COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0121	S	2022	000076
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

SOMERS POINT CITY MUNICIPAL CT
1 W. NEW JERSEY AVE
SOMERS POINT NJ 08244-0000
609-927-9088 COUNTY OF: ATLANTIC

THE STATE OF NEW JERSEY
VS.
MARY W LINEHAN

ADDRESS: 240 WEST PATCONG AVE
LINWOOD NJ 08330-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2022-2741

COMPLAINANT NAME: ABBY S TAYLOR
7 TURNBERRY DRIVE
EGG HARBOR TOWNSHIP NJ 08234

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12/21/1965
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #:
TELEPHONE #: 609-846-5068 (C)
LIVESCAN PCN #:

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 03/27/2022 in SOMERS POINT CITY , ATLANTIC County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT AGGRAVATED ASSAULT BY PURPOSELY, KNOWINGLY, OR RECKLESSLY CAUSING INJURY TO ABBY TAYLOR, A EMT FOR EGG HARBOR TOWNSHIP, ACTING IN THE PERFORMANCE OF HER DUTIES, WHILE IN UNIFORM OR OTHERWISE CLEARLY IDENTIFIABLE AS BEING ENGAGED IN THE PERFORMANCE OF HER DUTIES AS A EMT, SPECIFICALLY BY KICKING ABBY TAYLOR IN THE FACE WITH HER LEFT FOOT, AS ABBY TAYLOR WAS ATTEMPTING TO GET HER INSIDE OF THE AMBULANCE TO TRANPORT HER TO THE HOSPITAL.

in violation of:

	1)	2)	3)
Original Charge	2C:12-1B(5)(C)		
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: _____ **Date:** _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

☐ 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-summons:

_____ _____
Signature of Judge — Date

SUMMONS

YOU ARE HEREBY **SUMMONED** to appear before the Superior Court in the county of: ATLANTIC

at the following address: ATLANTIC SUPERIOR COURT
4997 UNAMI BLVD MAYS LANDING NJ 08330-0000

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: 03/27/2022 Appearance Date: 05/24/2022 Time: 05:00PM Phone: 609-625-7000

Signature of Person Issuing Summons: HOWARD FREED JUDICIAL OFFICER Date: 05/17/2022

☐ **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				STATE V.
0121	S	2022	000076	MARY W LINEHAN
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	❑ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 05/24/2022	❑ 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:12-1B(5)(C)			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

_____ _____
JUDGE'S SIGNATURE DATE

ORIGINAL - Court Action

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0121	S	2022	000076
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

SOMERS POINT CITY MUNICIPAL CT
1 W. NEW JERSEY AVE
SOMERS POINT NJ 08244-0000
609-927-9088 COUNTY OF: ATLANTIC

THE STATE OF NEW JERSEY
VS.
MARY W LINEHAN

ADDRESS: 240 WEST PATCONG AVE
LINWOOD NJ 08330-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2022-2741

COMPLAINANT
NAME: ABBY S TAYLOR

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12/21/1965
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURIT [redacted] SBI #:
TELEPHONE #: 609-846-5068 (C)
LIVESCAN PCN #:

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in violation of:

	1)	2)	3)
Original Charge	2C:12-1B(5)(C)		
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: _____ **Date:** _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

☐ 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-summons:

_____ _____
Signature of Judge — Date

SUMMONS

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at the following address: ATLANTIC SUPERIOR COURT
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☐ **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			
0121	S	2022	000076
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

SOMERS POINT CITY MUNICIPAL CT
1 W. NEW JERSEY AVE
SOMERS POINT NJ 08244-0000
609-927-9088 COUNTY OF: ATLANTIC

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2022-2741

COMPLAINANT NAME: ABBY S TAYLOR
7 TURNBERRY DRIVE
EGG HARBOR TOWNSHIP NJ 08234

THE STATE OF NEW JERSEY
VS.
MARY W LINEHAN

ADDRESS :
240 WEST PATCONG AVE
LINWOOD NJ 08330-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12/21/1965
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: 609-846-5068 (C)
LIVESCAN PCN #:

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 03/27/2022 in SOMERS POINT CITY , ATLANTIC County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT AGGRAVATED ASSAULT BY PURPOSELY, KNOWINGLY, OR RECKLESSLY CAUSING INJURY TO ABBY TAYLOR, A EMT FOR EGG HARBOR TOWNSHIP, ACTING IN THE PERFORMANCE OF HER DUTIES, WHILE IN UNIFORM OR OTHERWISE CLEARLY IDENTIFIABLE AS BEING ENGAGED IN THE PERFORMANCE OF HER DUTIES AS A EMT, SPECIFICALLY BY KICKING ABBY TAYLOR IN THE FACE WITH HER LEFT FOOT, AS ABBY TAYLOR WAS ATTEMPTING TO GET HER INSIDE OF THE AMBULANCE TO TRANPORT HER TO THE HOSPITAL.

in violation of:

Original Charge	1) 2C:12-1B(5) (C)	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: _____ Date of Action: _____
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0121	S	2022	000076
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SOMERS POINT CITY MUNICIPAL CT
1 W. NEW JERSEY AVE
SOMERS POINT NJ 08244-0000
609-927-9088 COUNTY OF: ATLANTIC

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2022-2741

COMPLAINANT NAME: ABBY S TAYLOR
7 TURNBERRY DRIVE
EGG HARBOR TOWNSHIP NJ 08234

THE STATE OF NEW JERSEY
VS.
MARY W LINEHAN

ADDRESS: 240 WEST PATCONG AVE
LINWOOD NJ 08330-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12/21/1965
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: 609-846-5068 (C)
LIVESCAN PCN #:

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:

Affidavit of Probable Cause

COMPLAINT NUMBER			
0121	S	2022	000076
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THE STATE OF NEW JERSEY
VS.
MARY W LINEHAN

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: _____ Date: _____

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0121	S	2022	000076
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

SOMERS POINT CITY MUNICIPAL CT
1 W. NEW JERSEY AVE
SOMERS POINT NJ 08244-0000
609-927-9088 COUNTY OF: ATLANTIC

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2022-2741

COMPLAINANT NAME: ABBY S TAYLOR
7 TURNBERRY DRIVE
EGG HARBOR TOWNSHIP NJ 08234

THE STATE OF NEW JERSEY
VS.
MARY W LINEHAN

ADDRESS: 240 WEST PATCONG AVE
LINWOOD NJ 08330-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12/21/1965
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURIT SBI #:
TELEPHONE #: 609-846-5068 (C)
LIVESCAN PCN #:

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.

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:** _____