POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000165	03/06/2020 22:11:18	20005153

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

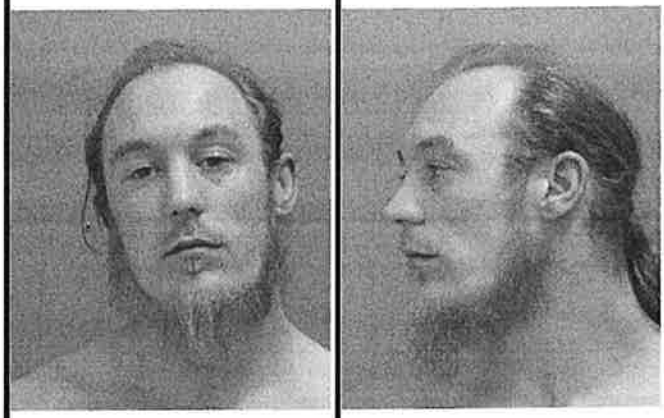
TRUE NAME	MAIDEN NAME	HOME PHONE
CRAIG & JOHNSON		

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
	☐	RAUB, C

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
RAUB, C	RAUB, C
COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1. SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ
2. CRIMINAL MISCHIEF
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
RARITAN BAY HOSPITAL PERTH AMBOY	**TSAY202000163**	**03/03/2020 23:22:58**	**20004907**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
NAZARO	**BEVERLY**	**V**	**04/29/1980**	**39**	

TRUE NAME	MAIDEN NAME	HOME PHONE
BEVERLY V NAZARO		

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

SEX	HEIGHT	WEIGHT	RACE
F	**501**	**150**	**WHITE**

HAIR	EYES	BLD	SKIN
BROWN	**HAZEL**	**HEAVY**	**LIGHT**

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**TATTOO, A FLOWER ON HER BACK**	**99 PINETREE DR**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
KEN RODGERS	**NORA WIENER**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
REFUSED	

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
	GAWRON, A

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

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000162**	**03/03/2020 09:36:43**	**20004850**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ANGHELONE	**ADAM**	**ROBERT**	**10/20/1995**	**24**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ADAM R ANGHELONE		

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

SEX	HEIGHT	WEIGHT	RACE
M	**600**	**140**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**N/A**	**80 DANE ST**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ROBERT ANGHLONE	**JUDY ANGHELONE**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
HIGH POINT SCHOOL	**STUDENT**

ADDRESS OF EMPLOYER
1 HIGH POINT CENTER WAY MORGANVILLE NJ 07751

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
	☐	**ARROYO, 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
	☐	**ARROYO, 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
PLUMACKER, M	**ARROYO, J**
COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. **POSS. WPN UNLAWFUL PURPSE**
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000161**	**03/03/2020 08:15:29**	**20004475**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
JOHNSON	**RYAN**	**PATRICK**	**01/13/1991**	**29**	

TRUE NAME	MAIDEN NAME	HOME PHONE
RYAN P JOHNSON		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
96 BUCHANAN AVE.		**PARLIN**	**NJ**	**08859**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**604**	**160**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**SCAR-LEFT LEG**	**1000 MAIN ST**

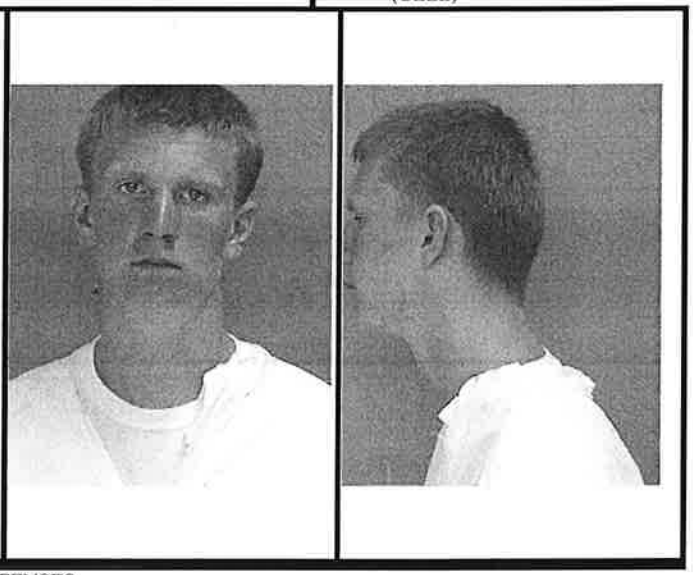
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY	**UNMARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JEFFREY JOHNSON	**CHRISTINE JOHNSON**	

SBI #	FBI #	LOCAL ID (PRINT)
961131D		

EMPLOYER	OCCUPATION
LOCAL 475	**PIPE FITTER**

ADDRESS OF EMPLOYER
136 MT BETHAL RD WARREN NJ 07059



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
	MADER, J

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **CONSPIRACY**
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

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	**TSAY202000160**	**03/02/2020 23:44:54**	**20004833**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
TODD	**MATTHEW**	**J**	**02/11/1992**	**28**	

TRUE NAME	MAIDEN NAME	HOME PHONE
MATTHEW J TODD		

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

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**162**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**38 LAVERN ST**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JEFF TODD	**ELAINE TODD**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
NYC CARPENTERS UNION	**UNEMPLOYED**

ADDRESS OF EMPLOYER
NY

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
ZUCZEK, S	**DEGUZMAN, M**
COMPLAINANT	OFFICER IN CHARGE
	GAWRON, A

OFFENSES

1. **OBSTRUCT ADMIN OF LAW**
2. **DUI/DWI**
3. **RECKLESS DRIVING**
4. **UNREGISTERED VEHICLE**
5. **RESPNSBILITY IN ACCIDENTS**

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	**TSAY202000159**	**03/02/2020 21:11:17**	**20004820**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GONZALEZ	**HUMBERTO**		**12/28/1974**	**45**	

TRUE NAME	MAIDEN NAME	HOME PHONE
HUMBERTO & GONZALEZ JR		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
34 COMPASS RD		**WARETOWN**	**NJ**	**08758**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**509**	**200**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		**142 KENDALL DR**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
HUMBERTO GONZALEZ SR	**MAUREEN CRUZ**	

SBI #	FBI #	LOCAL ID (PRINT)
151684C	**80724AB8**	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
N/A	**N/A**

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	**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
LUONG, H	**FISCHER, E**
COMPLAINANT	OFFICER IN CHARGE
	GAWRON, A

OFFENSES

1. **CRIMINAL TRESPASS (DEFIANT TRESPASS)**
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	**TSAY202000158**	**03/01/2020 22:06:27**	**20004749**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MOSINAK	**JOHN**	**R**	**03/05/1966**	**53**	

TRUE NAME	MAIDEN NAME	HOME PHONE
JOHN R MOSINAK II		

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

SEX	HEIGHT	WEIGHT	RACE
M	**600**	**170**	**WHITE**

HAIR	EYES	BLD	SKIN
GRAY/PARTL GRAY	**BROWN**	**THIN**	**RUDDY**

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

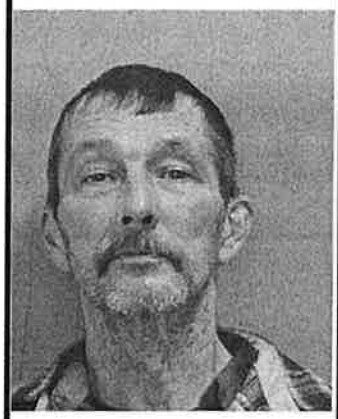
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
SOUTH AMBOY NJ		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JOHN MOSINAK	**DOREEN RYAN**	**RYAN**

SBI #	FBI #	LOCAL ID (PRINT)
578924D	**788737LC6**	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM
.23	**BARTLINSKI, 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
BARTLINSKI, J	**DEGUZMAN, M**

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
RELEASED	**TSAY202000157**	**03/01/2020 11:11:47**	**20004715**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DISCUA	**SHIRLEY**	**P**	**11/09/1976**	**43**	

TRUE NAME	MAIDEN NAME	HOME PHONE
SHIRLEY P DISCUA	**SHIRLEY DISCUA**	

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

SEX	HEIGHT	WEIGHT	RACE
F	**502**	**170**	**WHITE**

HAIR	EYES	BLD	SKIN
RED/AUBURN	**BROWN**	**MEDIUM**	**OLIVE**

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	**LOWER BACK TATTOO**	**58 LAUREL ST**

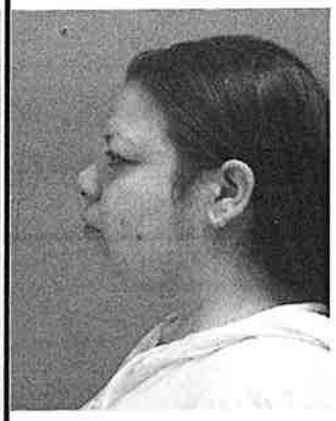
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
SAN PEDRO SOY	**UNMARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
	MARIA DISCUA	

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
	☐	**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
SALVATORE, M	**SALVATORE, 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: **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
RARITAN BAY HOSPITAL PERTH AMBOY	**TSAY202000156**	**03/01/2020 01:27:08**	**20004695**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BRANTLY	**LEA**	**C**	**11/11/1984**	**35**	

TRUE NAME	MAIDEN NAME	HOME PHONE
LEA C BRANTLY		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
330 SHORE DRIVE	**C20**	**HIGHLANDS**	**NJ**	**07732**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
F	**509**	**130**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		**1970 RT 35 N**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE

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

SBI #	FBI #	LOCAL ID (PRINT)
523959D	**886545KC8**	

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
	☐	**DEGUZMAN, M**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	**DEGUZMAN, M**

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. **CRIMINAL TRESPASS (DEFIANT TRESPASS)**
2. **RESISTING ARREST**
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION

☒ YES ☐ NO TYPE: **OTHER SOURCE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000155	02/29/2020 20:35:37	20004678

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BRUNO	PAUL		03/20/1986	33	

TRUE NAME	MAIDEN NAME	HOME PHONE
PAUL & BRUNO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
122 WINDING WOOD DRIVE	2A	SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	505	155	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	DRAGON ON RIGHT RIBS	122 WINDING WOODS

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
THEODORE BRUNO	CHRISTINE BRUNO	GIBERT

SBI #	FBI #	LOCAL ID (PRINT)
3625431R	733047FC8	

EMPLOYER	OCCUPATION
NEW YORK CITY SANITATION	

ADDRESS OF EMPLOYER
NEW YORK NY

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

COMPLAINANT	OFFICER IN CHARGE
ZEBROWSKI, M	GAINES, 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
MCACC	TSAY202000154	02/29/2020 18:04:07	20004675

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ZITO	CHRISTOPHER	PADRAIC	02/04/1994	26	

TRUE NAME	MAIDEN NAME	HOME PHONE
CHRISTOPHER P ZITO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) / (CELL)
160 PULASKI AVENUE	B	SAYREVILLE	NJ	08872	

SEX	HEIGHT	WEIGHT	RACE
M	601	290	WHITE

HAIR	EYES	BLD	SKIN
BROWN	HAZEL	HEAVY	FAIR

ETHNICITY: NOT OF HISPANIC ORIGIN

SCARS: TATTOO LOWER RIGHT LEG-CHEMICAL FORMULA FOR DOPAMINE, TATTOO RIGHT THIGH-SMALL PELLICAN

LOCATION OF ARREST: MAIN ST (SA)

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
PATRICK BRIEN	GERALYN ZITO	ZITO

SBI #	FBI #	LOCAL ID (PRINT)
959765G	6JM9H7LNL	

EMPLOYER	OCCUPATION
UNEMPLOYED	

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
	☐	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	MOAT, A

OFFENSES

1. ELUDING OFFICER
2. RECKLESS DRIVING
3. UNSAFE LANE CHANGE
4. RESPNSBILITY IN ACCIDENTS
5. REPORT OF ACCIDENTS

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	**TSAY202000153**	**02/28/2020 01:33:50**	**20004541**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CHUKWUMA	**ALEXANDRIA**		**05/06/1996**	**23**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ALEXANDRIA & CHUKWUMA	**N/A**	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) / (CELL)
37 RUSSELL TERRACE		**EATONTOWN**	**NJ**	**07724**	

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

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**ROSE TATTOO ON RIGHT SIDE OF NECK**	**881 MAIN ST**

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

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
RED ZEBRA	**BAR TENDER**

ADDRESS OF EMPLOYER
RT 34 OLD BRIDGE NJ 08857

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
WAGNER, G	**WAGNER, G**
COMPLAINANT	OFFICER IN CHARGE
	KWITKOSKI, J

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER **S2019002394**
	☒	CITY/COURT **ASBURY PARK**

CHARGES
POSS CDS - < 50G MARIJUANA, 5G HASHISH

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
	$500	**02/28/2020 02:30:00**

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000152	02/26/2020 13:49:31	20004395

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LOCURTO	LINDA	ANN	04/23/1979	40	

TRUE NAME	MAIDEN NAME	HOME PHONE
LINDA A LOCURTO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
62 STEVENS AVE		OLD BRIDGE	NJ		

SEX	HEIGHT	WEIGHT	RACE
F	504	130	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	SMALL	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	LOWER BACK TATTOO 'TAYLOR' MULTIPLE SCARS FROM CDS USE ON BOTH HANDS	435 MAIN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
RAHWAY	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JOSEPH LOCURTO	LINDA LOCURTO	ROCHA

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SWIDER CONCRETE	LABOR

ADDRESS OF EMPLOYER
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
PASCONE, M	SZTUKOWSKI, J

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. POSS DRUG PARAPHERNALIA
2. POSS HYPO SYRINGE/NEEDLE
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER E183508
	☒	CITY/COURT LINDEN

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
OTHER JURISDICTION	TSAY202000151	02/26/2020 13:15:29	20004395

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LADD	ALAN	R	07/11/1976	43	

TRUE NAME	MAIDEN NAME	HOME PHONE
ALAN R LADD		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
25 HUNEKE WAY		MILLSTONE	NJ	08535	

SEX	HEIGHT	WEIGHT	RACE
M	600	180	WHITE

HAIR	EYES	BLD	SKIN
BALD/BALDING	BROWN	MEDIUM	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		435 MAIN ST

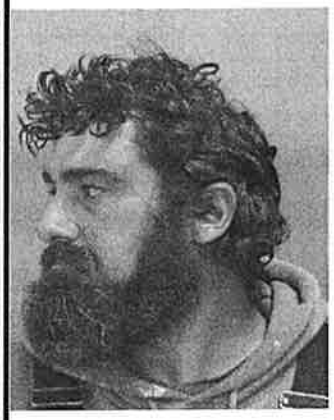
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNKNOWN	

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SWIDER CONCRETE	LABOR

ADDRESS OF EMPLOYER
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
MADER, J	SZTUKOWSKI, J

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER E192275
	☒	CITY/COURT TOMS RIVER

CHARGES
DRIVING WHILE SUSPENDED

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	TSAY202000150	02/25/2020 20:32:26	20004351

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GRECO	CHARLES		10/24/1980	39	

TRUE NAME	MAIDEN NAME	HOME PHONE
CHARLES & GRECO	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
620 ELM ST		ROSELLE PARK	NJ	07204	

SEX	HEIGHT	WEIGHT	RACE
M	505	150	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	SMALL	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
UNKNOWN	'DEBBIE' INSIDE RIGHT WRIST	RAHWAY

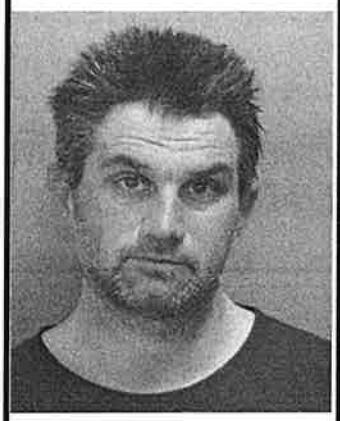
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
CHARLES GRECO	DIANNE GRECO	MALATO

SBI #	FBI #	LOCAL ID (PRINT)

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
WAGNER, G	WAGNER, G

COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER E19517
	☒	CITY/COURT SAYREVILLE PD

CHARGES

CARELESS DRIVING

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
COLETTE SOLINSKI	$1,000	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000149	02/25/2020 20:02:47	20004352

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
KRISS	DANIEL	XAVIER	08/03/1996	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
DANIEL X KRISS II	N/A	

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

SEX	HEIGHT	WEIGHT	RACE
M	510	220	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BLUE	HEAVY	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	N/A	363 MAIN ST

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DANIEL KRISS SR.	HOLLY KRISS	

SBI #	FBI #	LOCAL ID (PRINT)
875298G	8ECE0E5KX	

EMPLOYER	OCCUPATION
DEPENABLE FOODS	TRUCK LOADER

ADDRESS OF EMPLOYER
25 EXECUTIVE AVE EDISON NJ

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
RAUB, C	RAUB, C

COMPLAINANT	OFFICER IN CHARGE
TAYLOR, J	PAVLIK, T

OFFENSES

1. CRIMINAL MISCHIEF-DAMAGE PROPERTY
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER A77709
	☒	CITY/COURT SOUTH AMBOY PD

CHARGES
CARELESS DRIVING

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	TSAY202000148	02/24/2020 22:28:17	20004282

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

TRUE NAME	MAIDEN NAME	HOME PHONE
JAMES R PETERS JR		

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

SEX	HEIGHT	WEIGHT	RACE
M	511	160	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

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

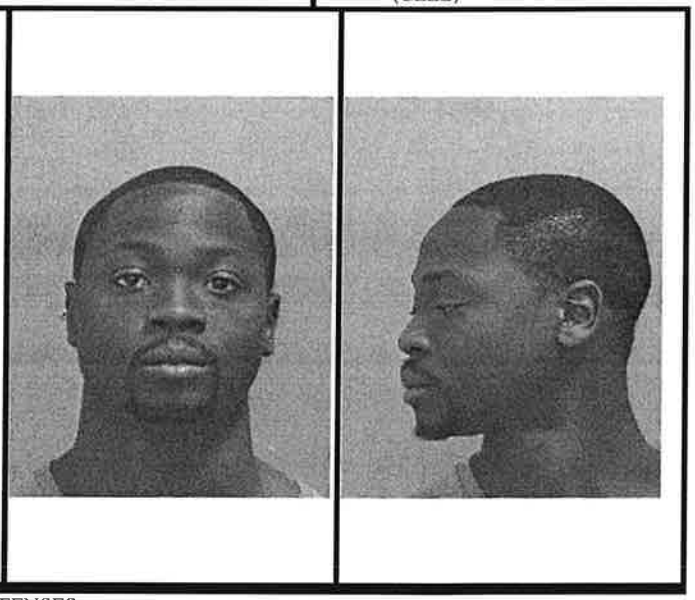
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
CHESTER PA	UNMARRIED	

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

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

EMPLOYER	OCCUPATION
AMC	COOK

ADDRESS OF EMPLOYER
55 PARSONAGE RD EDISON NJ 08837



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARTLINSKI, J	DEGUZMAN, M

COMPLAINANT	OFFICER IN CHARGE
	ZAMBRZYCKI, M

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

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

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

TRUE NAME	MAIDEN NAME	HOME PHONE
ROSA E RAMOS		

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

SEX	HEIGHT	WEIGHT	RACE
F	503	115	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	THIN	LIGHT BROWN

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

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

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

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

EMPLOYER	OCCUPATION
WOODBRIDGE DELI	CASHIER

ADDRESS OF EMPLOYER
575 AMBOY AVE WOODBRIDGE NJ 07095

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
ZEBROWSKI, M	LUONG, H

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

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

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

CHARGES
SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED | TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
JAMES F. WEBER, JMC	750.00	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000146	02/23/2020 04:45:14	20004151

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
BOATENG	JESSE	JAMES	02/05/1995	25	

TRUE NAME	MAIDEN NAME	HOME PHONE
JESSE J BOATENG	N/A	

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
7	VANDELFT DRIVE	17	SOUTH AMBOY	NJ	08879	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	511	161	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY: NOT OF HISPANIC ORIGIN

SCARS: SCAR ON RIGHT CHEEK, LEFT FOREARM TATTOO-STARS, DICE, QUOTE

LOCATION OF ARREST: 1 VETERANS BRIDGE

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PITTSVILLE MA	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DAVID	FELICIA KODUA	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SPRINT	SALES

ADDRESS OF EMPLOYER: PARLIN NJ 08859

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM
	BARTLINSKI, 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
BARTLINSKI, J	GRANT, C

COMPLAINANT	OFFICER IN CHARGE
	GAWRON, A

OFFENSES

1. DUI/DWI
2. RECKLESS DRIVING
3. ONE-WAY TRAFFIC
4. UNLICENSED DRIVER
5. THROW/DROP DEBRIS FROM MV

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
RARITAN BAY HOSPITAL PERTH AMBOY	**TSAY202000145**	**02/22/2020 23:45:12**	**20004140**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
WENDT	**CHRISTOPHER**	**G**	**12/16/1984**	**35**	

TRUE NAME	MAIDEN NAME	HOME PHONE
CHRISTOPHER G WENDT		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
65 FERRY ST	**5A**	**SOUTH RIVER**	**NJ**	**08879**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**5**	**8**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**UNKNOWN**	

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

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNKNOWN	**UNKNOWN**

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
	☐	**MARTINS, A**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MARTINS, A	**MARTINS, A**

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.

2.

3.

4.

5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **W2009001207**
	☒	CITY/COURT **WOODBRIDGE**

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	**TSAY202000144**	**02/22/2020 20:53:10**	**20004130**

LAST NAME	FIRST	MIDDLE NAME	D.O.B:	AGE	SSN
BURGOS	**THOMAS**	**J**	**08/30/1987**	**32**	

TRUE NAME	MAIDEN NAME	HOME PHONE
THOMAS J BURGOS		

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

SEX	HEIGHT	WEIGHT	RACE
M	**510**	**215**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**BOTH ARMS SLEEVE**	**21 KARCHER ST**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
STATE ISLAND	**MARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
THOMAS BURGOS	**KIM**	**PULSINI**

SBI #	FBI #	LOCAL ID (PRINT)
782645E	**762518HC6**	

EMPLOYER	OCCUPATION
SELF EMPLOYED	**MECHANIC**

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
BARTLINSKI, J	**LUONG, H**
COMPLAINANT	OFFICER IN CHARGE
	ZAMBRZYCKI, M

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER **EWT35168**
	☒	CITY/COURT **EAST WINDSOR**

CHARGES

FAILURE TO OBSERVE SIGNAL

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	TSAY202000143	02/22/2020 01:54:42	20004102

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SCHWARTZ	JULLIE	A	06/24/1983	36	

TRUE NAME	MAIDEN NAME	HOME PHONE
JULLIE A SCHWARTZ		

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

SEX	HEIGHT	WEIGHT	RACE
F	502	150	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BLUE	SMALL	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	NONE	CROSSMAN ROAD N

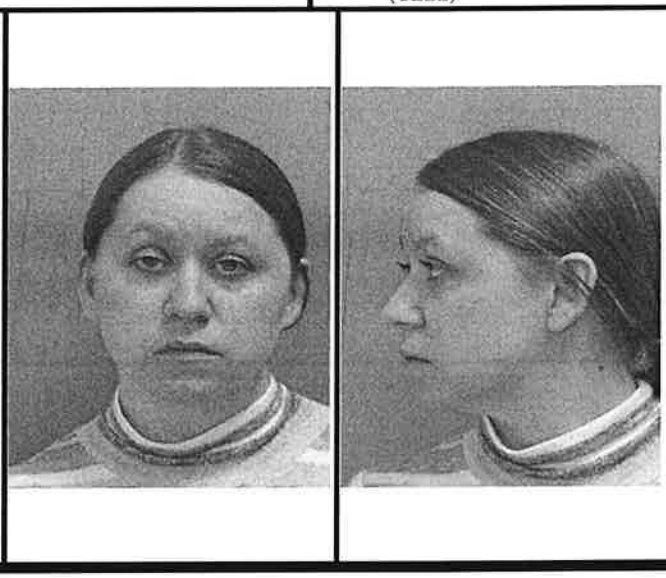
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ	DIVORCED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JOSHEP SCHWARTZ	LORRAINE	BOYLE

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
LAPCORP	TECH

ADDRESS OF EMPLOYER
UNKNOWN



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	
0.0	BARTLINSKI, 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
BARTLINSKI, J	LUONG, H

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

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000142**	**02/22/2020 00:11:00**	**20004097**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LOGAN	**JASON**		**04/20/1998**	**21**	

TRUE NAME	MAIDEN NAME	HOME PHONE
JASON & LOGAN		

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

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**170**	**BLACK**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**MULTIPLE TATTOOS ON BOTH ARMS**	**423 MAIN ST**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DECEASED	**BRAISHA PAIGE**	

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
	☐	**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 **GAWRON, A**

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **E20000063**
	☒	CITY/COURT **SAYREVILLE BOROUGH**

CHARGES
DRIVING WHILE SUSPENDED

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000141	02/21/2020 19:04:21	20004071

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GONZALEZ	PEDRO		06/13/1965	54	

TRUE NAME	MAIDEN NAME	HOME PHONE
PEDRO & GONZALEZ	NA	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
7089 NJ-35S	235	SOUTH AMBOY	NJ	08879	

SEX	HEIGHT	WEIGHT	RACE
M	507	150	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BLACK	SMALL	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		528 RARITAN ST

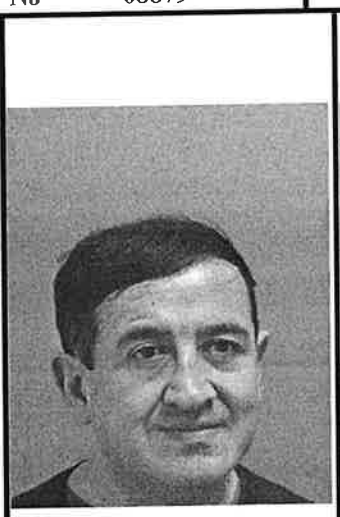
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
MEXICO CITY	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
PEDRO GONZALEZ	SIMONA FERREYRA	FERREYRA

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
SABERT	MATERIAL HANDLE

ADDRESS OF EMPLOYER
879 MAIN STREET 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
	☐	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
ZEBROWSKI, M	MCMAHON, J
COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. APPROPRIATE SIGNALS
2. DRIVING WHILE SUSPENDED
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER P207451
	☒	CITY/COURT PISCATAWAY TWP

CHARGES
UNLICENSED DRIVER

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
JAMES F WEBER, JMC	468.00	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000140	02/20/2020 22:54:40	20004004

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
FALDA	ROBERT		01/17/1967	53	

TRUE NAME	MAIDEN NAME	HOME PHONE
ROBERT & FALDA	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
911 CRIMSON CT		MORGANVILLE	NJ	07751	

SEX	HEIGHT	WEIGHT	RACE
M	507	250	WHITE

HAIR	EYES	BLD	SKIN
GRAY/PARTL GRAY	BLUE	HEAVY	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	N/A	6099 RT 9/35 S

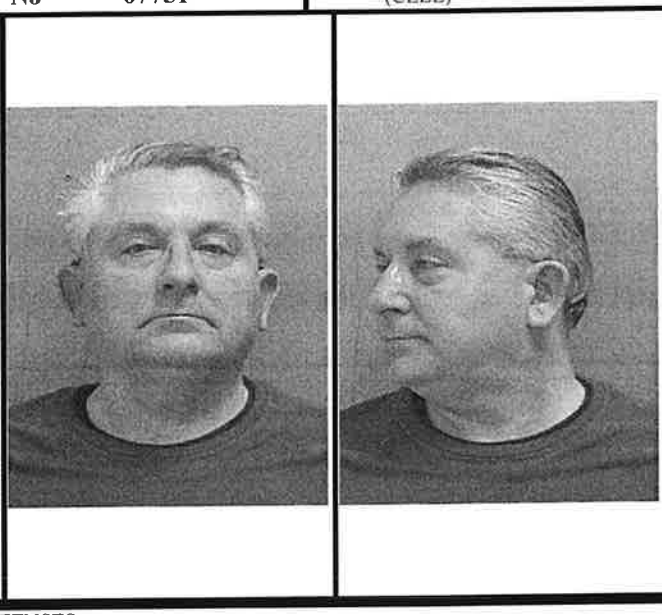
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
LUNCUT	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
HENRIQUE FALDA	TERESA FALDA	WICZOREK

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
JERSEY TEXTILES	LOGISTICS MGR

ADDRESS OF EMPLOYER
1 COUNTY ROAD SECAUCUS NJ 07094



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
UNK	UNK

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	
.22	KRZYZANOWSKI, K	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
RAUB, C	KRZYZANOWSKI, K
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: 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	**TSAY202000139**	**02/20/2020 01:46:38**	**20003886**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GOMEZ	**ANTHONY**		**12/24/1972**	**47**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANTHONY & GOMEZ		

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

SEX	HEIGHT	WEIGHT	RACE
M	**601**	**260**	**WHITE**

HAIR	EYES	BLD	SKIN
BROWN	**BROWN**	**HEAVY**	**LIGHT**

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	**NUMEROUS TATTOOS**	**57 ZALESKI DR**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
RAUL	**ADA GOMEZ**	**BONANO**

SBI #	FBI #	LOCAL ID (PRINT)
290513C		

EMPLOYER	OCCUPATION
NYSA	**LONGSHOREMAN**

ADDRESS OF EMPLOYER
77 WATER ST 16TH FL NEW YORK NY 10005

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DUFRAT, P	**BRENNAN, P**

COMPLAINANT	OFFICER IN CHARGE
	PAVLIK, T

OFFENSES

1. **AGGRAVATED ASSAULT**
2. **POSS. WPN UNLAWFUL PURPSE**
3. **POSSESSION OF WEAPON**
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	**TSAY202000138**	**02/19/2020 01:32:56**	**20003771**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LUNA	**MICHAEL**		**09/04/1994**	**25**	

TRUE NAME	MAIDEN NAME	HOME PHONE
MICHAEL & LUNA		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
314	**KIRKLAND PLACE**	**1ST FLOOR**	**PERTH AMBOY**	**NJ**	**08861**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**505**	**300**	**WHITE**

HAIR	EYES	BLD	SKIN
BROWN	**BROWN**	**HEAVY**	**LIGHT**

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		**1 VICTORY BRIDGE**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
GUSTAVO LUNA	**SOCORRO AVALOS**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
JEWISH RENAISSANCE	**DR. MING**

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
RAUB, C	**RAUB, C**

COMPLAINANT	OFFICER IN CHARGE
	MCGRATH, S

OFFENSES

1. **DRIVING WHILE SUSPENDED**
2. **CARELESS DRIVING**
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **S2019001035**
	☒	CITY/COURT **WOODBRIDGE PD**

CHARGES
SIMPLE ASSAULT-PURP/KNOWINGLY CAUSE BOD INJ

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
JUDGE ZURICK	**$2,500**	**02/19/2020 02:00:44**

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000137	02/18/2020 17:56:40	20003752

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
VILLANUEVA	RYAN	ROBERT	02/15/1988	32	

TRUE NAME	MAIDEN NAME	HOME PHONE
RYAN R VILLANUEVA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
56 LAMBERT DRIVE		SPARTA	NJ	07871	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	600	180	ASIAN/PACIFIC ISLANDER

HAIR	EYES	BLD	SKIN
BLACK	BROWN	THIN	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		MONMOUTH COUNTY JAIL

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ROBERT VILLANUEVA	MARYLIN MUSZ	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

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

COMPLAINANT	OFFICER IN CHARGE
	MONACO, J

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER SP5665871
	☒	CITY/COURT SAYREVILLE

CHARGES
DUI/DWI

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
	1500	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000136	02/18/2020 07:42:35	20003697

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
TOOMER	LAMONT	A	04/16/1990	29	

TRUE NAME	MAIDEN NAME	HOME PHONE
LAMONT A TOOMER		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
507	NORTH PARK DRIVE		PERTH AMBOY	NJ	08861	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	506	220	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	HEAVY	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	RIP BESSIE	ERNSTON RD

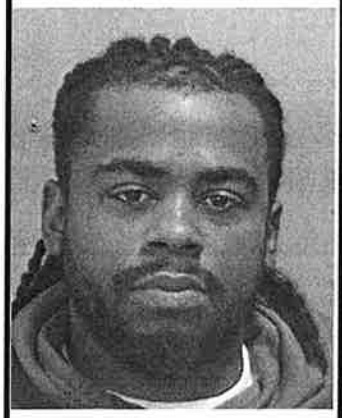
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ	UNMARRIED	

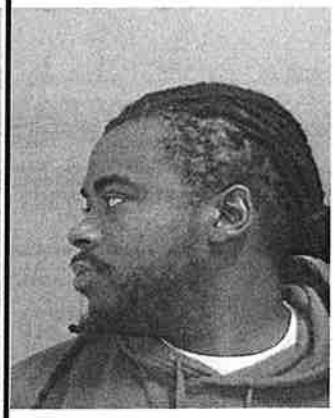
FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
BRUCE TOOMER	DEBRA PEEL	-

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
US FOODS	TRUCK LOADER

ADDRESS OF EMPLOYER
AMBOY AVE PERTH 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
	☐	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
	KILCOMONS, W

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER E16 2158
	☒	CITY/COURT PERTH AMBOY

CHARGES
DRIVING WHILE SUSPENDED

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
SOLENNY PENA	$1000.00	02/18/2020 08:44:53

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	**TSAY202000135**	**02/16/2020 20:22:10**	**20003614**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DEPALMA	**ANTHONY**	**R**	**09/26/1984**	**35**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANTHONY R DEPALMA		

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

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**180**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**NONE**	**PERTH AMBOY PD**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DAVID DEPALMA	**PATRICIA DEPALMA**	**BULMER**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
HACKENSACK MERIDIAN HOSPITAL	

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MARTINS, A	**MARTINS, A**
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **E192424**
	☒	CITY/COURT **SAYREVILLE**

CHARGES
DUI/DWI

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED

OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000134**	**02/16/2020 18:43:12**	**20003609**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
VARGAS	**CRYSTAL**	**MELISSA**	**09/26/1977**	**42**	

TRUE NAME	MAIDEN NAME	HOME PHONE
CRYSTAL M VARGAS	**REFUSED**	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1125 CONVERY BLVD		**PERTH AMBOY**	**NJ**	**08861**	

SEX	HEIGHT	WEIGHT	RACE
F	**503**	**160**	**WHITE**

HAIR	EYES	BLD	SKIN
BROWN	**BROWN**	**SMALL**	**FAIR**

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	**NONE**	**MAIN ST**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
FERNANDO VARGAS	**HELEN**	**RODRIGUEZ**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	**NONE**

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	
REFUSAL	**BARTLINSKI, 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
BARTLINSKI, J	**LUONG, H**

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. **IMPROPER DISPLAY OF PLATE**
2. **MAINTENANCE OF LAMPS**
3. **RECKLESS DRIVING**
4. **DUI/DWI**
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

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000133**	**02/16/2020 02:55:30**	**20003580**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ORTIZ	**JOSE**	**F**	**05/30/1963**	**56**	

TRUE NAME	MAIDEN NAME	HOME PHONE
JOSE F ORTIZ		

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

SEX	HEIGHT	WEIGHT	RACE
M	**507**	**220**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		**BORDENTOWN AV**

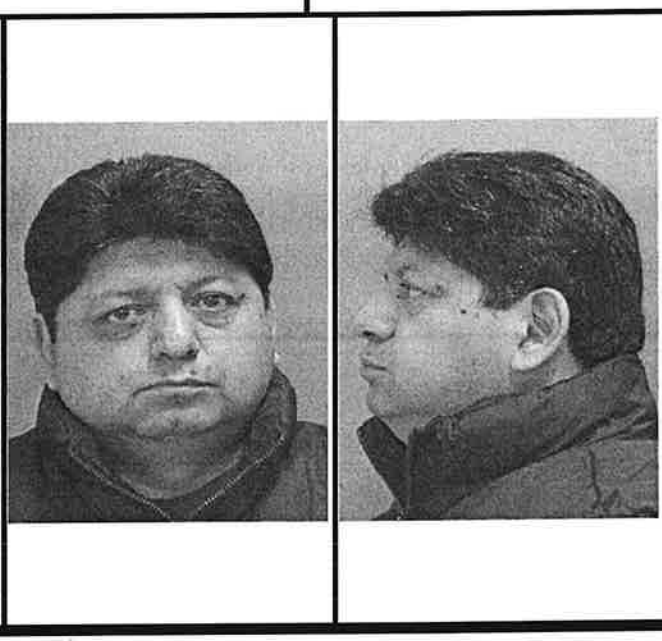
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
RIOBAMBA	**MARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
OLMEDO ORTIZ	**MARIA ORTIZ**	**FLORES**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UBER	**DRIVER**

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
NA	

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
0.00%	**GOTTA, K.**

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MCMAHON, J	**MCMAHON, J**

COMPLAINANT	OFFICER IN CHARGE

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: **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
HOLDING AREA	TSAY202000132	02/16/2020 02:06:23	20003577

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
LAWEH	JOHN	AMOATEY	02/12/1972	48	

TRUE NAME	MAIDEN NAME	HOME PHONE
JOHN A LAWEH		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
97 WINDING WOOD DR	3A	SAYREVILLE	NJ	08872	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	506	200	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	DARK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	SCARS ON KNEES FROM SURGERY	RIVER BEND BLVD

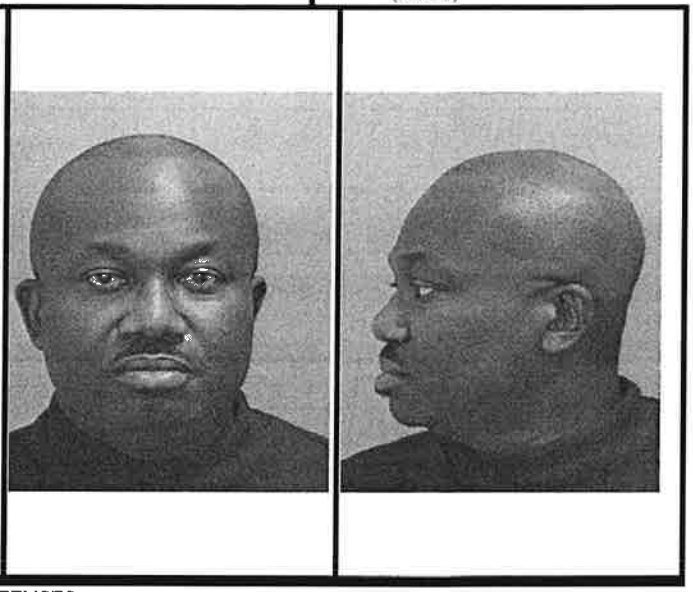
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
GHANA	DIVORCED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
SAMWELL	CHARITY	LAWEH

SBI #	FBI #	LOCAL ID (PRINT)
515980G	427979NE2	

EMPLOYER	OCCUPATION
ALBEL WAREHOUSE	OPERATOR

ADDRESS OF EMPLOYER
EDISON NJ



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
ZUCZEK, S	DEGUZMAN, M

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

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000131	02/15/2020 16:58:18	20003538

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
GOHEL	ISHITA		11/21/1988	31	

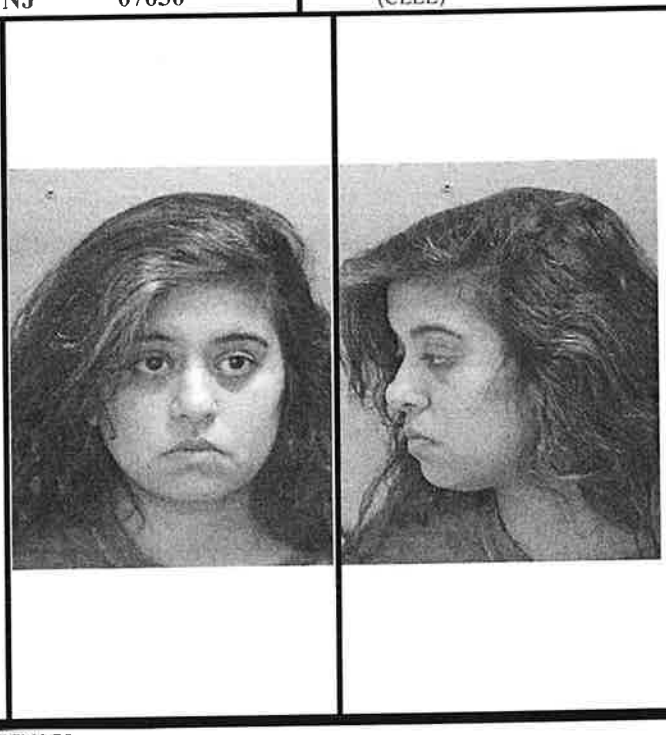
TRUE NAME	MAIDEN NAME	HOME PHONE
ISHITA & GOHEL		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
300 BLOOMFIELD ST		HOBOKEN	NJ	07030	

SEX	HEIGHT	WEIGHT	RACE
F	504	165	AMERICAN INDIAN/ALASKAN NATIVE

HAIR	EYES	BLD	SKIN
RED/AUBURN	BROWN	SMALL	OLIVE

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	DAD NAME 'MAHENDRA' ON RIGHT SHOULDER	HUDSON CO



PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PASSAIC NJ		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
MAHENDRA	PRARANA	

SBI #	FBI #	LOCAL ID (PRINT)
471572G	C6EDAHJW8	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

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

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER SC 2017 013736
	☒	CITY/COURT SAYREVILLE

CHARGES
SHOPLIFTING

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
JAMES F. WEBER, JMC	1,500.00	

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	**TSAY202000129**	**02/15/2020 02:42:30**	**20003509**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CASTILLO	**RACHAEL**		**05/31/1992**	**27**	

TRUE NAME	MAIDEN NAME	HOME PHONE
RACHAEL & CASTILLO		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
29	**SKYTOP GARDENS**	**9**	**PARLIN**	**NJ**	**08859**	(WORK) (CELL)

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

HAIR	EYES	BLD	SKIN
	BROWN		

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	**UNKNOWN**	**26 SKYTOP GARDENS**

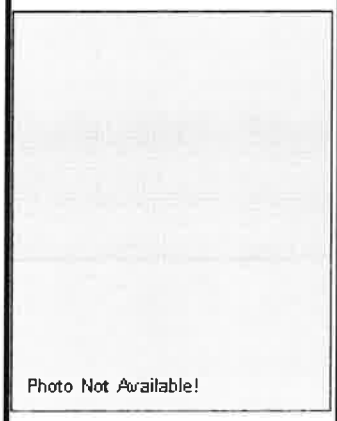
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
	UNKNOWN

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN
PERTH AMBOY HOSPITAL	

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

FINGERPRINTS TAKEN	YES ☐	PHOTO TAKEN	YES ☐

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MARTINS, A	**MARTINS, A**

COMPLAINANT	OFFICER IN CHARGE
	ZAMBRZYCKI, M

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	TSAY202000128	02/14/2020 23:17:32	20003505

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CARROLL	ERIC	C	11/13/1988	31	

TRUE NAME	MAIDEN NAME	HOME PHONE
ERIC C CARROLL	N/A	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
410 GIORDANO AVE		PARLIN	NJ	08859	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	508		WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	GREEN	THIN	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	RIGHT FOREARM-MARIANNE	601 ERNSTON RD

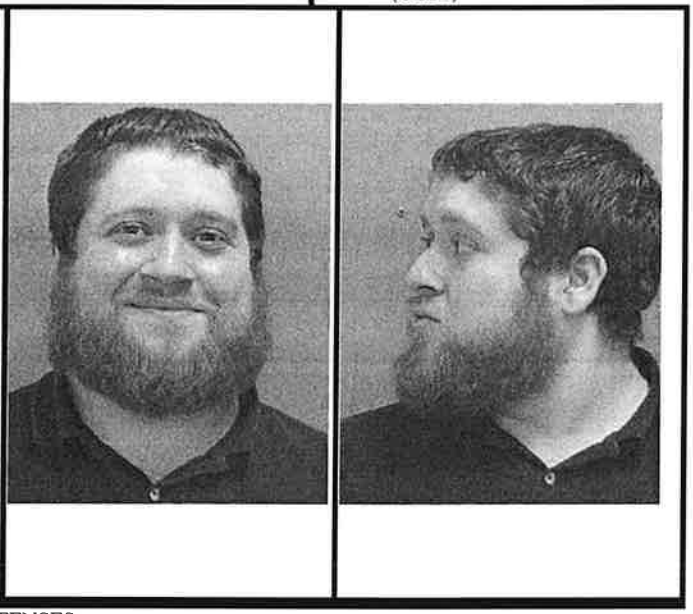
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
PERTH AMBOY NJ	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
CHARLES CARROLL	MARIANNE CARROLL	BROWN

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
PARTS AUTHORITY	INVENTORY

ADDRESS OF EMPLOYER
1532 PISCATAWAY NJ 08854



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
ZEBROWSKI, M	JAROCK, J
COMPLAINANT	OFFICER IN CHARGE
	GAWRON, A

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER S5683
	☒	CITY/COURT HOLMDEL PD

CHARGES
UNREGISTERED VEHICLE

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
HOLMDEL PD	$500.00	02/14/2020 23:30:36

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

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

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

TRUE NAME	MAIDEN NAME	HOME PHONE
HUNTER R DEECKEN		

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

SEX	HEIGHT	WEIGHT	RACE
M	**506**	**190**	**WHITE**

HAIR	EYES	BLD	SKIN
RED/AUBURN	**HAZEL**	**THIN**	**LIGHT**

ETHNICITY
NOT OF HISPANIC ORIGIN

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

LOCATION OF ARREST
825 WASHINGTON RD

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

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

SBI #	FBI #	LOCAL ID (PRINT)
618169G		

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARTLINSKI, J	**BARTLINSKI, J**

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000126**	**02/14/2020 21:49:21**	**20003493**

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

TRUE NAME	MAIDEN NAME	HOME PHONE
JASON & LENSEN		

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

SEX	HEIGHT	WEIGHT	RACE
M	**600**	**150**	**WHITE**

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

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

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

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

SBI #	FBI #	LOCAL ID (PRINT)
180983H		

EMPLOYER	OCCUPATION
UNEMPLOYED`	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARTLINSKI, J	**MCMAHON, J**

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

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION

☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
OTHER JURISDICTION	**TSAY202000125**	**02/14/2020 03:51:18**	**20003434**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
REESE	**MALIK**	**I**	**01/15/1984**	**36**	

TRUE NAME	MAIDEN NAME	HOME PHONE
MALIK I REESE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
843 HARNED STREET	**2**	**PERTH AMBOY**	**NJ**	**08861**	

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**250**	**BLACK**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**'MALIK' LEFT FOREARM, BRICK WALL ON RIGHT FOREARM**	**912 RT 9 S**

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

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

SBI #	FBI #	LOCAL ID (PRINT)
577918C	**958041VB2**	

EMPLOYER	OCCUPATION
	CONSTRUCTION

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
	☐	**GRANT, C**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DEGUZMAN, M	**GRANT, C**
COMPLAINANT	OFFICER IN CHARGE
	GAWRON, A

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **W2016000679**
	☒	CITY/COURT **EAST BRUNSWICK**

CHARGES

HINDERING APPREHENSION

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
	$1100	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000124	02/14/2020 01:01:45	20003427

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MORGAN	GARETH	S	07/12/1997	22	

TRUE NAME	MAIDEN NAME	HOME PHONE
GARETH S MORGAN		

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

SEX	HEIGHT	WEIGHT	RACE
M	510	258	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	DARK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	NONE	20 HAVEN TER

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
WAYNE MORGAN	DALLISON MORGAN	CHARLES

SBI #	FBI #	LOCAL ID (PRINT)
858372E		

EMPLOYER	OCCUPATION
PANERA BREAD	COOK

ADDRESS OF EMPLOYER
OLD BRIDGE NJ 08857

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
FISCHER, E	JAROCK, J

COMPLAINANT	OFFICER IN CHARGE
	ZAMBRZYCKI, M

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

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

TRUE NAME	MAIDEN NAME	HOME PHONE
AIRON E STEVANUS		

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

SEX	HEIGHT	WEIGHT	RACE
M	508	130	ASIAN/PACIFIC ISLANDER

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BROWN	THIN	LIGHT BROWN

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

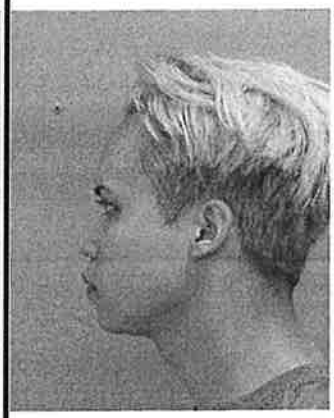
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE

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

SBI #	FBI #	LOCAL ID (PRINT)
512141G		

EMPLOYER	OCCUPATION
DUNKIN DONUTS	MANAGER

ADDRESS OF EMPLOYER
848 US 1 HWY AVENEL NJ 07001



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

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

OFFENSES

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

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

CHARGES
THEFT

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000122**	**02/13/2020 18:39:06**	**20003401**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
AMIN	**ZARMINAH**		**09/11/1992**	**27**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ZARMINAH & AMIN	**AMIN**	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1314 WESTMINSTER BLVD		**PARLIN**	**NJ**	**08859**	

SEX	HEIGHT	WEIGHT	RACE
F	**503**	**153**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	**NONE**	**2800 WASHINGTON RD**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
HAJI AMIN	**MOOSUMA AMIN**	**NONE**

SBI #	FBI #	LOCAL ID (PRINT)
729211G	**C93FKJ065**	

EMPLOYER	OCCUPATION
CONTINENTAL TERMINAL	**DISPATCHER**

ADDRESS OF EMPLOYER
200 MIDDLESEX AVE CARTERET NJ 07054

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
BARTLINSKI, J	**LUONG, H**

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **UNLICENSED DRIVER**
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **A81382**
	☒	CITY/COURT **SOUTH AMBOY PD**

CHARGES
DRIVING WHILE SUSPENDED

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000118	02/12/2020 17:35:59	20003320

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SHELL	LAMAR	MARQUEE	01/25/1990	30	

TRUE NAME	MAIDEN NAME	HOME PHONE
LAMAR M SHELL		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
898 S. 17TH		2ND FL NEWARK	NJ	07108	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	510	210	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	CHEST, STOMACH, ARMS	OCEAN COUNTY JAIL

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

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

SBI #	FBI #	LOCAL ID (PRINT)
263463D	8985FC2	

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
	☐	DUFRAT, P

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

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

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER SPA2016082379
	☒	CITY/COURT SAYREVILLE MUNICIPAL COUR

CHARGES

HINDERING APPREHENSION

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	**TSAY202000117**	**02/11/2020 23:12:42**	**20003246**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PEREZ	**DAISY**		**02/14/1978**	**41**	

TRUE NAME	MAIDEN NAME	HOME PHONE
DAISY & PEREZ		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
39 HOWARD ST		**HOPELAWN**	**NJ**	**08861**	(WORK) (CELL)

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

HAIR	EYES	BLD	SKIN
BROWN	**BROWN**	**HEAVY**	**LIGHT BROWN**

ETHNICITY
HISPANIC ORIGIN

SCARS
FLOWER ON RIGHT FOOT, 3 NAMES ON RIGHT SHOULDLER 'BROOKLYN' 'RIANA' 'DELACEY' SYMBOL ON RIGHT WRIST

LOCATION OF ARREST
3310 WASHINGTON RD

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
EFRAIAN PEREZ	**MARY HERNANDEZ**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
DUPONT	**COORDINATOR**

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
	☐	**BRENNAN, P**

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BRENNAN, P	**BRENNAN, P**

COMPLAINANT	OFFICER IN CHARGE
	KWITKOSKI, J

OFFENSES

1. **DUI/DWI**
2. **FAILURE TO EXHIBIT**
3. **PENALTIES/UNINSURED VEHCL**
4. **TRAFFIC ON MARKED LANES**
5. **CONSENT OF BREATH SAMPLES**

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000116	02/10/2020 23:03:28	20003182

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DESARIO	FRANCESCO		07/30/1969	50	

TRUE NAME	MAIDEN NAME	HOME PHONE
FRANCESCO & DESARIO	N/A	

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

SEX	HEIGHT	WEIGHT	RACE
M	510	235	WHITE

HAIR	EYES	BLD	SKIN
GRAY/PARTL GRAY	BROWN	MEDIUM	OLIVE

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	ABDOMEN SURGERY SCAR FROM MIDDLE OF CHEST TO WAIST	17 CALLIOPE RD

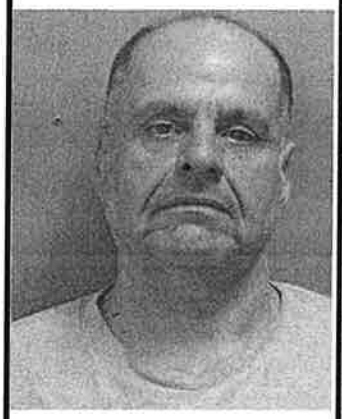
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
HOBOKEN NJ	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
PETER	MARIA	FABUZZI

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	N/A

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
DUFRAT, P	TEATOR, V
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. AGG ASSAULT - STRANGULATION
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION

☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000115	02/10/2020 19:30:11	20003176

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
RICHARDSON	QUAMIR	K	04/11/2001	18	

TRUE NAME	MAIDEN NAME	HOME PHONE
QUAMIR K RICHARDSON		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
12	SWIDER DRIVE	F7	PARLIN	NJ	08872	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	509	145	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	DARK BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		1000 MAIN ST

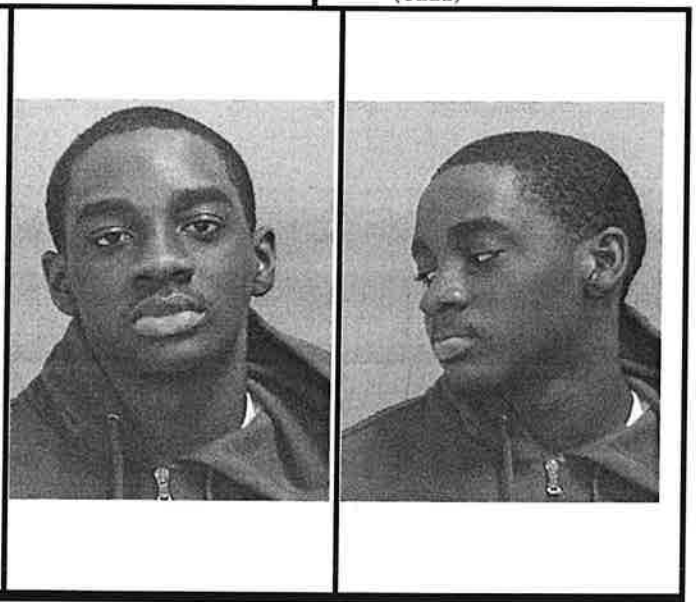
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEWARK NJ	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
QUADREE	LATOYA MORGAN	

SBI #	FBI #	LOCAL ID (PRINT)
120918H		

EMPLOYER	OCCUPATION
SAYREVILLE BOARD OF ED	SECURITY

ADDRESS OF EMPLOYER
820 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
	☐	CORTEZ, B

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
CORTEZ, B	CORTEZ, B

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. SIMPLE ASSAULT
2. CRIMINAL MISCHIEF-DAMAGE PROPERTY
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