POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000114**	**02/10/2020 11:27:54**	**20003149**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ALVARADO	**JUAN**	**A**	**12/12/1992**	**27**	

TRUE NAME	MAIDEN NAME	HOME PHONE
JUAN A ALVARADO		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
246 HALL AVE	**10**	**PERTH AMBOY**	**NJ**	**08861**	

SEX	HEIGHT	WEIGHT	RACE
M	**509**	**181**	**WHITE**

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

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	**NONE**	**GSP N LOCAL**

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JUAN ALVARADO	**GLADIS BATIS**	

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UBER EAT	**DELIVERY DRIVER**

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

OFFENSES

1. **DRIVING WHILE SUSPENDED**
2. **IMPROPER U-TURN/TURNING ON CURVES**
3. **WINDSHIELD WIPERS**
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **E1922650**
	☒	CITY/COURT **WOODBRIDGE**

CHARGES

CARELESS DRIVING

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
	339.0	**02/10/2020 13:15:01**

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	**TSAY202000113**	**02/09/2020 21:21:30**	**20003111**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
DIMICHELE	**MICHAEL**	**RYAN**	**11/20/1990**	**29**	

TRUE NAME	MAIDEN NAME	HOME PHONE
MICHAEL R DIMICHELE		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
26 WARREN ST.		**BLOOMFIELD**	**NJ**	**07003**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**601**	**145**	**WHITE**

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

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

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
EUGENE DIMICHELE	**LAURA DIMICHELE**	**LAURA HUTLER**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
LIVINGSTON BOTTLE KING INK	**BARTENDER**

ADDRESS OF EMPLOYER
343 MOUNT PLEASENT AVE. LIVINGSTON NJ 07034

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
	☐	**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	
	GUMPRECHT, D	

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. **DUI/DWI**
2. **RECKLESS DRIVING**
3. **PENALTIES/UNINSURED VEHCL**
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	**TSAY202000112**	**02/08/2020 23:53:22**	**20003069**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
IYER	**KARTIK**	**R**	**01/06/1995**	**25**	

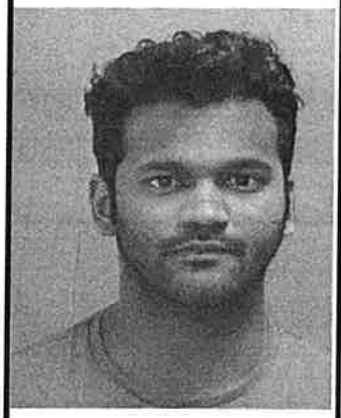
TRUE NAME	MAIDEN NAME	HOME PHONE
KARTIK R IYER		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) / (CELL)
20 SETH PL		**DAYTON**	**NJ**	**08810**	

SEX	HEIGHT	WEIGHT	RACE
M	**507**	**165**	**ASIAN/PACIFIC ISLANDER**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**LEFT FOREARM READING 'VICTORY'**	**37 S MINNISINK AV**



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

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
JET BLUE	**IT TECH**

ADDRESS OF EMPLOYER
LONG ISLAND 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
	☐	**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	
EXPIRED	**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
GOTTA, K.	**BARTLINSKI, J**

COMPLAINANT	OFFICER IN CHARGE
	GAINES, M

OFFENSES

1. **DUI/DWI**
2. **RECKLESS DRIVING**
3. **UNREGISTERED VEHICLE**
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	**TSAY202000111**	**02/08/2020 19:02:35**	**20003041**

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

TRUE NAME	MAIDEN NAME	HOME PHONE
DIGMA M MENDEZ	**MENDEZ**	

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

SEX	HEIGHT	WEIGHT	RACE
F	**502**	**135**	**ASIAN/PACIFIC ISLANDER**

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

ETHNICITY
UNKNOWN

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

LOCATION OF ARREST
BORDENTOWN AV

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

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

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

EMPLOYER	OCCUPATION
WINDOW NATION	**PRODUCTION**

ADDRESS OF EMPLOYER
2050 SPRINGDALE RD CHERRY HILL NJ 08003

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARTLINSKI, J	**ZEBROWSKI, M**
COMPLAINANT	OFFICER IN CHARGE
	MOAT, A

IS ARRESTEE A JUVENILE ☐ YES

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

NAME OF PROBATION OFFICER NOTIFIED

TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME
BAIL COMMISSIONER	AMOUNT OF BAIL **ROR**	DATE AND TIME OF BAIL
DISPOSITION		

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202000108	02/07/2020 02:03:39	20002912

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

TRUE NAME	MAIDEN NAME	HOME PHONE
JONATHAN R HENRICH		

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

SEX	HEIGHT	WEIGHT	RACE
M	605	180	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BLUE	THIN	LIGHT

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

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

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

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

EMPLOYER	OCCUPATION
FIVE GUYS	MANAGER

ADDRESS OF EMPLOYER
OLD BRIDGE NJ

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
ZUCZEK, S	GRANT, C

COMPLAINANT	OFFICER IN CHARGE
	MOAT, A

OFFENSES

1. 'SAFETY GLASS' DEFINED
2. FAILURE TO EXHIBIT
3. FAILURE TO EXHIBIT
4. POSSESSION OF DRUGS
5. POSS CDS - < 50G MARIJUANA, 5G HASHISH

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000107**	**02/06/2020 21:37:03**	**20002896**

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

TRUE NAME	MAIDEN NAME	HOME PHONE
MARLY & ELESTIN		

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

SEX	HEIGHT	WEIGHT	RACE
F	**507**	**130**	**BLACK**

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

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

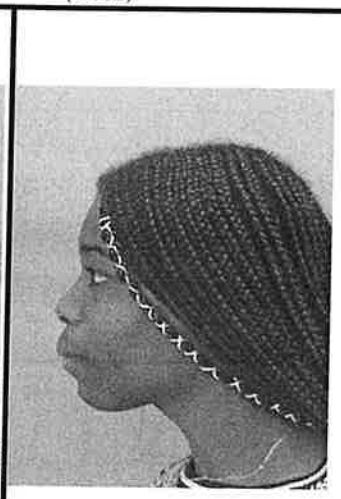
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ORANGE NJ		

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

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

COMPLAINANT	OFFICER IN CHARGE
	MOAT, A

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000104**	**02/06/2020 19:43:08**	**20002890**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PENA	**IVAN**	**LUDWIN**	**09/14/2000**	**19**	

TRUE NAME	MAIDEN NAME	HOME PHONE
IVAN L PENA	**NA**	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
871 OLD BRIDGE TPK		**OLD BRIDGE**	**NJ**	**08816**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**601**	**170**	**WHITE**

HAIR	EYES	BLD	SKIN
BLACK	**HAZEL**	**THIN**	**FAIR**

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN		**27 WINDING WOODS**

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
LOUIS PENA	**ENELIDA GONZLEZ**	**ROSA**

SBI #	FBI #	LOCAL ID (PRINT)
238900H		

EMPLOYER	OCCUPATION
DENNY'S	**WAITER**

ADDRESS OF EMPLOYER
752 HWY 18 EAST BRUNSWICK NJ 08816

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
ZEBROWSKI, M	**ZEBROWSKI, M**

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **OTHER SOURCE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
OTHER JURISDICTION	TSAY202000103	02/06/2020 18:37:19	20002885

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
NARTEY	EMMANUEL	NII	08/06/1970	49	

TRUE NAME	MAIDEN NAME	HOME PHONE
EMMANUEL N NARTEY		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
2319 BIRCHWOOD COURT		NORTH BRUNSWICK	NJ	08902	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	506	170	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	BLACK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		2909 WASHINGTON RD

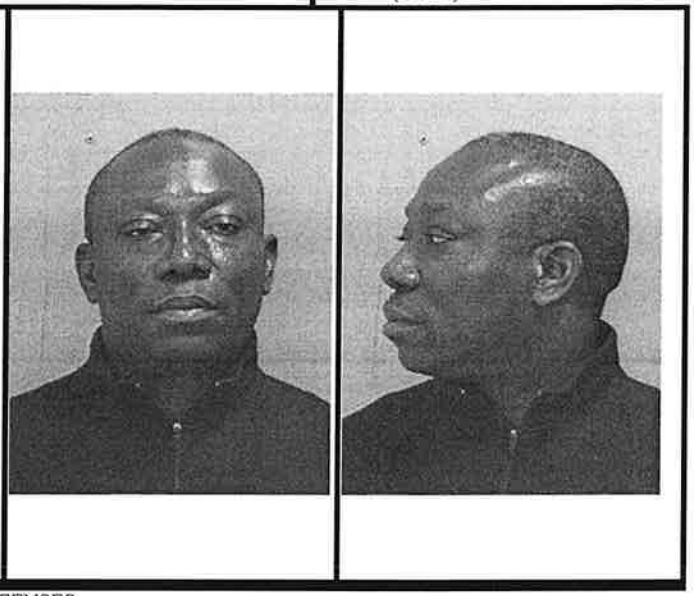
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
TEMA	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
SAMUEL NARTEY	VICTORIA KABUTEY	

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
	☐	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
POPOWSKI, M	FISCHER, E

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER CS91264830A
	☒	CITY/COURT SOMERSET COUNTY SHERIFFS

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

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

TRUE NAME	MAIDEN NAME	HOME PHONE
GREGORY & PIERRE		

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

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

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

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

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY		

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

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARTLINSKI, J	**BARTLINSKI, J**
COMPLAINANT	OFFICER IN CHARGE
	MOAT, A

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000099**	**02/05/2020 20:10:36**	**20002821**

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

TRUE NAME	MAIDEN NAME	HOME PHONE
BRITTON T PERRY		

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

SEX	HEIGHT	WEIGHT	RACE
M	**506**	**150**	**BLACK**

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

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

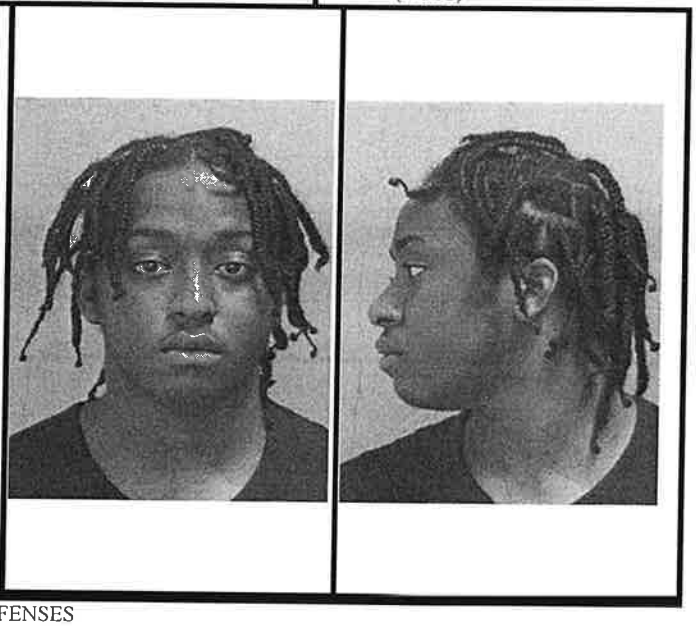
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY		

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

SBI #	FBI #	LOCAL ID (PRINT)
	CD5V8CD5E	

EMPLOYER	OCCUPATION
UNEMPLOYED	

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

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

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

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

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000097	02/05/2020 14:59:35	20002799

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MANSFIELD	JENTIL		10/06/1988	31	

TRUE NAME	MAIDEN NAME	HOME PHONE
JENTIL & MANSFIELD	MANSFIELD	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
78 WINDING WOODS	8B	SAYREVILLE	NJ	08872	(WORK) (CELL)

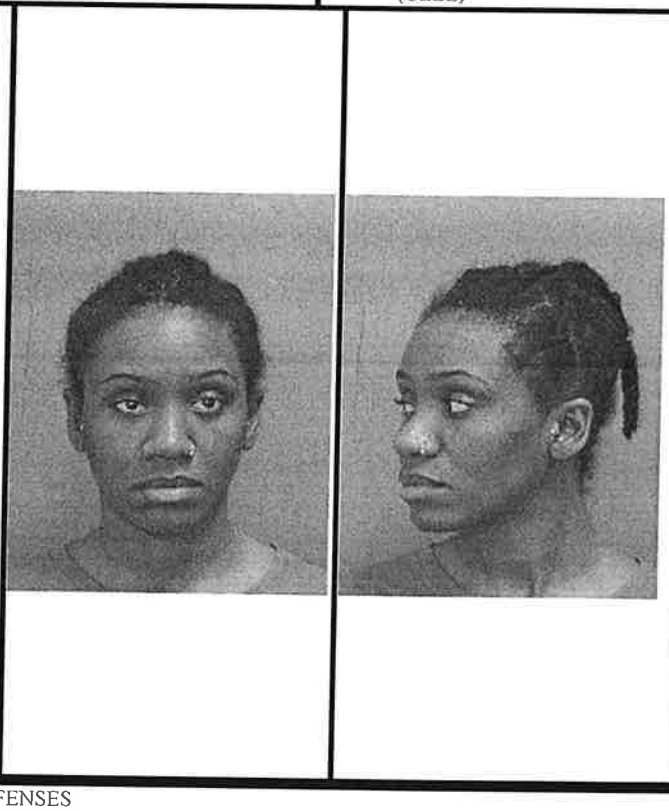
SEX	HEIGHT	WEIGHT	RACE
F	502	103	BLACK

HAIR	EYES	BLD	SKIN
BROWN	BROWN	SMALL	LIGHT BROWN

ETHNICITY
NOT OF HISPANIC ORIGIN

SCARS
LEFT WRIST 'JULIE', RIGHT LEG 'ANTHONY', RIGHT HAND HALF HEART, RIGHT SHOULDER 'KINGSMAN', NAME ON LOWER BACK 'JENTIL'

LOCATION OF ARREST
78 WINDING WOODS



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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
BENJAMIN MANSFIELD	JOLEY KING	HEYWARD

SBI #	FBI #	LOCAL ID (PRINT)
2559470N	696099ED3	

EMPLOYER	OCCUPATION
NEW YORK CITY TRANSIT	BUS OPERATOR

ADDRESS OF EMPLOYER
180 LIVINGSTON ST 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
	☐	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
VALENTIN, M	BURT, C

COMPLAINANT	OFFICER IN CHARGE
	O'DONNELL, S

OFFENSES

1. SIMPLE ASSAULT
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

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000096**	**02/05/2020 12:58:48**	**20002795**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
TABAKA	**ANDRIY**		**12/13/1993**	**26**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANDRIY & TABAKA		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
1710 WESTMINTER BLVD		**PARLIN**	**NJ**	**08859**	

SEX	HEIGHT	WEIGHT	RACE
M			

HAIR	EYES	BLD	SKIN
	BROWN		

ETHNICITY	SCARS	LOCATION OF ARREST
		JERNEE MILL RD

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE

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

SBI #	FBI #	LOCAL ID (PRINT)

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 **CALISE, T**

FINGERPRINTS TAKEN	YES ☐	PHOTO TAKEN	YES ☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BRAILE, B	**CALISE, T**
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. **DUI/DWI**
2. **IMPROPER PASSING**
3. **RECKLESS DRIVING**
4. **PENALTIES/UNINSURED VEHCL**
5.

ARREST ON WARRANT? YES ☐	WARRANT NUMBER
	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION

☒ YES ☐ NO TYPE: **DRIVERS LICENSE**

IS ARRESTEE A JUVENILE ☐ YES

NAME OF 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	TSAY202000095	02/05/2020 12:32:45	20002793

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SHANKS	ANDREW	OLIVER EVAN	05/31/1988	31	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANDREW O SHANKS		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
204 PENNSYLVANIA AVE	2	BROOKLYN	NY	11207	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	602	185	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	LIGHT BROWN

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

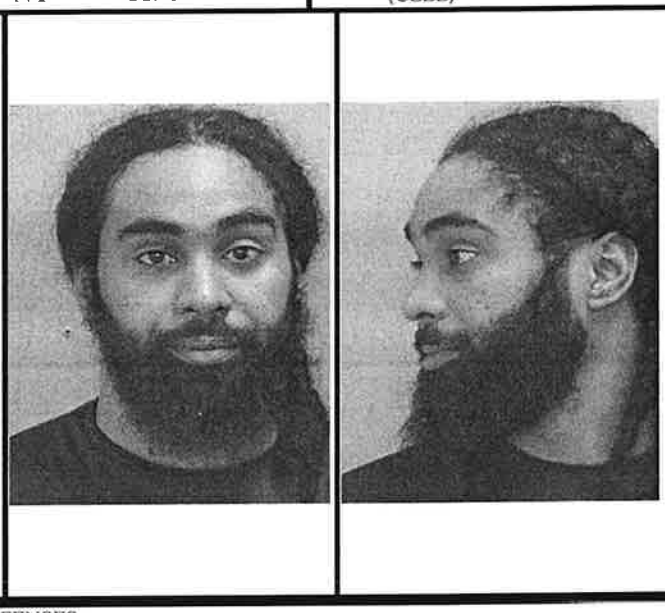
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
LOS ANGELES CA	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ANDREW SHANKS	GAIL RORANT	

SBI #	FBI #	LOCAL ID (PRINT)
	KK60809T0	

EMPLOYER	OCCUPATION
PASTRAMI HOUSE	DELI WORKER

ADDRESS OF EMPLOYER
21 SCHINDLER DR ABERDEEN 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
	☐	GRAUSAM, 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
	☐	GRAUSAM, K

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
GRAUSAM, K	GRAUSAM, K

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. CONTEMPT OF COURT
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER W508674881
	☒	CITY/COURT NYPD

CHARGES
PROMOTING PROSTITUTION

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	TSAY202000093	02/04/2020 19:03:58	20002731

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
JOHNSON	JAIKEEM	LAMAR	04/24/1996	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
JAIKEEM L JOHNSON		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
818 ROUTE 35 SOUTH		LAURENCE HARBOR	NJ	08879	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	506	131	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	DARK

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	LEFT FOREARM (TASHA) , RIGHT FOREARM (BENJAMIN FRANKLIN & MONEY BAGS)	MATAWAN PD

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
EUGENE GALLOWAY	LATASHA JOHNSON	DOUGLAS

SBI #	FBI #	LOCAL ID (PRINT)
800260E	115795PD4	

EMPLOYER	OCCUPATION
CHRISTOPHER'S CONSTRUCTION C.	CONSTRUCTION

ADDRESS OF EMPLOYER
FREEHOLD NJ

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
CORTEZ, B	LESTUCK, G

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER S2016000385
	☒	CITY/COURT SAYREVILLE

CHARGES
HINDERING APPREHENSION

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
JUDGE WEBER	3,000.00	

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000092**	**02/04/2020 17:32:16**	**20002725**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
SMITH	**DENNIS**	**WILLIAM**	**09/01/1974**	**45**	

TRUE NAME	MAIDEN NAME	HOME PHONE
DENNIS W SMITH JR		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
231 4TH STREET		**HAZLET**	**NJ**	**07734**	

SEX	HEIGHT	WEIGHT	RACE
M	**510**	**175**	**WHITE**

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

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

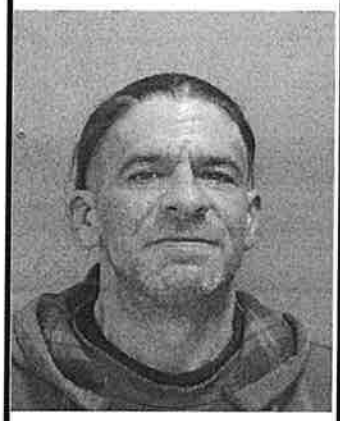
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE

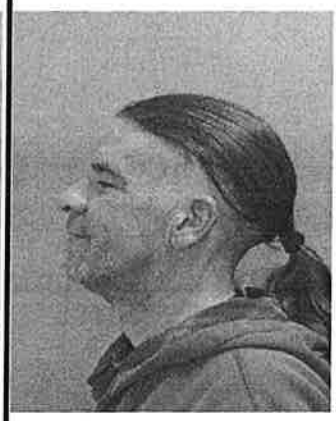
FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
DENNIS	**BARBARA**	**WILKOS**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
EXECUTIVE TOWING	**TOW DRIVER**

ADDRESS OF EMPLOYER
231 RT 34 OLD BRIDGE NJ 08875





IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES ☐	PHOTO TAKEN	YES ☒

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

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

BREATHLYZER READING	BY WHOM
0.000%	**BARON, T**

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
BARON, T	**BARON, T**

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: **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	TSAY202000091	02/04/2020 14:58:15	20002521

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
RAMIREZ	AESA	SULTAN	09/21/1996	23	

TRUE NAME	MAIDEN NAME	HOME PHONE
AESA S RAMIREZ		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
59	WINDING WOOD DRIVE	6A	SAYREVILLE	NJ	08872	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	507	140	UNKNOWN

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	LIGHT BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	NONE	59 WINDING WOODS

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
CAIRO	UNMARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
SOLOMON SOLTAN	SONIA RAMIREZ	

SBI #	FBI #	LOCAL ID (PRINT)
505345E	785157HD3	

EMPLOYER	OCCUPATION
NONE	NONE

ADDRESS OF EMPLOYER
NJ

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

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

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

BREATHLYZER READING	BY WHOM	

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

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
SZTUKOWSKI, J	SATORSKI, J

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. CRIMINAL MISCHIEF
2. TERRORISTIC THREATS
3. UNLAWFUL POSS OF WEAPONS
4. POSS. WPN UNLAWFUL PURPSE
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000090	02/04/2020 14:44:15	20002713

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
REIDBURNS	DEVON	MALCOLM	09/16/1993	26	

TRUE NAME	MAIDEN NAME	HOME PHONE
DEVON M REIDBURNS		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
11028	STANDING STONE DRIVE		WHITE MIMAUMA	FL	33598	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	510	175	BLACK

HAIR	EYES	BLD	SKIN
BLACK	BROWN	SMALL	BLACK

ETHNICITY: NOT OF HISPANIC ORIGIN

SCARS: TATTOO 'DEVON' AND PICTURE OF DOG TAGS ON RIGHT FOREARM, NECK 'DIRAH'

LOCATION OF ARREST: ESSEX CO

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
	ARECIA REIDBURNS	

SBI #	FBI #	LOCAL ID (PRINT)
372765E		

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
	KILCOMONS, W

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER 2016000412
	☒	CITY/COURT SAYREVILLE

CHARGES: CRIMINAL TRESPASS (UNLICENSED ENTRY)

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

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

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202000088	02/03/2020 23:59:37	20002673

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
CARSON	JOHN	DOMINICK	04/04/1992	27	

TRUE NAME	MAIDEN NAME	HOME PHONE
JOHN D CARSON	N/A	

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

SEX	HEIGHT	WEIGHT	RACE
M	509	140	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	THIN	LIGHT

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	NJ OUTLINE ON RT HAND	825 WASHINGTON RD

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

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JOHN CARSON	ANGEL FOILES	IANNICELLO

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
TRANSPORT SPECIALTY INT.	WAREHOUSE

ADDRESS OF EMPLOYER
9 JOANNA CT EAST BRUNSWICK NJ 08816

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. CONTEMPT
2. ORDINANCE---PARKS---PARKING
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER W860118047
	☒	CITY/COURT MCPO

CHARGES
BURGLARY

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
MCPO	NO BAIL	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	**TSAY202000087**	**02/03/2020 08:51:42**	**20002610**

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
MILLER	**ANTHONY**	**PATRICK**	**10/17/1985**	**34**	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANTHONY P MILLER		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE
24	**SKYTOP GARDENS**	**20**	**PARLIN**	**NJ**	**08859**	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
M	**511**	**195**	**BLACK**

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

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	**PICTURES IN MNI**	**29 SKYTOP GARDENS**

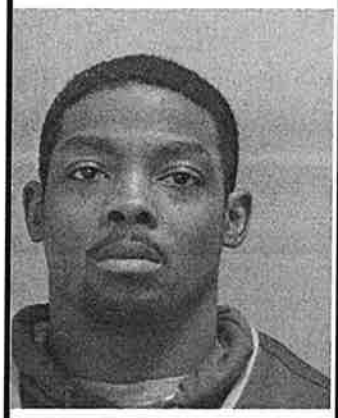
PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BROOKLYN NY	**MARRIED**	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
-	**ROSE SMITH**	**MILLER**

SBI #	FBI #	LOCAL ID (PRINT)

EMPLOYER	OCCUPATION
WALMART	**STAFF WORKER**

ADDRESS OF EMPLOYER
360 RT. 9 N WOODBRIDGE NJ 07095



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

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

OFFENSES

1.
2.
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER **L 145597**
	☒	CITY/COURT **SAYREVILLE**

CHARGES
CARELESS DRIVING

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
	1600.00	**02/03/2020 09:59:25**

DISPOSITION