SECURITY #: [REDACTED] SBI #: 872013C TELEPHONE #: () LIVESCAN PCN #: 150502004334	

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **03/19/2019** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE. TO WIT, A QUANTITY OF COCAINE WHICH IS IN VIOLATION OF N.J.S.A 2C:35-10A(1).

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS DRUG PARAPHERNALIA. TO WIT, A GLASS SMOKING DEVICE WHICH IS UTILIZED TO SMOKE CRACK COCAINE WHICH IS IN VIOLATION OF N.J.S.A 2C:36-2.

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:36-2	3)
Amended Charge			

CERTIFICATION:

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

Signed: _____ OTHER OFFICER Date: **03/19/2019**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: **OCEAN**
at the following address: **OCEAN SUPERIOR COURT**
100 HOOPER AVE TOMS RIVER NJ 08753-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: **03/19/2019** Appearance Date: **03/19/2019** Time: **08:00PM** Phone: **732-244-2121**

Signature of Person Issuing Summons: _____ OTHER OFFICER Date: **03/19/2019**

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER

1505**S****2019****000117**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

STATE V.**MELISSA M WEIDENCAMP****FTA Bail Information**

Date Bail Set: _____

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed: _____

Date Referred to

County Prosecutor: _____

Date of First
Appearance: **03/19/2019**☐ Advised of Rights by _____

Defendant Desires Counsel:

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

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:35-10A(1)**2) **2C:36-2**

3)

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (* see code)

Finding
Code:

Date:

Finding
Code:

Date:

Finding
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDR/Lab Fee

DEDR:

LAB:

DEDR:

LAB:

DEDR:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: _____

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:*** Finding Codes**

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

Related Traffic Tickets and Complaints:**ORIGINAL - Court Action**

JUDGE'S SIGNATURE _____

DATE _____

Page 2 of 7

NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
1505	S	2019	000117
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 19-000835	
COMPLAINANT NAME: DET. MATHEW CHESTER		DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. #. DL STATE: SOCIAL SECURITY #: [REDACTED] SBI #: 872013C TELEPHONE #: () LIVSCAN PCN #: 150502004334	

THE STATE OF NEW JERSEY

VS.

MELISSA M WEIDENCAMP

ADDRESS: **34 BELL STREET**

BAYVILLE

NJ 08721-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **03/19/2019** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE. TO WIT, A QUANTITY OF COCAINE WHICH IS IN VIOLATION OF N.J.S.A 2C:35-10A(1).

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS DRUG PARAPHERNALIA. TO WIT, A GLASS SMOKING DEVICE WHICH IS UTILIZED TO SMOKE CRACK COCAINE WHICH IS IN VIOLATION OF N.J.S.A 2C:36-2.

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:36-2	3)
Amended Charge			

CERTIFICATION:

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

Signed: _____ OTHER OFFICER Date: **03/19/2019**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

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at the following address: **OCEAN SUPERIOR COURT**

100 HOOPER AVE

TOMS RIVER

NJ 08753-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: **03/19/2019** Appearance Date: **03/19/2019** Time: **08:00PM** Phone: **732-244-2121**

Signature of Person Issuing Summons: _____ OTHER OFFICER Date: **03/19/2019**

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. MELISSA M WEIDENCAMP		
1505	S	2019	000117			
COURT CODE	PREFIX	YEAR	SEQUENCE NO.			
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN				ADDRESS: 34 BELL STREET BAYVILLE NJ 08721-0000		
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 19-000835		DEFENDANT INFORMATION		
COMPLAINANT DET. MATHEW CHESTER NAME: OCEAN COUNTY PROSECUTORS OFFICE 119 HOOPER AVENUE TOMS RIVER NJ 08754				SEX: F EYE COLOR: BLUE	DOB: 03/20/1989	
				DRIVER'S LIC. #.		DL STATE:
				SOCIAL SECURITY # XXXXXXXXXX		SBI #: 872013C
				TELEPHONE #: ()		LIVESCAN PCN #: 150502004334

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **03/19/2019** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE. TO WIT, A QUANTITY OF COCAINE WHICH IS IN VIOLATION OF N.J.S.A 2C:35-10A(1).

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS DRUG PARAPHERNALIA. TO WIT, A GLASS SMOKING DEVICE WHICH IS UTILIZED TO SMOKE CRACK COCAINE WHICH IS IN VIOLATION OF N.J.S.A 2C:36-2.

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:36-2	3)
-----------------	------------------------	-------------------	----

Check	Certification by Police Regarding Complaint-Summons
☒	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
☐	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
☐	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
☐	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
☐	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
☐	I certify that I was unable to serve the complaint-summons.

Signed: **OTHER OFFICER OCEAN COUNTY PROSECUTOR'S OFF** Date of Action: **03/19/2019**
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER			
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
1505	S	2019	000117
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 19-000835	
COMPLAINANT NAME: DET. MATHEW CHESTER OCEAN COUNTY PROSECUTORS OFFICE 119 HOOPER AVENUE TOMS RIVER NJ 08754		DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. #. DL STATE: SOCIAL SECURITY #: [REDACTED] SBI #: 872013C TELEPHONE #: () LIVESCAN PCN #: 150502004334	

THE STATE OF NEW JERSEY

VS.

MELISSA M WEIDENCAMP

ADDRESS: 34 BELL STREET

BAYVILLE

NJ 08721-0000

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

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

Affidavit of Probable Cause

Affidavit of Probable Cause

COMPLAINT NUMBER

1505

S

2019

000117

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

MELISSA M WEIDENCAMP

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

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

Certification:

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

Signed: OTHER OFFICER LAW ENFORCEMENT OFFICER

Date: 03/19/2019

Affidavit of Probable Cause

Page 6 of 7

1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. MELISSA M WEIDENCAMP ADDRESS: 34 BELL STREET BAYVILLE NJ 08721-0000	
1505	S	2019	000117		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN					
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 19-000835		DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. # _____ DL STATE: _____ SOCIAL SECURITY #: _____ SBI #: 872013C TELEPHONE #: _____ LIVSCAN PCN #: 150502004334	
COMPLAINANT NAME: DET. MATHEW CHESTER					
OCEAN COUNTY PROSECUTORS OFFICE 119 HOOPER AVENUE TOMS RIVER NJ 08754					

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

-Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge#
DET. SGRO

-Physical evidence was seized/recovered:
 •CDS:
 *Cocaine
 •Drug Paraphernalia

-The case involves CDS and the evidence was recovered via:
 •Motor Vehicle Stop
 •Other/Explain CONSENT SEARCH

-The case involves a consent search.

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

Signed: OTHER OFFICER LAW ENFORCEMENT OFFICER Date: 03/19/2019

COMPLAINT - SUMMONS

COMPLAINT NUMBER

1512 S 2017 000069

COURT CODE PREFIX YEAR SEQUENCE NO.

LACEY TOWNSHIP MUNICIPAL COURT
818 WEST LACEY ROAD
FORKED RIVER NJ 08731-0000
609-693-1100 COUNTY OF: OCEAN

of CHARGES 2 CO-DEFTS POLICE CASE #: 17-3099

COMPLAINANT S/O E SARGENT
NAME: 138 CHESTNUT ST
911 COMMUN CTR
TOMS RIVER NJ 08753

THE STATE OF NEW JERSEY

VS.

MELISSA WEIDENCAMP

ADDRESS: 109 LAWRENCE DR

LANOKA HARBOR NJ 08734-

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 03/20/1989
DRIVER'S LIC. # DL STA
SOCIAL SECURITY #: SBI #: 872013C
TELEPHONE #:
LIVSCAN PCN #: 151201006858

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the name of defendant on or about 01/26/2017 in LACEY TWP, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT: XANAX, IN VIOLATION OF N.J.S. 2C:35-10A(1)

WITHIN THE JURISDICTION OF THIS COURT DID KNOWINGLY POSSESS XANAX WITH THE INTENT TO DISTRIBUTE, IN VIOLATION OF NJSA 2C:35-5B(3)

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3)
Amended Charge			

CERTIFICATION:

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

Signed: S/O E SARGENT Date: 01/26/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Municipal Court in the county of: OCEAN at the following address: LACEY TOWNSHIP MUNICIPAL COURT

818 WEST LACEY ROAD FORKED RIVER NJ 08731

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: 01/26/2017 Appearance Date: 01/26/2017 Time: 10:00PM Phone: 609-693-1100

Signature of Person Issuing Summons S/O E SARGENT Date 01/26/2017

☐ Domestic Violence - Confidential

☐ Related Traffic Tickets or Other Complaints

☐ Serious Personal Injury/Involved

Special conditions of release:

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

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER**1512****S****2017****000069**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

STATE V.**MELISSA WEIDENCAMP****FTA Bail Information**

Date Bail Set: _____

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed: _____

Date Referred to

County Prosecutor: _____

Date of First
Appearance:**01/26/2017**☐ Advised of Rights by _____

Defendant Desires Counsel:

☐ Yes ☐ No**Prosecuting Attorney Information****Name:**

State

County

Municipal

Other

Defense Counsel Information**Name:**

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:35-10A (1)**2) **2C:35-5B (3)**

3)

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (* see code)

Finding
Code:

Date:

Finding
Code:

Date:

Finding
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDR/Lab Fee

DEDR:

LAB:

DEDR:

LAB:

DEDR:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: _____

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:*** Finding Codes**

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

Related Traffic Tickets and Complaints:

JUDGE'S SIGNATURE _____

DATE _____

ORIGINAL - Court Action**Page 2 of 7****NJ/CDR1 1/1/2017**

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
1512	S	2017	000069
LACEY TOWNSHIP MUNICIPAL COURT 818 WEST LACEY ROAD FORKED RIVER NJ 08731-0000 609-693-1100 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 17-3099	
COMPLAINANT NAME: S/O E SARGENT		DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. #. DL STATE: SOCIAL SECURITY #: SBI #: 872013C TELEPHONE #: LIVSCAN PCN #: 151201006858	

THE STATE OF NEW JERSEY

VS.

MELISSA WEIDENCAMP

ADDRESS: 109 LAWRENCE DR

LANOKA HARBOR

NJ 08734-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/26/2017 in LACEY TWP, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT: XANAX, IN VIOLATION OF N.J.S. 2C:35-10A(1)

WITHIN THE JURISDICTION OF THIS COURT DID KNOWINGLY POSSESS XANAX WITH THE INTENT TO DISTRIBUTE, IN VIOLATION OF NJSA 2C:35-5B(3)

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3)
Amended Charge			

CERTIFICATION:

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

Signed: S/O E SARGENT Date: 01/26/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Municipal Court in the county of: OCEAN

at the following address: LACEY TOWNSHIP MUNICIPAL COURT

818 WEST LACEY ROAD

FORKED RIVER

NJ 08731-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: 01/26/2017 Appearance Date: 01/26/2017 Time: 10:00PM Phone: 609-693-1100

Signature of Person Issuing Summons Date: 01/26/2017

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				THE STATE OF NEW JERSEY	
1512	S	2017	000069	VS.	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
LACEY TOWNSHIP MUNICIPAL COURT 818 WEST LACEY ROAD FORKED RIVER NJ 08731-0000 609-693-1100 COUNTY OF: OCEAN				ADDRESS: 109 LAWRENCE DR LANOKA HARBOR NJ 08734-0000	
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 17-3099		DEFENDANT INFORMATION	
COMPLAINANT S/O E SARGENT NAME: 138 CHESTNUT ST 911 COMMUN CTR TOMS RIVER NJ 08753				SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. # _____ DL STATE: _____ SOCIAL SECURITY # _____ SBI #: 872013C TELEPHONE # _____ LIVSCAN PCN #: 151201006858	

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **01/26/2017** in **LACEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT: **XANAX**, IN VIOLATION OF N.J.S. 2C:35-10A(1)

WITHIN THE JURISDICTION OF THIS COURT DID KNOWINGLY POSSESS **XANAX** WITH THE INTENT TO DISTRIBUTE, IN VIOLATION OF NJSA 2C:35-5B(3)

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3)
-----------------	------------------------	-----------------------	----

Check	Certification by Police Regarding Complaint-Summons
☒	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
☐	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
☐	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
☐	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
☐	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
☐	I certify that I was unable to serve the complaint-summons.

Signed: S/O E SARGENT OCEAN COUNTY SHERRIFFS DEPT Date of Action: 01/26/2017
Name, Title and Department of Officer

**RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER

1512**S****2017****000069**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

LACEY TOWNSHIP MUNICIPAL COURT
818 WEST LACEY ROAD
FORKED RIVER NJ 08731-0000
609-693-1100 COUNTY OF: OCEAN

of CHARGES
2

CO-DEFTS

POLICE CASE #:
17-3099

COMPLAINANT S/O E SARGENT

NAME: 138 CHESTNUT ST

911 COMMUN CTR

TOMS RIVER

NJ 08753

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

ADDRESS:

109 LAWRENCE DR**LANOKA HARBOR****NJ 08734-0000**

DEFENDANT INFORMATION

SEX: F EYE COLOR: BLUE

DOB: 03/20/1989

DRIVER'S LIC. #.

DL STATE:

SOCIAL SECURITY #:

SBI #: 872013C

TELEPHONE #:

LIVESCAN PCN #: 151201006858

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

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

ON 01/26/2017, DETECTIVES WITH OCPO/SOG ESTABLISHED SURVEILLANCE ON THE DEFENDANT. AS A RESULT OF SAID SURVEILLANCE, INVESTIGATING DETECTIVES OBSERVED THE DEFENDANT SHOPLIFT ITEMS FROM TJ MAXX AND RITE AID. THE DEFENDANT WAS SUBSEQUENTLY STOPPED, PROVIDED WRITTEN CONSENT TO DETECTIVES TO SEARCH HER PURSE TO WIT XANAX WAS LOCATED.

Affidavit of Probable Cause**Page 5 of 7**

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1512

S

2017

000069

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

MELISSA WEIDENCAMP

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

DIRECT OBSERVATION

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

N/A

Certification:

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

Signed: S/O E SARGENT LAW ENFORCEMENT OFFICER

Date: 01/27/2017

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1512	S	2017	000069
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
LACEY TOWNSHIP MUNICIPAL COURT 818 WEST LACEY ROAD FORKED RIVER NJ 08731-0000 609-693-1100 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 17-3099	
COMPLAINANT NAME: S/O E SARGENT 138 CHESTNUT ST 911 COMMUN CTR TOMS RIVER NJ 08753		DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. # DL STATE: SOCIAL SECURITY #: [REDACTED] SBI #: 872013C TELEPHONE #: LIVESCAN PCN #: 151201006858	

THE STATE OF NEW JERSEY
VS.
MELISSA WEIDENCAMP
ADDRESS: 109 LAWRENCE DR
LANOKA HARBOR NJ 08734-0000

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

Certification:

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

Signed: _____

Date: _____

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
1507	S	2016	002824
TOMS RIVER MUNICIPAL COURT 255 OAK AVENUE TOMS RIVER NJ 08753-0000 732-797-3914 COUNTY OF: OCEAN			
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 16-71084	
COMPLAINANT NAME: PTL. B. MUNDY POBX876/255OAKAVE ATTN WARRANTS TOMS RIVER NJ 08753		DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03/20/1989 DRIVER'S LIC. #: SOCIAL SECURITY #: SBI #: 872013C TELEPHONE #:	

THE STATE OF NEW JERSEY
VS.
MELISSA M WEIDENCAMP
ADDRESS: 109 LAWRENCE DRIVE
LANOKA HARBOR NJ 08734-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 12/16/2016 in TOMS RIVER TWP, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO (INTRODUCE INTO THE HUMAN BODY) A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, BY POSSESSING (2) GLASS TUBES WITH BURNED RESIDUE WHICH ARE USED FOR SMOKING CRACK COCAINE.

in violation of:

Original Charge	1) 2C:36-2	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: PTL. B. MUNDY Date: 12/16/2016

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 12/16/2016 TIME: 11:00AM PTL. B. MUNDY 12/16/2016
Signature of Person Issuing Summons Date

☐ Domestic Violence – Confidential	☐ Related Traffic Tickets or Other Complaints	☐ Serious Personal Injury/ Death Involved
Special conditions of release: ☐ No phone, mail or other personal contact w/victim ☐ No possession firearms/weapons ☐ Other (specify):		ORIGINAL
		Page 1 of 7 NJ/CDR1 8/1/2005

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER**STATE V.****1507****S****2016****002824****MELISSA M WEIDENCAMP**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

FTA Bail Information

Date Bail Set: _____

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed: _____

Date Referred to
County Prosecutor: _____Date of First
Appearance: **12/16/2016**☐ Advised of Rights by _____

Defendant Desires Counsel:

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

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:36-2**

2)

3)

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (* see code)

Finding
Code:

Date:

Finding
Code:

Date:

Finding
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDR/Lab Fee

DEDR:

LAB:

DEDR:

LAB:

DEDR:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: _____

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:*** Finding Codes**

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

Related Traffic Tickets and Complaints:**ORIGINAL – Court Action**

JUDGE'S SIGNATURE _____

DATE _____

Page 2 of 7

NJ/CDR1 8/1/2005

COMPLAINT - SUMMONS

COMPLAINT NUMBER

1507**S****2016****002824**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

TOMS RIVER MUNICIPAL COURT**255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914**COUNTY OF: **OCEAN**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
16-71084COMPLAINANT
NAME:**PTL. B. MUNDY**
POBX876/255OAKAVE**ATTN WARRANTS****TOMS RIVER NJ 08753****THE STATE OF NEW JERSEY****VS.****MELISSA M WEIDENCAMP**

ADDRESS:

109 LAWRENCE DRIVE**LANOKA HARBOR****NJ 08734-0000**

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BLUE**DOB: **03/20/1989**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **872013C**

TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **12/16/2016** in **TOMS RIVER TWP**, **OCEAN** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO (INTRODUCE INTO THE HUMAN BODY) A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, BY POSSESSING (2) GLASS TUBES WITH BURNED RESIDUE WHICH ARE USED FOR SMOKING CRACK COCAINE.

in violation of:

Original Charge	1) 2C:36-2	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: **PTL. B. MUNDY** Date: **12/16/2016**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: **12/16/2016** **TIME:** **11:00AM** **PTL. B. MUNDY** **12/16/2016**
Signature of Person Issuing Summons Date

☐ **Domestic Violence – Confidential**☐ **Related Traffic Tickets
or Other Complaints**☐ **Serious Personal Injury/ Death
Involved****Special conditions of release:**

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

COURT COPY

COMPLAINT - SUMMONS

COMPLAINT NUMBER

1507**S****2016****002824**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

TOMS RIVER MUNICIPAL COURT**255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914**COUNTY OF: **OCEAN**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
16-71084

COMPLAINANT

NAME:

PTL. B.**MUNDY****THE STATE OF NEW JERSEY****VS.****MELISSA M WEIDENCAMP**

ADDRESS:

109 LAWRENCE DRIVE**LANOKA HARBOR****NJ 08734-0000**

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BLUE**DOB: **03/20/1989**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **872013C**

TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **12/16/2016** in **TOMS RIVER TWP**, **OCEAN** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO (INTRODUCE INTO THE HUMAN BODY) A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, BY POSSESSING (2) GLASS TUBES WITH BURNED RESIDUE WHICH ARE USED FOR SMOKING CRACK COCAINE.

in violation of:

Original Charge

1) **2C:36-2**

2)

3)

Amended Charge

CERTIFICATION:

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

Signed: _____

PTL. B. MUNDYDate: **12/16/2016**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 12/16/2016 TIME: 11:00AM**PTL. B. MUNDY****12/16/2016**

Signature of Person Issuing Summons

Date

☐ **Domestic Violence – Confidential**☐ **Related Traffic Tickets
or Other Complaints**☐ **Serious Personal Injury/ Death
Involved**

Special conditions of release:

☐ **No phone, mail or other personal contact w/victim**☐ **No possession firearms/weapons**☐ **Other (specify):****DEFENDANT'S COPY**

COMPLAINT - SUMMONS

COMPLAINT NUMBER

1507**S****2016****002824**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

TOMS RIVER MUNICIPAL COURT**255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914**COUNTY OF: **OCEAN**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
16-71084COMPLAINANT
NAME:**PTL. B.****MUNDY****POBX876/255OAKAVE****ATTN WARRANTS****TOMS RIVER****NJ 08753****THE STATE OF NEW JERSEY****VS.****MELISSA M WEIDENCAMP**

ADDRESS:

109 LAWRENCE DRIVE**LANOKA HARBOR****NJ 08734-0000**

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BLUE**DOB: **03/20/1989**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **872013C**

TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **12/16/2016** in **TOMS RIVER TWP**, **OCEAN** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO (INTRODUCE INTO THE HUMAN BODY) A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, BY POSSESSING (2) GLASS TUBES WITH BURNED RESIDUE WHICH ARE USED FOR SMOKING CRACK COCAINE.

in violation of:

Original Charge

1) **2C:36-2**

2)

3)

Amended Charge

CERTIFICATION:

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

Signed: _____

PTL. B. MUNDYDate: **12/16/2016**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: **12/16/2016** **TIME:** **11:00AM****PTL. B. MUNDY**

Signature of Person Issuing Summons

12/16/2016

Date

☐ **Domestic Violence – Confidential**☐ **Related Traffic Tickets
or Other Complaints**☐ **Serious Personal Injury/ Death
Involved****Special conditions of release:**☐ **No phone, mail or other personal contact w/victim**☐ **No possession firearms/weapons**☐ **Other (specify):****POLICE COPY**

COMPLAINT - SUMMONS

COMPLAINT NUMBER

1507**S****2016****002824**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

TOMS RIVER MUNICIPAL COURT**255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914** COUNTY OF: **OCEAN**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
16-71084COMPLAINANT PTL. B. MUNDY
NAME: POBX876/255OAKAVE

ATTN WARRANTS

TOMS RIVER

NJ 08753

THE STATE OF NEW JERSEY**VS.****MELISSA M WEIDENCAMP**

ADDRESS:

109 LAWRENCE DRIVE**LANOKA HARBOR****NJ 08734-0000**

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BLUE**DOB: **03/20/1989**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #

SBI #: **872013C**

TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **12/16/2016** in **TOMS RIVER TWP**, **OCEAN** County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO (INTRODUCE INTO THE HUMAN BODY) A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, BY POSSESSING (2) GLASS TUBES WITH BURNED RESIDUE WHICH ARE USED FOR SMOKING CRACK COCAINE.

in violation of:

Original Charge

1) **2C:36-2**

2)

3)

Check

✓

Certification by Police Regarding Complaint-Summons

✓

I certify that I served the complaint-summons by delivering a copy to the defendant personally.

I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over

Name of family member over 14 years of age

I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address.

Defendant's last known address

I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf.

Name and title of authorized person

Other manner of service: I certify that I served the complaint-summons in the following manner:

I certify that I was unable to serve the complaint-summons.

Signed: **PTL. B. MUNDY TOMS RIVER POLICE DEPT**

Name, Title and Department of Officer

Date of Action: **12/16/2016****RETURN OF SERVICE
INFORMATION****Page 6 of 7**

NJ/CDR1 8/1/2005

COMPLAINT - SUMMONS

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> MELISSA M WEIDENCAMP	
1507	S	2016	002824		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	ADDRESS: 109 LAWRENCE DRIVE LANOKA HARBOR NJ 08734-0000	
TOMS RIVER MUNICIPAL COURT 255 OAK AVENUE TOMS RIVER NJ 08753-0000 732-797-3914 COUNTY OF: OCEAN					
# of CHARGES	CO-DEFTS	POLICE CASE #:	DEFENDANT INFORMATION		
1		16-71084	SEX: F EYE COLOR: BLUE DOB: 03/20/1989		
COMPLAINANT NAME: PTL. B. MUNDY POBX876/255OAKAVE ATTN WARRANTS TOMS RIVER NJ 08753			DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 872013C TELEPHONE #:		

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **12/16/2016** in **TOMS RIVER TWP**, **OCEAN** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO (INTRODUCE INTO THE HUMAN BODY) A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, BY POSSESSING (2) GLASS TUBES WITH BURNED RESIDUE WHICH ARE USED FOR SMOKING CRACK COCAINE.

in violation of:

Original Charge	1) 2C:36-2	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: PTL. B. MUNDY Date: 12/16/2016

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 12/16/2016 **TIME:** 11:00AM PTL. B. MUNDY 12/16/2016
Signature of Person Issuing Summons Date

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

SUPERIOR COURT COPY

COMPLAINT-SUMMONS**THE STATE OF NEW JERSEY****VS.****MELISSA M WEIDENCAMP**ADDRESS: **109 LAWRENCE DRIVE****LANOKA HARBOR****NJ 08734**COMPLAINT NUMBER
1507 S 2016 000720TOMS RIVER MUNICIPAL COURT
255 OAK AVENUE
TOMS RIVER NJ 08753
(732) 797-3914 COUNTY OF: **OCEAN**# of CHARGES **1** CO-DEFTS POLICE CASE #:
16-18374COMPLAINANT NAME: **PTL. L. TARANTO**
POBX876/255OAKAVE
ATTN WARRANTS
TOMS RIVER NJ 08753DEFENDANT INFORMATION
SEX: **F** EYE COLOR: **BLUE** DOB: **03-20-1989**
DRIVER'S LIC. #. **[REDACTED]** DL STATE: **NJ**
SOCIAL SECURITY # **[REDACTED]** SBI #: **[REDACTED]**
TELEPHONE #: **[REDACTED]**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **04-03-2016** in **TOMS RIVER TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS, ACTUALLY OR CONSTRUCTIVELY, A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED SUBSTANCE ANALOG CLASSIFIED IN SCHEDULE I, II, III OR IV THAT WAS NOT OBTAINED DIRECTLY, OR PURSUANT TO A VALID PRESCRIPTION OR ORDER FORM FROM A PRACTITIONER, SPECIFICALLY BEING IN POSSESSION OF A QUANTITY OF CRACK COCAINE. (THIRD DEGREE)

in violation of:

Original Charge	1) 2C:35-10A(1)	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: **PTL. L. TARANTO** Date: **04-03-2016**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 04-18-2016 TIME: 12:00pm **PTL. L. TARANTO** **04-03-2016**

Signature of Person Issuing Summons

Date

☐ Domestic Violence - Confidential☐ Related Traffic Tickets
or Other Complaints☐ Serious Personal Injury/ Death
Involved**Special conditions of release:**

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

ORIGINAL

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1507	S	2016	000721
COURT CODE	PREP	YEAR	SEQUENCE NO
TOMS RIVER MUNICIPAL COURT 255 OAK AVENUE TOMS RIVER NJ 08753 (732) 797-3914 COUNTY OF: OCEAN			
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 16-18374	
COMPLAINANT NAME: PTL. L. TARANTO POBX876/255OAKAVE ATTN WARRANTS TOMS RIVER NJ 08753			

THE STATE OF NEW JERSEY

VS.

MELISSA M WEIDENCAMP

ADDRESS: 109 LAWRENCE DRIVE

LANOKA HARBOR

NJ 08734

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 03-20-1989
DRIVER'S LIC. # [REDACTED] DL STATE: NJ
SOCIAL SECURITY # [REDACTED] SBI #: [REDACTED]
TELEPHONE #: [REDACTED]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 04-03-2016 in TOMS RIVER TWP, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER HER OWN DETENTION, APPREHENSION, INVESTIGATION, PROSECUTION, CONVICTION OR PUNISHMENT FOR ANOTHER OFFENSE OR VIOLATION OF TITLE 39 OF THE REVISED STATUTES OR A VIOLATION OF CHAPTER 33A OF TITLE 17 OF THE REVISED STATUTES, GIVE FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY PROVIDING THE NAME CHRISTINA WIDENCAMP WITH A FICTITIOUS DATE OF BIRTH AND SOCIAL SECURITY NUMBER, KNOWING SHE WAS A CONFIRMED WANTED PERSON. (DISORDERLY)

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO TUSE DRUG PARAPHERNALIA TO INGEST A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG OR TOXIC CHEMICAL, SPECIFICALLY BEING IN POSSESSION OF ONE GLASS PIPE USED TO SMOKE/INGEST CRACK COCAINE, A CDS. (DISORDERLY)

in violation of:

Original Charge	1) 2C:29-3B(4)	2) 2C:36-2	3)
Amended Charge			

CERTIFICATION:

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

Signed: PTL. L. TARANTO Date: 04-03-2016

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 04-18-2016 TIME: 12:00pm PTL. L. TARANTO 04-03-2016
Signature of Person Issuing Summons Date

☐ Domestic Violence - Confidential ☐ Related Traffic Tickets or Other Complaints ☐ Serious Personal Injury/ Death Involved

Special conditions of release:

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

ORIGINAL

COMPLAINT - SUMMONS

THE STATE OF NEW JERSEY VS. MELISSA M WEIDENCAMP ADDRESS: 109 LAWRENECE DR LANOKA HARBOR NJ 08734		
109 LAWRENECE DR LANOKA HARBOR NJ 08734		
SOUTH TOMS RIVER MUNICIPAL CT 144 MILL STREET SO TOMS RIVER NJ 08757 (732)349-1141 COUNTY OF: OCEAN		
# of CHARGES 1	CO-DEFTS	POLICE CASE #: E030130213
DEFENDANT INFORMATION SEX: F EYE COLOR: BLUE DOB: 03-20-1989 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 872013C TELEPHONE #:		
COMPLAINANT TPR A TIGHE NAME: NEW JERSEY STATE POLICE		

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 09-10-2013 in **SOUTH TOMS RIVER BORO**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED SUBSTANCE ANALOG THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION ISSUED BY A PRACTITIONER, SPECIFICALLY BY POSSESSING FIVE YELLOW PILLS MARKED WITH "039" SUSPECTED ZANAX.

THIS BEING IN VIOLATION OF AND CONTRARY TO NJS 2C:35-10.5E(E), A CRIME OF THE FOURTH DEGREE.

in violation of:

Original Charge	1) 2C:35-10.5E(2)	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: **TPR A TIGHE** Date: **09-13-2013**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: **09-23-2013** TIME: **9:00am** **TPR A TIGHE** **09-13-2013**

Signature of Person Issuing Summons

Date

☐ Domestic Violence - Confidential

☒ Related Traffic Tickets or Other Complaints

☐ Serious Personal Injury/ Death Involved

Special conditions of release:

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

5-13-105
5-13-106

E13-104

ORIGINAL

Page 1 of 7

NJ/CDR1 8/1/2005