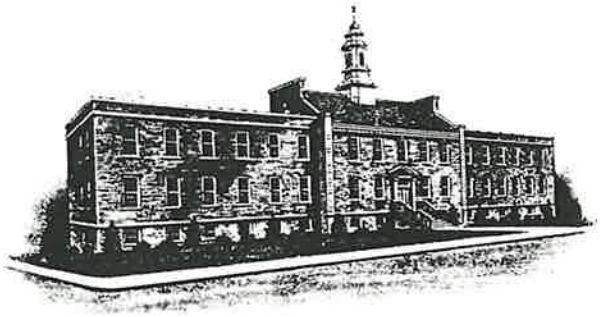


The Borough of Sayreville

MUNICIPAL CLERK'S OFFICE

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

September 2, 2020

Anonymous
opra+request-16184-0fb167d78@requests.opramachine.com

Re: Request for Access to Public Records

Dear Anonymous:

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

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

Very truly yours,

Nicole L. Waranowicz
Deputy Municipal Clerk

NLW/jo

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000216	04/27/2020 00:58:32	20007509

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HAYES	JERRELL	K	04/27/1989	31	

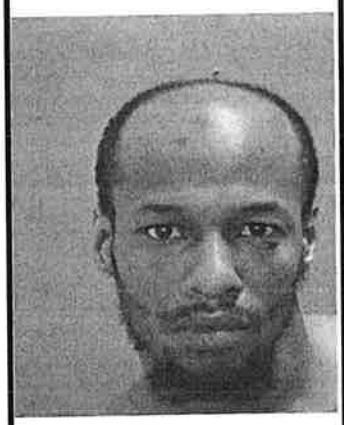
TRUE NAME	MAIDEN NAME	HOME PHONE
JERRELL K HAYES		

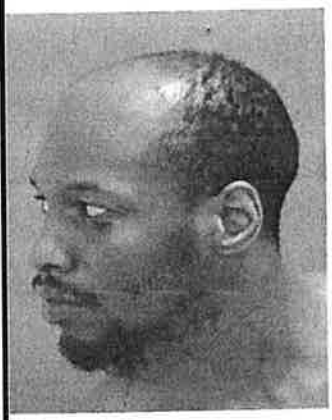
STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
21 WINDING WOOD DR.	1B	SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	508	141	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	TATTOO-MAN UP (LEFT HAND), NYRELL (RIGHT ARM), JERRELL (RIGHT ARM), WEST END BOYS (STOMACH)	21 WINDING WOODS





PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
CORPUS CRISTI TX	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ERNEST HAYES	APRIL HAYES	APRIL KELUM

SBI #	FBI #	LOCAL ID (PRINT)
103405E	427478TC1	

EMPLOYER	OCCUPATION
AMAZON	STAGE HAND

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
	☐	FISCHER, E

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
	☐	FISCHER, E

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
ARWAY, W	FISCHER, E
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ
2. OBSTRUCT ADMIN OF LAW
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

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER: **RELEASED**	ARREST NUMBER: **TSAY202000214**	DATE & TIME OF BOOKING: **04/26/2020 08:49:30**			INCIDENT NUMBER: **20007350**
LAST NAME: **CABRERA**	FIRST: **MARIO**	MIDDLE NAME: **ESTALIN**	D.O.B.: **01/27/1992**	AGE: **28**	SSN:
TRUE NAME: **MARIO E CABRERA**			MAIDEN NAME: **N/A**		HOME PHONE:
STREET NO. STREET NAME: **675 ELIZABETH ST**	APT #	CITY/TOWN: **PERTH AMBOY**	STATE: **NJ**	ZIP: **08861**	PHONE (WORK) (CELL)

SEX: **M**	HEIGHT: **604**	WEIGHT: **218**	RACE: **WHITE**
HAIR: **ORANGE**	EYES: **BROWN**	BLD: **MEDIUM**	SKIN: **DARK BROWN**
ETHNICITY: **HISPANIC ORIGIN**	SCARS: **N/A**	LOCATION OF ARREST: **7069 RT 9/35 S**	
PLACE OF BIRTH: **SANTO DOMINGO**	MARTIAL STATUS: **UNMARRIED**	DRIVER'S LICENSE	
FATHER'S NAME: **MARIO CABRERA**		MOTHER'S NAME: **ROSA PENA**	MOTHER'S MAIDEN: **PENA**
SBI #: **540307G**	FBI #: **823855VE0**	LOCAL ID (PRINT)	
EMPLOYER: **SOUTH AMBOY GLASS**		OCCUPATION: **INSTALLATION**	
ADDRESS OF EMPLOYER: **1200 ERNSTON ROAD SAYREVILLE NJ 08872**			

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE: **N/A**	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: **O'DONNELL, S**

OFFENSES

1. **CONTEMPT**
2.
3.
4.
5.

ARREST ON WARRANT? YES ☒	WARRANT NUMBER: **1219W2020000203**
	CITY/COURT: **SAYREVILLE**

CHARGES
AGG ASSAULT - ON DOMESTIC VIOLENCE VICTIM

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
MCACC	TSAY202000213	04/20/2020 08:05:08	20007228

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
STABENOW	IAN	E	09/12/1992	27	

TRUE NAME	MAIDEN NAME	HOME PHONE
IAN E STABENOW		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) / (CELL)
606 LEO ST		HILLSIDE	NJ	07205	

SEX	HEIGHT	WEIGHT	RACE
M	511	170	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	

ETHNICITY
NOT OF HISPANIC ORIGIN

SCARS
ANCHOR LEFT FOREARM, 'ANKAH' LEFT RING FINGER, EAGLE LEFT SHOULDER/NECK, SMILEY FACE RIGHT SHOULDER, CROSS ON LEFT SIDE OF CHEST

LOCATION OF ARREST
7089 RT 9/35 S

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

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

SBI #	FBI #	LOCAL ID (PRINT)
3399007E	739200DD3	

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
	☐	VALENTIN, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
VALENTIN, M	VALENTIN, M

COMPLAINANT	OFFICER IN CHARGE
	CASELLA, J

OFFENSES

1. CRIMINAL MISCHIEF-DAMAGE PROPERTY
2. AGG ASSAULT - STRANGULATION
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

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000212**	**04/20/2020 04:04:45**	**20007225**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SAFARIAN	**BLAZEJOSEPH**	**FRANKIE**	**07/04/1996**	**23**	

TRUE NAME	MAIDEN NAME	HOME PHONE
BLAZEJOSEPH F SAFARIAN		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
586 HARRISON AVE.		**LODI**	**NJ**	**07644**	

SEX	HEIGHT	WEIGHT	RACE
M	**510**	**200**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
UNKNOWN		**ERNSTON RD**

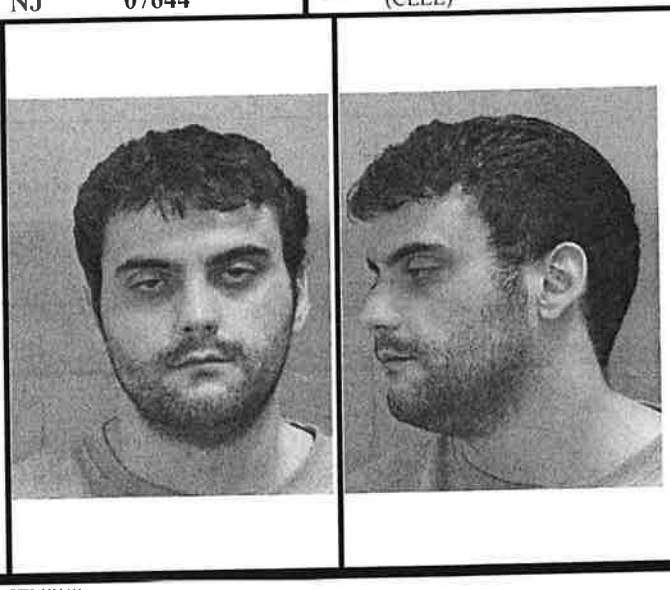
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NJ	**UNKNOWN**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JACK SAFARIAN	**ROSEMARIE SAFARIAN**	**COSENCINO**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SHOPRITE	**UNLOADER**

ADDRESS OF EMPLOYER
4594 RT. 9 S. HOWELL TOWNSHIP NJ 07731



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
	DR. R. FOLEY

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	
.00	**TAYLOR, J**	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	**DEGUZMAN, M**
COMPLAINANT	OFFICER IN CHARGE
	THEILE, M

OFFENSES

1. **DUI/DWI**
2. **RECKLESS DRIVING**
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	TSAY202000211	04/18/2020 03:26:07	20007144

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SEWARD	COREY	J	06/14/1991	28	

TRUE NAME	MAIDEN NAME	HOME PHONE
COREY J SEWARD		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
436 WASHINGTON AVE		BURLINGTON CITY	NJ	08016	

SEX	HEIGHT	WEIGHT	RACE
M	509	200	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	HAZEL	THIN	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	GRIM REAPER FOREARM TATTOO	27 ELM TER

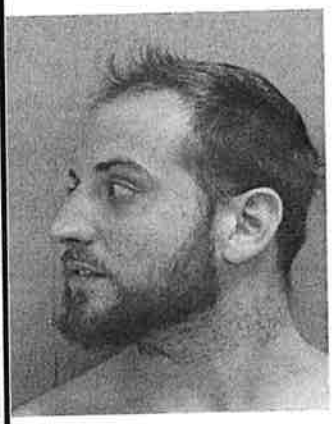
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
WILLINGBORO NJ	UNMARRIED	

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
GLAZZIO	PICKER

ADDRESS OF EMPLOYER
7 CAMPUS DRIVE BURLINGTON TWP NJ 08016



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

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

OFFENSES

1. CONTEMPT
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	TSAY202000210	04/17/2020 03:10:05	20007110

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
JOHNSON	ANTHONY	THOMAS	11/16/1996	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANTHONY T JOHNSON	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
8 SWIDER DR	D11	PARLIN	NJ	08859	(WORK) (CELL)

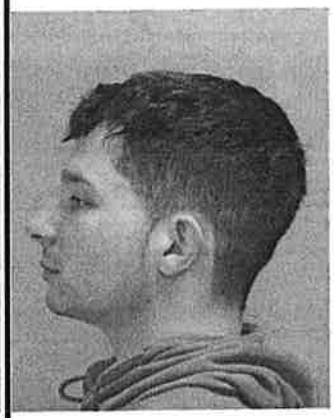
SEX	HEIGHT	WEIGHT	RACE
M	603	185	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	FAIR

ETHNICITY
NOT OF HISPANIC ORIGIN

SCARS
CHEST: :'WITH PAIN COMES STRENGTH' LEFT FOREARM: 'MY SISTERS PROTECTOR' RIGHT BICEP: AZTEC WOMAN.

LOCATION OF ARREST
8 SWIDER DR



PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
KEY WEST FL	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MARC KRAJEWSKI	JACQUELYN	FERREDA

SBI #	FBI #	LOCAL ID (PRINT)
114516G	951096VD9	

EMPLOYER	OCCUPATION
DORIA SUSPENDED SCAFFOLD	

ADDRESS OF EMPLOYER
NEW YORK NY

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
N/A	

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
KRZYZANOWSKI, K	KRZYZANOWSKI, K

COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1. SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ
2. TERRORISTIC THREATS
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

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000209	04/12/2020 09:25:56	20006899

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MARTINEZ	DAVID	ANTHONY	06/19/1974	45	

TRUE NAME	MAIDEN NAME	HOME PHONE
DAVID A MARTINEZ SR	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1325 PENNSYLVANIA AVE	4H	BROOKLYN	NY	11239	

SEX	HEIGHT	WEIGHT	RACE
M	506	162	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MUSCULAR	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	NONE	7 WALNUT LN

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MANNY MARTINEZ	TERRY MARTINEZ	SANTIAGO

SBI #	FBI #	LOCAL ID (PRINT)
NY7474948Y	648634TA6	

EMPLOYER	OCCUPATION
GIO QUIENTO LOCAL 79 MASON	SHOP STEWART

ADDRESS OF EMPLOYER
333 EAST 33RD ST NEW YORK NY 10001

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

OFFENSES

1. CONTEMPT
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
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

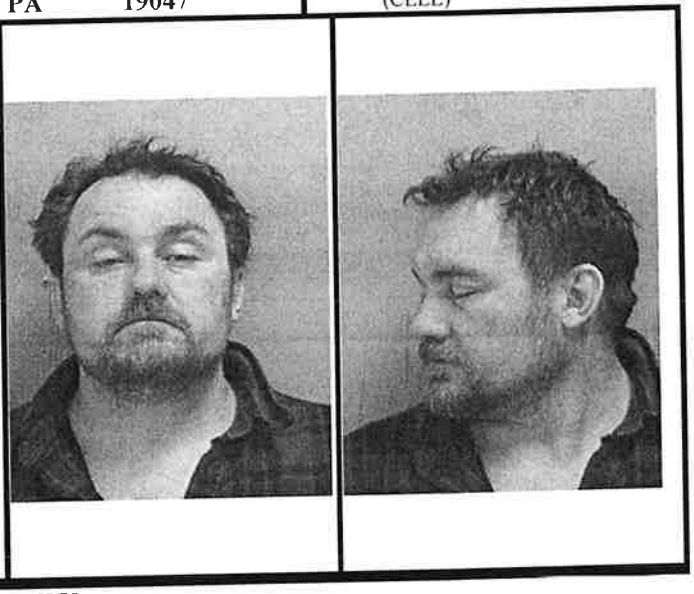
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
FREEHOLD NJ	MARRIED	

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 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	TSAY202000207	04/10/2020 21:35:01	20006853

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DIBARTOLOMEO	DAVID	ANGELO	07/29/1971	48	

TRUE NAME	MAIDEN NAME	HOME PHONE
DAVID A DIBARTOLOMEO JR		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
58 ROOSEVELT BLVD	1	PARLIN	NJ	08859	

SEX	HEIGHT	WEIGHT	RACE
M	600	270	WHITE

HAIR	EYES	BLD	SKIN
GRAY/PARTL GRAY	BROWN	HEAVY	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		76 ROOSEVELT BLVD

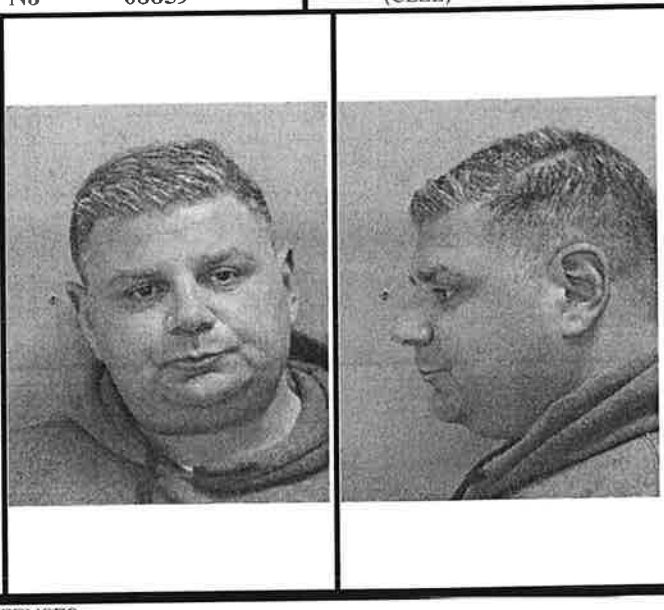
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DAVID	MARY	SMITH

SBI #	FBI #	LOCAL ID (PRINT)
6431398Q	787363VA6	

EMPLOYER	OCCUPATION
JOURNYMAN RESTORATION	MANAGER

ADDRESS OF EMPLOYER
FREEHOLD 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
	☐	GOTTA, K.

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM
0.00%	COX, A

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
COX, A	GOTTA, K.

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. DUI/DWI
2. RECKLESS DRIVING
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	TSAY202000206	04/10/2020 16:38:45	20006846

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
JOHNSON	CRAIG		09/30/1985	34	

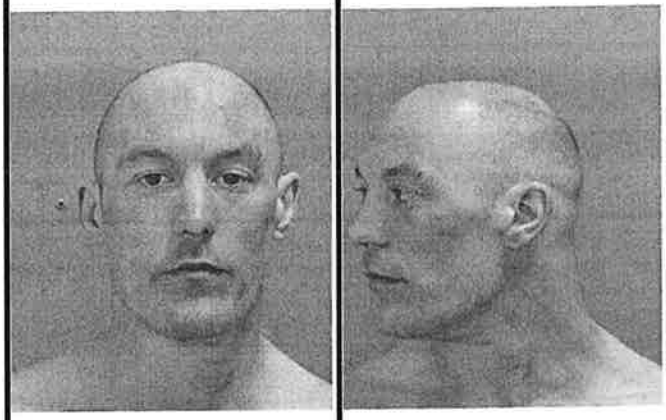
TRUE NAME	MAIDEN NAME	HOME PHONE
CRAIG & JOHNSON		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
338 WASHINGTON RD		SAYRVEILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	600	150	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	GREEN	THIN	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	BEARD, TATTOOS, INITIALS 'CJ' ON LEFT CALF, 'J' ON LEFT BICEPT, MARY ON BACK	338 WASHINGTON RD



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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
RICHARD JOHNSON	CHRISTINA JOHNSON	BALDWIN

SBI #	FBI #	LOCAL ID (PRINT)
227077D	541298EC8	

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
	☐	KENNY, 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
	☐	KENNY, 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
KENNY, M	KENNY, M

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. F.T.A
2. RESISTING ARREST
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
JUDGE SICA	NO BAIL	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000204**	**04/07/2020 01:47:22**	**20006717**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
COMAR	**JOHN**		**11/20/2001**	**18**	

TRUE NAME	MAIDEN NAME	HOME PHONE
JOHN & COMAR	**N/A**	

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

SEX	HEIGHT	WEIGHT	RACE
M	**507**	**135**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**'JC' ON LEFT CALF**	**DANE ST**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
AURORA CO	**UNMARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DANIEL COMAR	**THERESA COMAR**	**SASSONE**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

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
	☐	**LESTUCK, G**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
LESTUCK, G	**LESTUCK, G**

COMPLAINANT	OFFICER IN CHARGE
	MASLOWSKI, S

OFFENSES

1. **DISORDERLY CONDUCT**
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	R.O.R	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
ROBERT WOOD JOHNSON HOSPITAL	**TSAY202000203**	**04/01/2020 17:08:45**	**20006489**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
STOFAN	**CHERYL**	**A**	**04/27/1964**	**55**	

TRUE NAME	MAIDEN NAME	HOME PHONE
CHERYL A STOFAN		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1 KULAS LANE	**616**	**PARLIN**	**NJ**	**08859**	

SEX	HEIGHT	WEIGHT	RACE
F	**504**	**130**	**WHITE**

HAIR	EYES	BLD	SKIN
BROWN	**BLUE**	**THIN**	**FAIR**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**WASHINGTON RD**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNKNOWN	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
UNKNOWN	**UNKNOWN**	**UNKNOWN**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNKNOWN	**UNKNOWN**

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
	☐	**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
	BRAILE, B

OFFENSES

1. **DUI/DWI**
2. **RECKLESS DRIVING**
3. **DRIVING WHILE SUSPENDED**
4. **PENALTIES/UNINSURED VEHCL**
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PARENT OR GUARDIAN NOTIFIED

NAME OF PROBATION OFFICER NOTIFIED — TIME

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

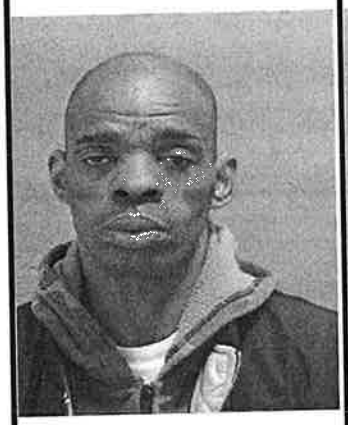
CELL NUMBER: **HOLDING AREA**	ARREST NUMBER: **TSAY202000202**	DATE & TIME OF BOOKING: **04/01/2020 13:15:48**			INCIDENT NUMBER: **20006488**
LAST NAME: **THORNTON**	FIRST: **KEDAR**	MIDDLE NAME: **M**	D.O.B.: **05/20/1974**	AGE: **45**	SSN:
TRUE NAME: **KEDAR M THORNTON**			MAIDEN NAME:		HOME PHONE:
STREET NO. STREET NAME: **2908 LIGHTHOUSE LANE**	APT #	CITY/TOWN: **PARLIN**	STATE: **NJ**	ZIP: **08859**	PHONE (WORK) (CELL)

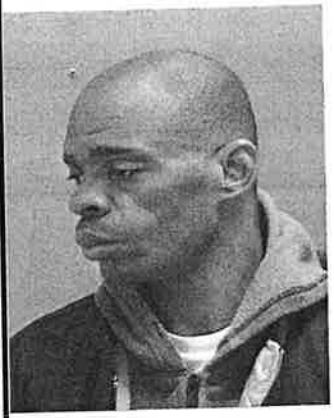
SEX: **M**	HEIGHT: **509**	WEIGHT: **130**	RACE: **BLACK**
HAIR: **BALD/BALDING**	EYES: **BROWN**	BLD: **THIN**	SKIN: **DARK BROWN**

ETHNICITY: **NOT OF HISPANIC ORIGIN**

SCARS: **TATTOO RIGHT HAND, SPIDER WEB LEFT HAND, RIGHT ARM SLEEVE, LEFT ARM SLEEVE, PORTRAIT OF WOMAN RIGHT CHEST**

LOCATION OF ARREST: **2908 LIGHTHOUSE LN**





PLACE OF BIRTH: **UKNOWN**	MARTIAL STATUS: **UNMARRIED**	DRIVER'S LICENSE	
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: **VALENTIN, M**
FINGERPRINTS TAKEN — YES ☐	PHOTO TAKEN — YES ☒

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

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

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

PRISONER SIGNATURE

ARRESTING OFFICER: **VALENTIN, M**	BOOKING OFFICER: **VALENTIN, M**
COMPLAINANT	OFFICER IN CHARGE: **CASELLA, J**

OFFENSES

1. **SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ**
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	**TSAY202000201**	**03/31/2020 18:47:06**	**20006458**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
POST	**JULIE**	**LEITH**	**08/06/1975**	**44**	

TRUE NAME	MAIDEN NAME	HOME PHONE
JULIE L POST		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
650 WASHINGTON AVE	**609**	**SAYREVILLE**	**NJ**	**08872**	

SEX	HEIGHT	WEIGHT	RACE
F	**503**	**135**	**WHITE**

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	**BLUE**	**MEDIUM**	**LIGHT**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**426 RARITAN ST**

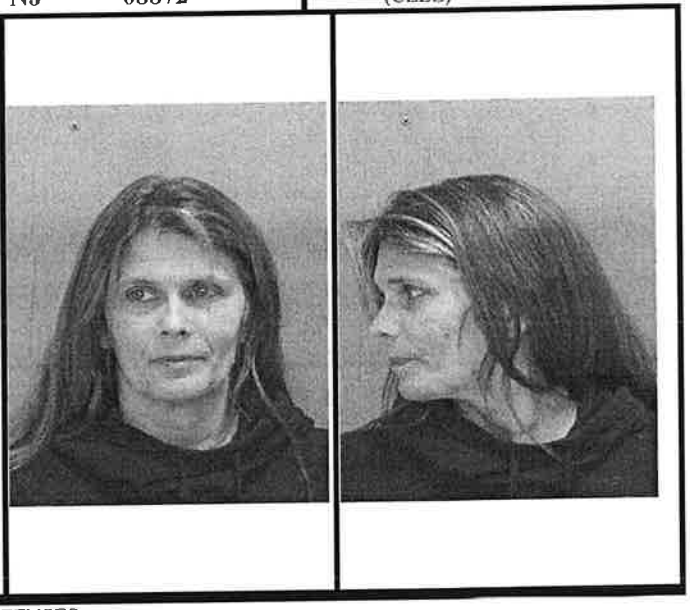
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
DENVILLE NJ	**UNMARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
HERBERT POST	**HELEN PAUL**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SHOPRITE	**HELPER**

ADDRESS OF EMPLOYER
2909 WASHINGTON RD 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
	☐	**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
SATORSKI, J	**LUONG, H**
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **R101205**
	☒	CITY/COURT **RIVERDALE**

CHARGES
DUI/DWI

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	**TSAY202000200**	**03/31/2020 18:15:40**	**20006458**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GALLO	**PAUL**	**A**	**11/07/1975**	**44**	

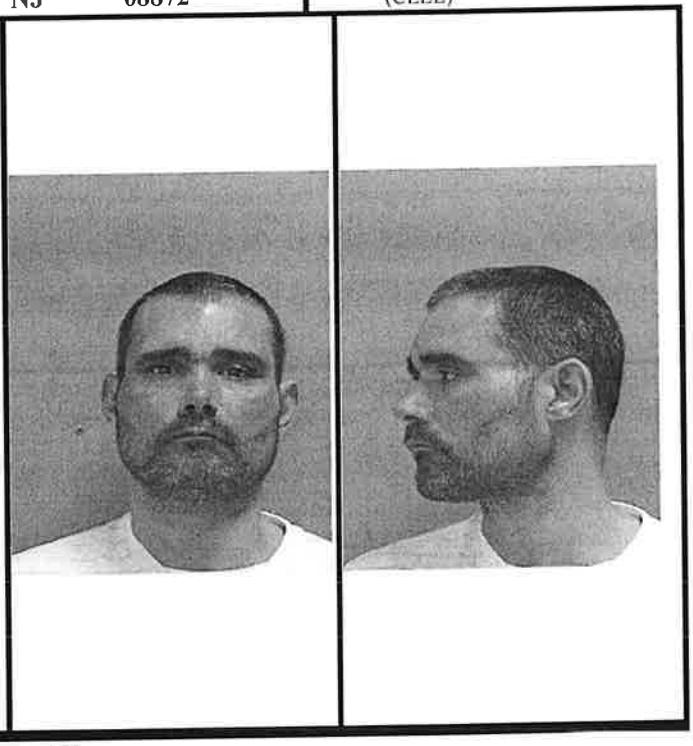
TRUE NAME	MAIDEN NAME	HOME PHONE
PAUL A GALLO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
650 WASHINGTON AVE	**609**	**SAYREVILLE**	**NJ**	**08872**	

SEX	HEIGHT	WEIGHT	RACE
M	**602**	**195**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**TATTOO LEFT ARM-LEPRECHAUN, TATTOO RIGHT ARM-SUN AND SNAKE, TATTOO BACK-JESTER**	**426 RARITAN ST**



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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ALEXANDER GALLO	**CAROL SALVATORE**	**HATTISON**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SELF EMPLOYED	**CARPENTER**

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
		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
LUONG, H	**LUONG, H**

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES ☒	WARRANT NUMBER **E1313431**
		CITY/COURT **NEWARK**

CHARGES
FAILURE TO OBSERVE SIGNAL

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	TSAY202000199	03/26/2020 21:54:23	20006259

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HERBERT	ROBERT	R	10/21/1980	39	

TRUE NAME	MAIDEN NAME	HOME PHONE
ROBERT R HERBERT	NA	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1261 ENGLISHTOWN ROAD		OLD BRIDGE	NJ	08857	

SEX	HEIGHT	WEIGHT	RACE
M	511	180	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	MEDIUM

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	FULL SLEEVES, NECK, STOMACH	3217 BORDENTOWN AV

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JEFFERY HERBERT	HELEN KATHLEEN	HERBERT

SBI #	FBI #	LOCAL ID (PRINT)
496041C	277750RC8	

EMPLOYER	OCCUPATION
DISABILITY	

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
MCMAHON, J	ZEBROWSKI, M

COMPLAINANT	OFFICER IN CHARGE
MCMAHON, J	GAINES, M

OFFENSES

1. TERRORISTIC THREATS
2. BURGLARY
3. CRIMINAL MISCHIEF
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
MCACC	TSAY202000198	03/25/2020 13:30:53	20006062

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PANKEY	HARLIE	L	01/23/1965	55	

TRUE NAME	MAIDEN NAME	HOME PHONE
HARLIE L PANKEY III		

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

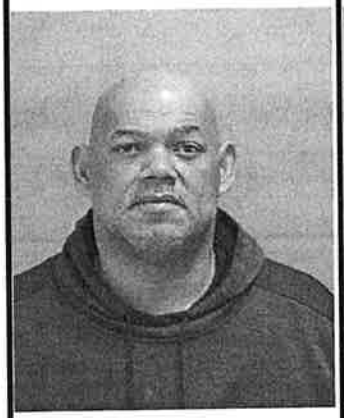
SEX	HEIGHT	WEIGHT	RACE
M	604	284	BLACK

HAIR	EYES	BLD	SKIN
BALD/BALDING	BROWN	HEAVY	BLACK

ETHNICITY: NOT OF HISPANIC ORIGIN

SCARS: 'PANKEY' RIGHT SHOULDER, 'ONLY GOD CAN JUDGE ME' W/ PRAYING HANDS RIGHT FOREARM

LOCATION OF ARREST: 4 SAYREVILLE BLVD



PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NORFOLK VA	MARRIED	

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

SBI #	FBI #	LOCAL ID (PRINT)
683898B	551797EA1	

EMPLOYER	OCCUPATION
BIG HARLIE BBQ	OWNER

ADDRESS OF EMPLOYER: 506 RARITAN ST SAYREVILLE 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
	☐	VALENTIN, M

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

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

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER 1219W2020000192
	☒	CITY/COURT SAYREVILLE

CHARGES: SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ

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	TSAY202000197	03/21/2020 20:06:39	20006028

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MUSYOKA	MATTHEW	MUYSOAA	09/26/1995	24	

TRUE NAME	MAIDEN NAME	HOME PHONE
MATTHEW M MUSYOKA		

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

SEX	HEIGHT	WEIGHT	RACE
M	601	165	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	TATTOO LEFT FOREARM 'ZAYAS', TATTOO RIGHT FOREARM 'RHODA' & 'RICHARD', TAT LEFT ARM ALEX	JERNEE MILL ROAD

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

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

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

EMPLOYER	OCCUPATION
MAVIS DISCOUNT TIRE	MECHANIC

ADDRESS OF EMPLOYER
3691 ROUTE 9 N OLD BRIDGE NJ 08859

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	
.17	LESTUCK, G	

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, G	RAUB, C

COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1. DUI/DWI
2. RECKLESS DRIVING
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000196	03/17/2020 21:11:11	20005787

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DA SILVA-GUIMARAES	RAFAEL		11/22/1984	35	

TRUE NAME	MAIDEN NAME	HOME PHONE
RAFAEL & DA SILVA-GUIMARAES		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
53 WOODSHORE WEST		KEYPORT	NJ	07735	

SEX	HEIGHT	WEIGHT	RACE
M	508	174	WHITE

HAIR	EYES	BLD	SKIN
BLACK	GREEN	MEDIUM	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		39 WINDING WOODS

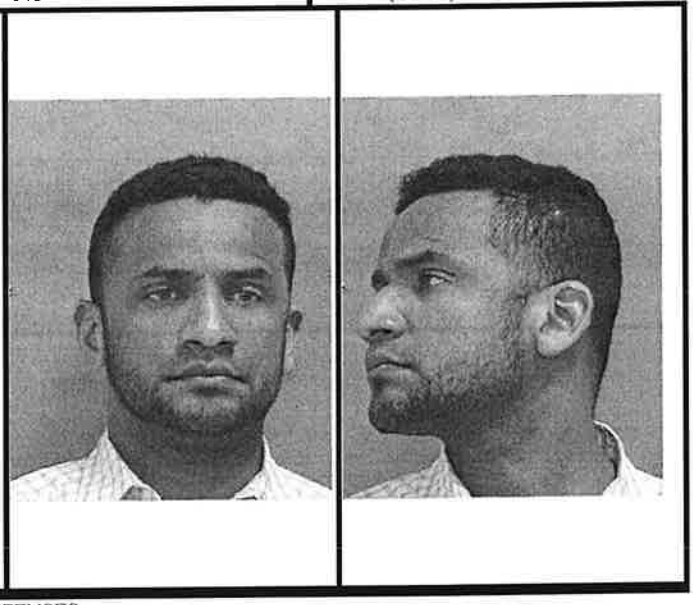
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNMARRIED	

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

SBI #	FBI #	LOCAL ID (PRINT)
25068H		

EMPLOYER	OCCUPATION
SELF EMPLOYED	MECHANIC

ADDRESS OF EMPLOYER
53 WOODSHORE WEST KEYPORT NJ 07735



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
	☐	TEATOR, 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
	☐	TEATOR, 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
MARTINS, A	TEATOR, C

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER W2020000185
	☒	CITY/COURT SAYREVILLE

CHARGES
SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: MATCHED TO PASSPORT

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
MICHAEL SICA	NO BAIL	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000195**	**03/17/2020 20:35:33**	**20005843**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DESLONDE	**REBECCA**	**A**	**11/19/1994**	**25**	

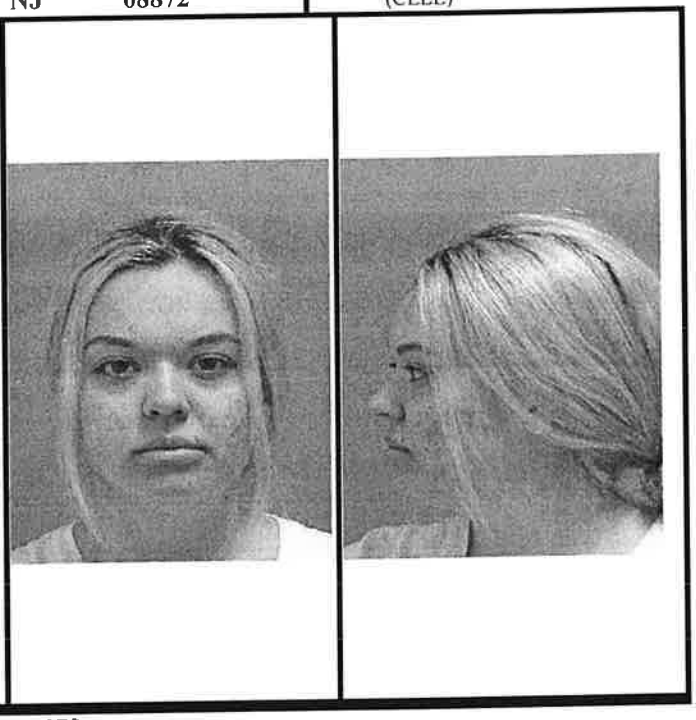
TRUE NAME	MAIDEN NAME	HOME PHONE
REBECCA A DESLONDE	**NA**	

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

SEX	HEIGHT	WEIGHT	RACE
F	**505**	**140**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**FLOWER ON CHEST, HANDS ON SHOULDER, DEVIL ON SHOULDER, BEE WITH CROWN ON LEFT**	**87 DEERFIELD RD**



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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MICHAEL DESLONDE	**REBECCA GEHRING**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SELF	**CHILD CARE**

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
	GAINES, M

OFFENSES

1. **HINDERING APPREHENSION**
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	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000194**	**03/15/2020 00:57:55**	**20005730**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
KAMARA	**AHMAD**	**T**	**09/22/1989**	**30**	

TRUE NAME	MAIDEN NAME	HOME PHONE
AHMAD T KAMARA		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
115	**WINDING WOOD**	**5A**	**SAYREVILLE**	**NJ**	**08872**	

SEX	HEIGHT	WEIGHT	RACE
M	**502**	**140**	**BLACK**

HAIR	EYES	BLD	SKIN
BLACK	**BLACK**	**SMALL**	**BLACK**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**115 WINDING WOODS**

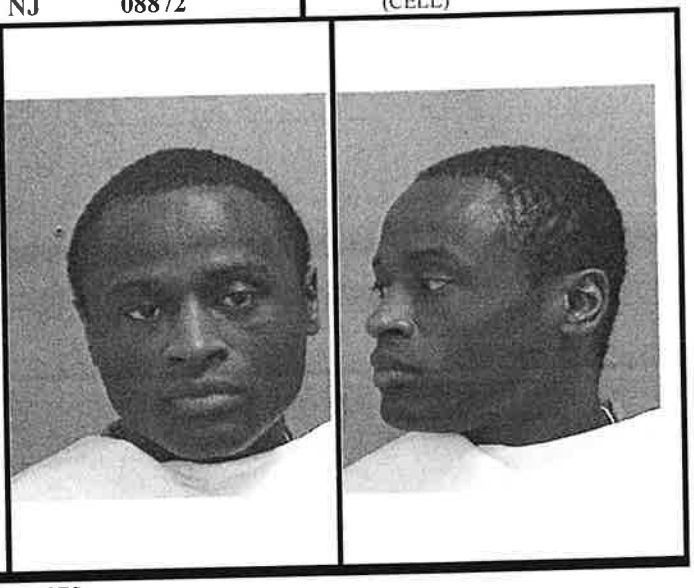
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
SIERRA LEON	**UNMARRIED**	

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

SBI #	FBI #	LOCAL ID (PRINT)
885316E	**F8N7TT5K8**	

EMPLOYER	OCCUPATION
SYSCO	**PACKING**

ADDRESS OF EMPLOYER
4098 KENNEDY DR. SAYREVILLE NJ 08872



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
LESTUCK, G	**LESTUCK, G**

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **E1512690**
	☒	CITY/COURT **SOUTH BRUNSWICK**

CHARGES
PENALTIES/UNINSURED VEHCL

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
JUDGE DOWGIN	**$750.00**	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000193	03/14/2020 01:11:55	20005675

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CLARK	EUGENE		12/30/1988	31	

TRUE NAME	MAIDEN NAME	HOME PHONE
EUGENE & CLARK	N/A	

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

SEX	HEIGHT	WEIGHT	RACE
M	508	150	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BLUE	MEDIUM	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
	STAR ON RT FOREARM	1776 RT 35 N

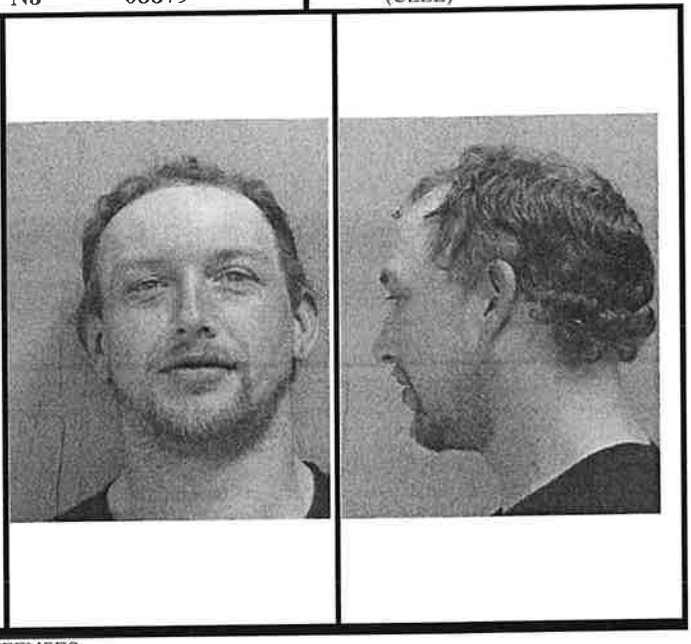
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW BRUNSWICK NJ	DIVORCED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
EUGENE CLARK	MADELINE	UNKNOWN

SBI #	FBI #	LOCAL ID (PRINT)
893671G	5826VM9TA	

EMPLOYER	OCCUPATION
KEY FLOORS HOME IMPROVEMENTS	LABORER

ADDRESS OF EMPLOYER
14 YORKSHIRE PL PARLIN NJ 08859



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. RECEIVING STOLEN PROPERTY
2. CRIMINAL MISCHIEF-DAMAGE PROPERTY
3. POSSESSION OF CDS SCHEDULE I, II, III OR IV
4. POSS DRUG PARAPHERNALIA
5. OPEN CONTAINER

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
	NO BAIL	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000192**	**03/14/2020 00:38:30**	**20005675**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DIGIACOMO	**RAYMOND**	**DAVID**	**06/02/1988**	**31**	

TRUE NAME	MAIDEN NAME	HOME PHONE
RAYMOND D DIGIACOMO	**N/A**	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
659 NINTH ST		**HAMMONTON**	**NJ**	**08037**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**508**	**165**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**TWIN DRAGON TATTOO ON RIGHT SHOULDER**	**1776 RT 35 N**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ROBERT DIGIACOMO	**BEVERLEY DIGIACOMO**	**HUDDLESTON**

SBI #	FBI #	LOCAL ID (PRINT)
101723E	**24509WC8**	

EMPLOYER	OCCUPATION
UNEMPLOYED	**UNEMPLOYED**

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. **RECEIVING STOLEN PROPERTY**
2. **POSS DRUG PARAPHERNALIA**
3. **POSSESSION OF CDS SCHEDULE I, II, III OR IV**
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION

☒ YES ☐ NO TYPE: **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	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

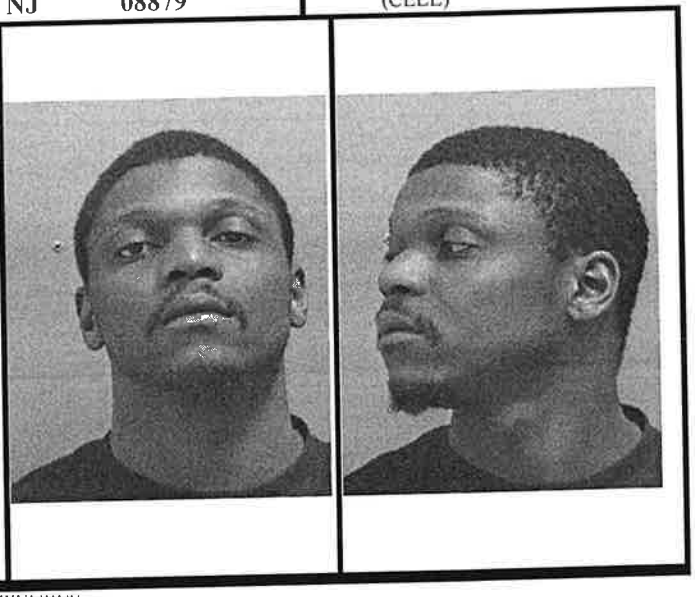
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
REFUSED NJ	UNMARRIED	

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
RARITAN BAY HOSPITAL PERTH AMBOY	**TSAY202000190**	**03/13/2020 10:58:56**	**20005624**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ROCCARO	**DEAN**	**KEITH**	**03/12/1988**	**32**	

TRUE NAME	MAIDEN NAME	HOME PHONE
DEAN K ROCCARO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
40 SHEFFIELD AVE		**MONROE**	**NJ**	**08831**	

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**200**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**9 PAPROTA DR**

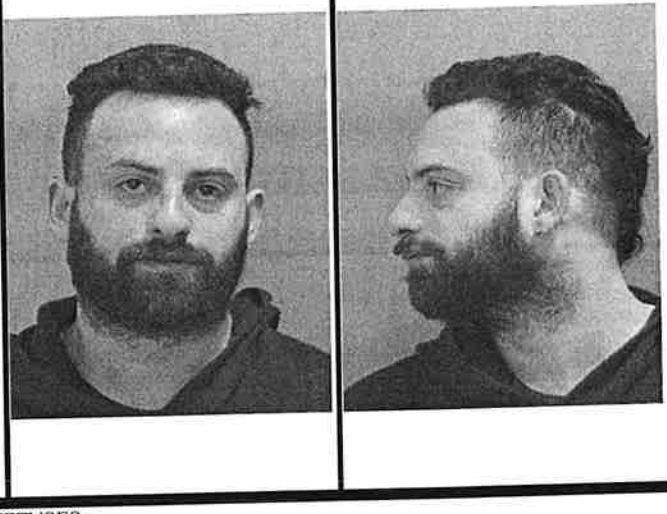
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
STATEN ISLAND NY	**UNMARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
	ROSEANN SIRAVO	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SANTINOS	**DELIVERY**

ADDRESS OF EMPLOYER
499 ERNSTON ROAD SAYREVILLE NJ 08872



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
LESTUCK JR, G	**LESTUCK JR, G**

COMPLAINANT	OFFICER IN CHARGE
	ATLAK, M

OFFENSES

1. **ELUDING OFFICER**
2. **RECKLESS DRIVING**
3. **FAILURE TO OBSERVE SIGNAL**
4. **STOP OR YIELD**
5. **APPROPRIATE SIGNALS**

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
5 DOGWOOD CT		**SAYREVILLE**	**NJ**	**08872**	(WORK) (CELL)

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**

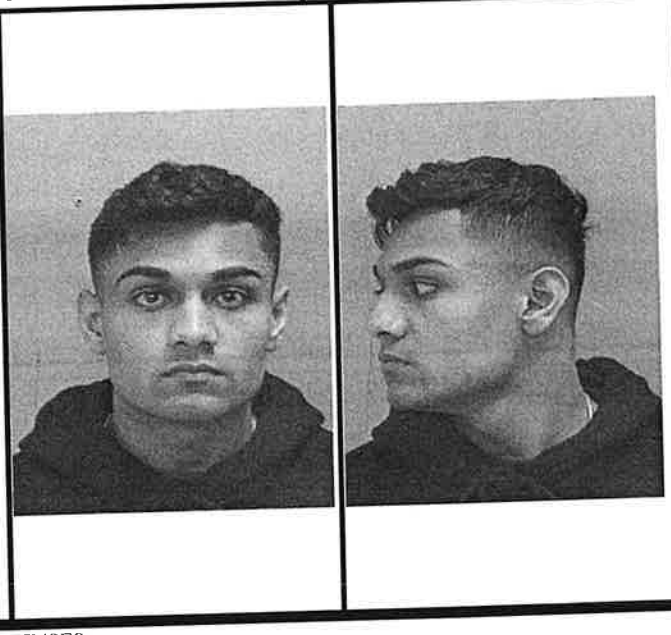
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNMARRIED	

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	BOOKING OFFICER
PIZZILLO, T	**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
	☐	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	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

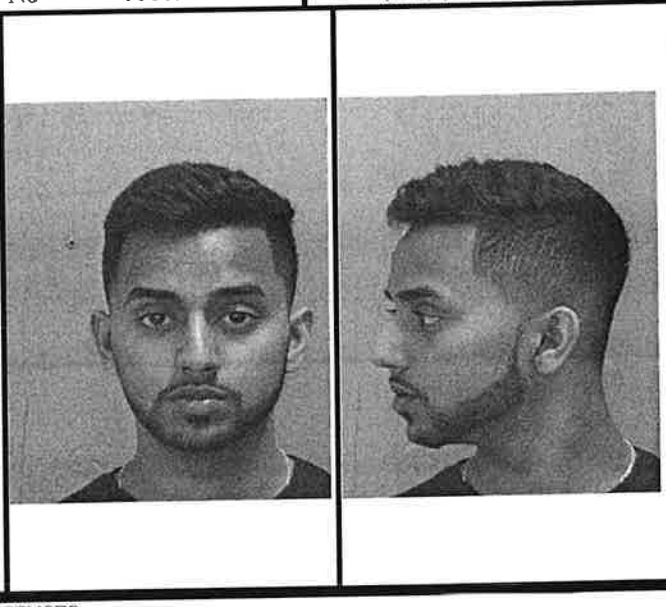
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BARODA	UNMARRIED	

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 I, 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	**TSAY202000184**	**03/12/2020 10:11:06**	**20005572**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
INOA	**JUAN**	**C**	**07/24/1973**	**46**	

TRUE NAME	MAIDEN NAME	HOME PHONE
JUAN C INOA		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) / (CELL)
40	**EAST 13TH STREET**	**FL1**	**PATERSON**	**NJ**	**07524**	

SEX	HEIGHT	WEIGHT	RACE
M	**504**	**180**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		**IVY HILL RD**

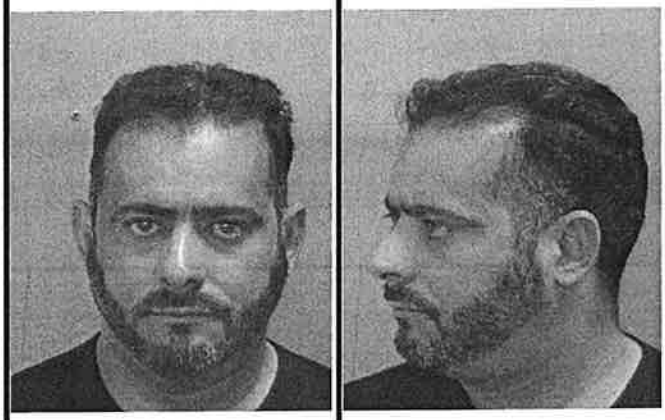
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
SANTO DOMINGO	**MARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DROMEDE IOA	**JOSIFNA TREMOSL**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
ALLSTATE PUMP	**LABORER**

ADDRESS OF EMPLOYER
85 PORETE AVE NORTH ARLINGTON NJ 07031



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
COX, A	**COX, A**

COMPLAINANT	OFFICER IN CHARGE
	CINARDO, M

OFFENSES

1. **DRIVING WHILE SUSPENDED**
2. **FAILURE TO INSPECT**
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **20-26806**
	☒	CITY/COURT **PASSAIC CO SHERIFFS OFF**

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	**TSAY202000183**	**03/12/2020 01:32:30**	**20005548**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MIRANDA	**SUZANA**	**RIBEIRI**	**12/26/1964**	**55**	

TRUE NAME	MAIDEN NAME	HOME PHONE
SUZANA R MIRANDA	**REFUSED**	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
34 FRANKLIN ST		**SOUTH RIVER**	**NJ**	**08882**	

SEX	HEIGHT	WEIGHT	RACE
F	**508**	**150**	**WHITE**

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	**HAZEL**	**MEDIUM**	**LIGHT**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**777 WASHINGTON RD**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BRAZIL	**MARRIED**	

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SELF EMPLOYED	

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
	GAINES, M

OFFENSES

1. **FAILURE TO EXHIBIT**
2. **DUI/DWI**
3. **RECKLESS DRIVING**
4. **CONSENT OF BREATH SAMPLES**
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	**TSAY202000181**	**03/11/2020 15:37:27**	**20005510**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CUTHBURTSON	**SHARON**	**M**	**07/21/1988**	**31**	

TRUE NAME	MAIDEN NAME	HOME PHONE
SHARON M CUTHBURTSON		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
137 HUDSON ST		**METUCHEN**	**NJ**	**08840**	

SEX	HEIGHT	WEIGHT	RACE
F	**502**	**160**	**WHITE**

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

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

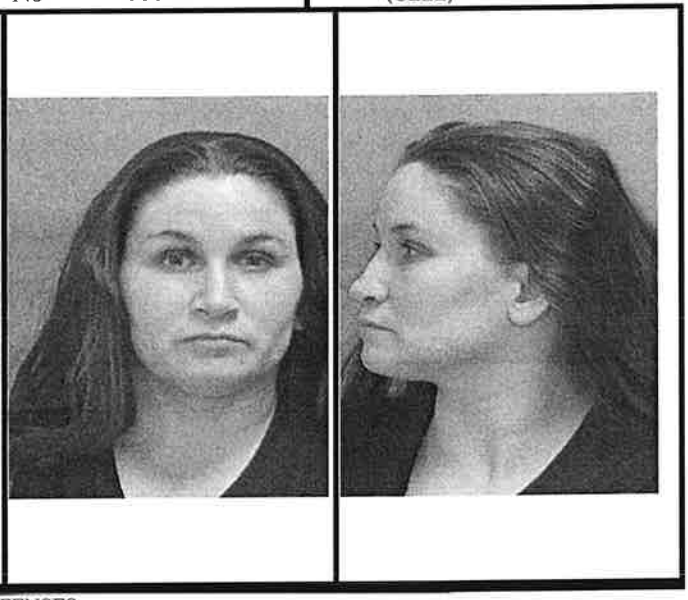
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
RAHWAY NJ	**MARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DAVID BRYSON	**DIANE CUTHBERTSON**	**BRYSON**

SBI #	FBI #	LOCAL ID (PRINT)
760170G	**310770HH7**	

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 **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
LUONG, H	**LUONG, H**

COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. **MAINTENANCE OF LAMPS**
2. **FAILURE TO INSPECT**
3. **DRIVING WHILE SUSPENDED**
4.
5.

ARREST ON WARRANT?	YES ☒	WARRANT NUMBER **E1799490**
		CITY/COURT **NEWARK COURT**

CHARGES

FAILURE TO INSPECT

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	**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	**TSAY202000179**	**03/10/2020 01:32:05**	**20005349**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GALLAGHER	**ALISSA**	**A**	**05/09/1993**	**26**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ALISSA A GALLAGHER		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
87 DEERFIELD RD	**2**	**PARLIN**	**NJ**	**08859**	

SEX	HEIGHT	WEIGHT	RACE
F	**500**	**100**	**WHITE**

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	**BLUE**	**THIN**	**FAIR**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**NONE**	**87 DEERFIELD RD**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DANIEL GALLAGHER	**KELLY GALLAGHER**	**MORTON**

SBI #	FBI #	LOCAL ID (PRINT)
665407E	**702116LD7**	

EMPLOYER	OCCUPATION
MC LOONES	**BARTENDER/SERVE**

ADDRESS OF EMPLOYER
4 LAFFAYETTE ST WOODBRIDGE 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
	☐	**TESAR, 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
	☐	**TESAR, 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
ZUCZEK, S	**TESAR, T**

COMPLAINANT	OFFICER IN CHARGE
ZUCZEK, S	

OFFENSES

1. **SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ**
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
RELEASED	**TSAY202000176**	**03/09/2020 23:10:04**	**20004973**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
RIVELL	**CRISTINA**	**M**	**06/30/1996**	**23**	

TRUE NAME	MAIDEN NAME	HOME PHONE
CRISTINA M RIVELL		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
836 VOSSELLER AVE		**MARTINSVILLE**	**NJ**	**08836**	

SEX	HEIGHT	WEIGHT	RACE
F	**507**	**120**	**WHITE**

HAIR	EYES	BLD	SKIN
	BROWN	**THIN**	

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**RIGHT HAND FLOWER - CROSS ON RIGHT WRIST**	**6055 RT 9/35 SOUTH**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ROBERT RIVELL	**CRISTINA RIVELL**	**UNKNOWN**

SBI #	FBI #	LOCAL ID (PRINT)
300555G		

EMPLOYER	OCCUPATION
CLUB 35	**DANCER**

ADDRESS OF EMPLOYER
SOUTH AMBOY 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
TAYLOR, J	**TAYLOR, J**
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **THEFT**
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	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000175**	**03/09/2020 22:29:48**	**20005332**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CHURPITA	**SERHII**		**12/23/1984**	**35**	

TRUE NAME	MAIDEN NAME	HOME PHONE
SERHII & CHURPITA	**N/A**	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
75 WINDING WOOD DRIVE	**7B**	**SAYREVILLE**	**NJ**	**08872**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**507**	**165**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**NONE**	**BORDENTOWN AV**

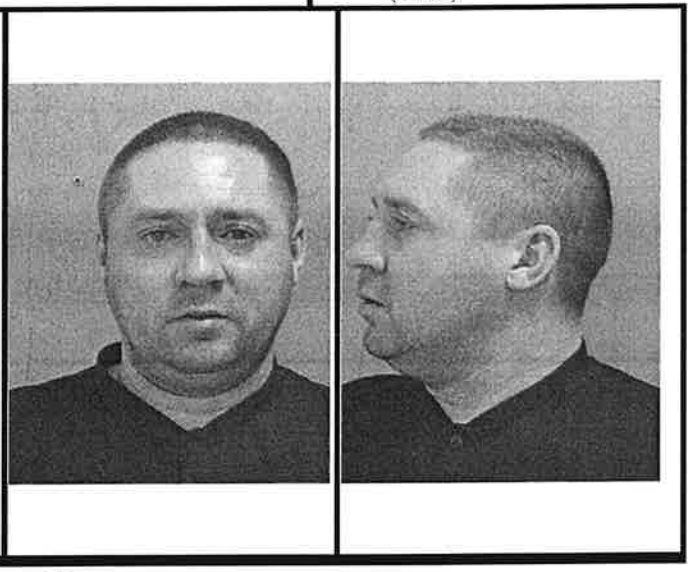
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
UNKNOWN	**MARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
VICTOR	**MARIA**	**ONESTIVHH**

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
	☐	**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	
REFUSAL	**ARWAY, W**	

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	**JAROCK, J**

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. **DUI/DWI**
2. **RECKLESS DRIVING**
3. **PROPER LIGHT EQUIPMENT**
4. **OPEN CONTAINER**
5. **CONSENT OF BREATH SAMPLES**

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	TSAY202000174	03/09/2020 13:37:44	20005292

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
OJEDA	LUIS		08/12/1964	55	

TRUE NAME	MAIDEN NAME	HOME PHONE
LUIS & OJEDA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
HOMELESS					

SEX	HEIGHT	WEIGHT	RACE
M	503	120	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	SMALL	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		1 TAFT PL

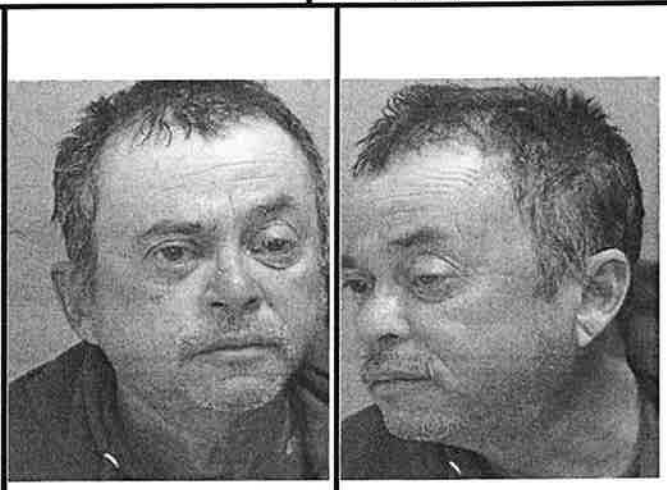
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PUERTO RICO	DIVORCED	

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

SBI #	FBI #	LOCAL ID (PRINT)
948760B	731976VA1	

EMPLOYER	OCCUPATION

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER NIC W774136887
	☒	CITY/COURT MIDDLESEX COUNTY SHERIFFS

CHARGES

CONTEMPT

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
	1,801.00	

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000173	03/09/2020 12:20:35	20005288

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
STACKHOUSE	DEVON		01/21/1986	34	

TRUE NAME	MAIDEN NAME	HOME PHONE
DEVON & STACKHOUSE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
12803 172ND STREET		JAMAICA	NY	11431	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	506	140	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	FULL SLEEVES ON THE ARMS, CHEST TATTOOS	920 RT 9 S

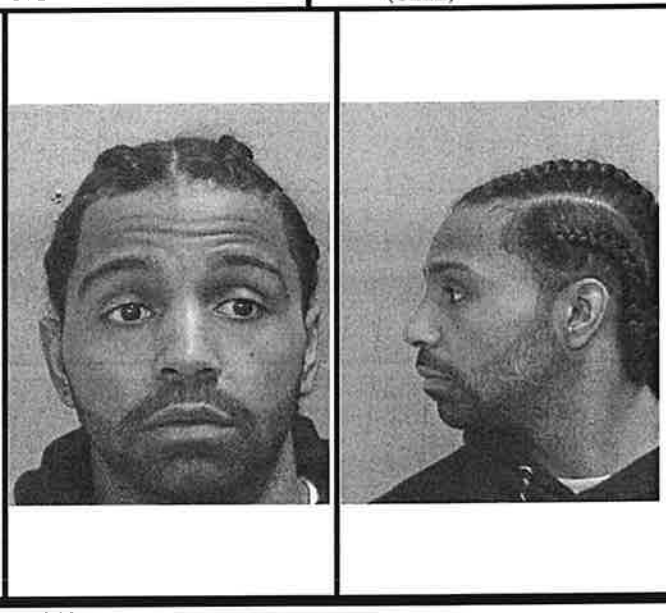
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW YORK NY	UNMARRIED	

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

SBI #	FBI #	LOCAL ID (PRINT)
854423G	E8E9MM9T8	

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
	☐	SALVATORE, 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
	☐	SALVATORE, 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
PIZZILLO, T	SALVATORE, M

COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. CRIMINAL RESTRAINT
2. ROBBERY
3. POSS. WPN UNLAWFUL PURPSE
4. UNLAWFUL POSS OF WEAPON-MACHINE GUN
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
	NO 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	TSAY202000172	03/09/2020 08:34:53	20005262

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HAYES	JERRELL	K	04/27/1989	30	

TRUE NAME	MAIDEN NAME	HOME PHONE
JERRELL K HAYES		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
21	WINDING WOOD DR	1B	SAYREVILLE	NJ	08872	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	508	141	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	TATTOO-MAN UP (LEFT HAND), NYRELL (RIGHT ARM), JERRELL (RIGHT ARM)	21 WINDING WOODS

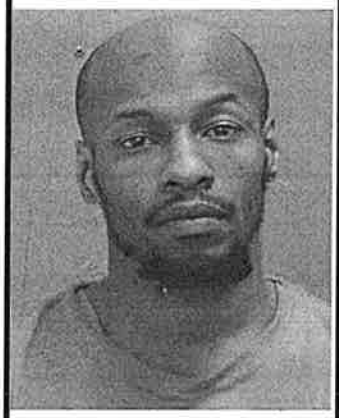
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
CORPUS CRISTI	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
	APRIL HAYES	

SBI #	FBI #	LOCAL ID (PRINT)
103405E	427478TC1	

EMPLOYER	OCCUPATION
LOCAL 21 (PRUDENTIAL CENTER)	STAGE HANDS

ADDRESS OF EMPLOYER
NEWARK 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: 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
LUONG, H	LUONG, H
COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. CRIMINAL MISCHIEF-DAMAGE PROPERTY
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: 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	**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
76 MARKET ST	**B1**	**PERTH AMBOY**	**NJ**	**08861**	(WORK) (CELL)

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: MCACC	ARREST NUMBER: TSAY202000170	DATE & TIME OF BOOKING: 03/08/2020 21:25:57			INCIDENT NUMBER:
LAST NAME: ROSADO	FIRST: PAUL	MIDDLE NAME: JUSTIN	D.O.B.: 10/13/2000	AGE: 19	SSN:
TRUE NAME: PAUL J ROSADO			MAIDEN NAME:		HOME PHONE:
STREET NO. STREET NAME: 7 ROBERTSVILLE RD	APT #	CITY/TOWN: FREEHOLD	STATE: NJ	ZIP: 07728	PHONE (WORK) (CELL):

SEX: M	HEIGHT: 506	WEIGHT: 146	RACE: WHITE
HAIR: BLACK	EYES: BROWN	BLD: MEDIUM	SKIN: MEDIUM BROWN
ETHNICITY: HISPANIC ORIGIN	SCARS: 'ANGEL' LEFT FOREARM	LOCATION OF ARREST: 1000 MAIN ST	
PLACE OF BIRTH: BRONX NY	MARTIAL STATUS:	DRIVER'S LICENSE:	
FATHER'S NAME: PAUL ROSADO	MOTHER'S NAME: ROSALYNE GUADALUPE	MOTHER'S MAIDEN: BELLO	
SBI #:	FBI #:	LOCAL ID (PRINT):	
EMPLOYER: UNEMPLOYED	OCCUPATION: NA		
ADDRESS OF EMPLOYER: NA NA			

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: MARTINS, A	BOOKING OFFICER: MARTINS, A
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT? YES ☒ — WARRANT NUMBER: S2019000475 — CITY/COURT: SAYREVILLE

CHARGES
POSS DRUG PARAPHERNALIA

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: JAMES F WEBER, JMC	AMOUNT OF BAIL: 1,000.00	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	TSAY202000169	03/08/2020 20:11:56	20005239

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HORNUNG	ALEXANDRA		04/16/1972	47	

TRUE NAME	MAIDEN NAME	HOME PHONE
ALEXANDRA & HORNUNG		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
102 OCEAN BLVD		CLIFFWOOD BEACH	NJ	07735	

SEX	HEIGHT	WEIGHT	RACE
F	501	110	WHITE

HAIR	EYES	BLD	SKIN
BROWN	HAZEL	SMALL	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		45 MAIN ST (SA)

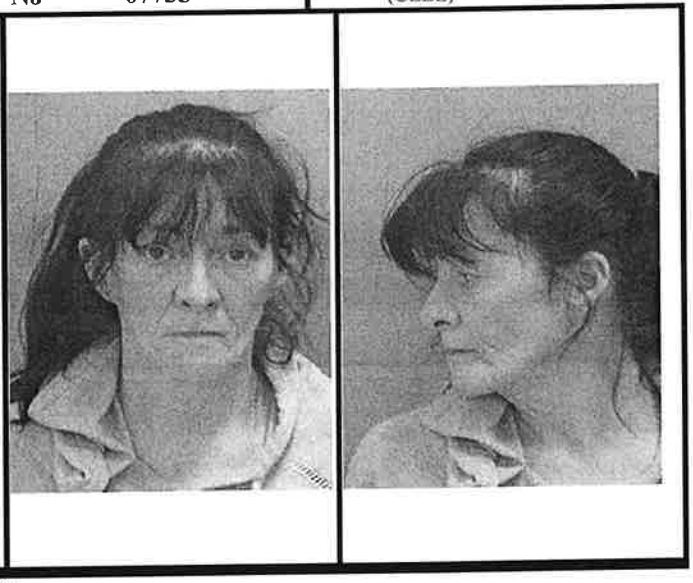
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY	DIVORCED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ALEXANDER MACKIE	RITA MACKIE	BYRNE

SBI #	FBI #	LOCAL ID (PRINT)
108375E	161721WC2	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
	DR. SARRAAWAT

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. DRIVING WHILE SUSPENDED
2. UNREGISTERED VEHICLE
3. DRIVING WHILE SUSPENDED
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER A81119
	☒	CITY/COURT SOUTH AMBOY PD

CHARGES

IMPROPER DISPLAY OF PLATE

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	**TSAY202000168**	**03/08/2020 06:24:58**	**20005208**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GRODZKI	**ANGELIKA**		**07/07/1974**	**45**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANGELIKA & GRODZKI	**DOLATA**	

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

SEX	HEIGHT	WEIGHT	RACE
F	**508**	**190**	**WHITE**

HAIR	EYES	BLD	SKIN
	GREEN		

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**NONE**	**23 LIBERTY ST**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
LUBIN	**MARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JERZY DOLATA	**BARBARA DOLATA**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
MADISON GARDENS APARTMENTS	**BOOK KEEPER**

ADDRESS OF EMPLOYER
OLD BRIDGE NJ

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
	☐	**KRZYZANOWSKI, K**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
KRZYZANOWSKI, K	**KRZYZANOWSKI, K**
COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1. **SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ**
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
RELEASED	TSAY202000167	03/07/2020 17:25:50	20005178

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
RAMOS	MANUEL	A	07/09/1979	40	

TRUE NAME	MAIDEN NAME	HOME PHONE
MANUEL A RAMOS		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
19 WARREN ST	2B	CARTERET	NJ	07008	

SEX	HEIGHT	WEIGHT	RACE
M	510	190	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		205 WASHINGTON RD

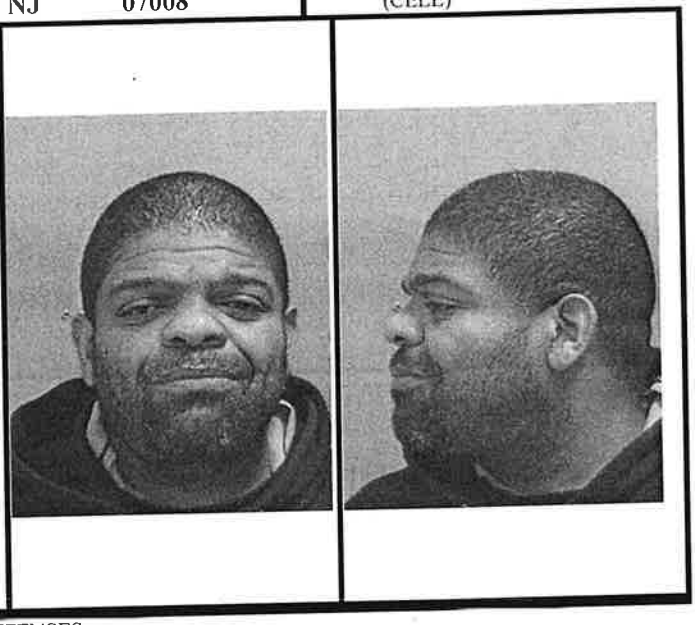
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PUERTO RICO	UNMARRIED	

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

SBI #	FBI #	LOCAL ID (PRINT)
250994H		

EMPLOYER	OCCUPATION
SAYREVILLE TIRE & AUTO REPAIR	MECHANIC

ADDRESS OF EMPLOYER
205 WASHINGTON ROAD SAYREVILLE NJ 08872



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
SZTUKOWSKI, J	SZTUKOWSKI, J
COMPLAINANT	OFFICER IN CHARGE
	ATLAK, M

OFFENSES

1. AGG ASSAULT-ATT/CAUSE SBI PURP/KNOW/RECKLESS
2. CONSPIRACY
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	**TSAY202000166**	**03/07/2020 16:01:28**	**20005178**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
NIEVES	**JOSE**	**M**	**07/24/1981**	**38**	

TRUE NAME	MAIDEN NAME	HOME PHONE
JOSE M NIEVES		

STREET NO, STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) / (CELL)
542 KENNEDY ST		**PERTH AMBOY**	**NJ**	**08861**	

SEX	HEIGHT	WEIGHT	RACE
M	**510**	**180**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	**TATOOS HANDS ARMS**	**205 WASHINGTON RD**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PUERTO RICO	**MARRIED**	

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

SBI #	FBI #	LOCAL ID (PRINT)
676657G		

EMPLOYER	OCCUPATION
SAYREVILLE TIRE & AUTO REPAIR	**MANAGER**

ADDRESS OF EMPLOYER
205 WASHINGTON ROAD SAYREVILLE NJ 08872

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
SZTUKOWSKI, J	**SZTUKOWSKI, J**

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **AGG ASSAULT-ATT/CAUSE SBI PURP/KNOW/RECKLESS**
2. **CONSPIRACY**
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