



# Bay Head Police Department

Incident #: 24BA19335

Reporting Officer: Daber, Daniel

Report Time: 10/19/2024 21:47:05

## Incident

|                     |                                |                     |
|---------------------|--------------------------------|---------------------|
| Incident Nature     | Address                        | Occurred From       |
| DWI                 | MAIN AVE & STRICKLAND ST       | 10/19/2024 21:47:05 |
|                     | BAYHEAD, New Jersey 08742      |                     |
| Occurred To         | Received By                    | How Received        |
| 10/19/2024 21:47:05 | Aviles, Mary                   | LEO Initiated       |
| Contact             | Disposition                    | Miscellaneous Entry |
| Daber, Da           | Clrd Adlt, Arst (One Incident) |                     |
| Disposition Date    | Cleared                        | Judicial Status     |
| 10/20/2024          | N                              |                     |
| Cleared Date        | Clearance                      | Cargo Theft Related |
|                     | Report Required                |                     |

Responding Officer(s)  
Daber, Daniel  
Wigert, Jared

|               |         |
|---------------|---------|
| Circumstances | Comment |
| Code          |         |
| MV Stop       |         |
| DWI/DUI       |         |
| ATS Warrant   |         |

|                  |            |
|------------------|------------|
| Image            | ID         |
| Code             |            |
| PHOTOS AVAILABLE | Photograph |

## Offenses

## DUI Alcohol or Drugs

Completed?  
C

Method Of Entry

Gambling Motivated?

Premises Entered?

Location Type  
13

Cargo Theft Related?

Statute  
39:4-50

Description  
Under Influence Drugs;  
Alcohol

Category

Bias Motivation

88

Offender Used

A

## Persons

### TORRES, ROBERTO S Offender

Address

Phone

DOB

ALLENTOWN Pennsylvania 18102

Race

Sex

Ethnicity

H-White/Latin, Hispanic

Male

Height  
5'05"

Weight  
0

### MARTINEZ PACHECO, W E Involved Person

Address

Phone

DOB

SPRING VALLEY New  
York 10977

Race

Sex

Ethnicity

Male

Height  
5'05"

Weight  
0

## Property

## Drink, Alcohol

Brand  
Buchanan's

Color

Measurement  
Milliliter

Status  
Seized/Impounded  
Property/Evid

Model  
Pineapple

Quantity  
1

Amount Recovered  
\$0.00

Owner  
TORRES, ROBERTO S

Serial Number

Total Value  
\$30.00

Date Recovered

## Property

## Drink, Alcohol

Brand  
Buchanan's

Color  
Green

Measurement  
Milliliter

Status  
Seized/Impounded  
Property/Evid

Model  
Deluxe

Quantity  
1

Amount Recovered  
\$0.00

Owner  
TORRES, ROBERTO S

Serial Number

Total Value  
\$30.00

Date Recovered

## Property

## Beer

Brand  
Bud Light

Color  
Orange/White

Measurement  
Milliliter

Status  
Seized/Impounded  
Property/Evid

Model  
Chelada

Quantity  
1

Amount Recovered  
\$0.00

Owner  
TORRES, ROBERTO S

Serial Number

Total Value  
\$10.00

Date Recovered

## Property

## Vehicles

### 2010 Acura TSX

License  
MRJ8752

VIN  
JH4CU2F6XAC016942

Value  
\$0.00

State  
Pennsylvania

Owner

Amount Recovered  
\$0.00

Color  
Black

License Type

## Vehicle

## Narratives

### Original Narrative

10/20/2024 03:00:52

MV STOP // MALE 41 FOR DWI, ATS WARRANT \$2500 (TRENTON PD), ATS WARRANT \$500 (CLARK PD)

FICTITIOUS PLATES (39:3-33), UNREGISTERED VEHICLE (39:3-4), SUSPENDED DL (39:3-40), UNLICENSED DRIVER (39:3-10B), NO LIABILITY INSURANCE (39:6B-2), FAILURE TO EXHIBIT DL (39:3-29A), FAILURE TO EXHIBIT REG (39:3-29B), FAILURE TO EXHIBIT INS (39:3-29C), OPEN CONTAINER OF ALCOHOL (39:4-51B), DWI (39:4-50)

SEE SUPP

### Supplemental Narrative

10/20/2024 00:17:23 Martinez, Janett

CAD Call info/comments

=====

21:47:15 10/19/24 - Aviles, M

blk 4 door acura

21:49:57 10/19/24 - Aviles, M - From: Daber, Da  
10-4

22:07:26 10/19/24 - Aviles, M

2 ats clark municipal court 500 no 10

22:07:49 10/19/24 - Aviles, M

trenton municipal court 2500 10% allowed

22:10:25 10/19/24 - Aviles, M - From: Daber, Da  
testing

22:14:34 10/19/24 - Aviles, M - From: Wigert, Ja  
0226 has a male 41

22:16:44 10/19/24 - Aviles, M

all time auto eta 15-20

22:27:22 10/19/24 - Aviles, M - From: Daber, Da

\*EDITED\* going to have a male 41 450 sm to 10-3 48092.1

22:28:36 10/19/24 - Aviles, M - From: Daber, Da  
em 48093.0

22:40:46 10/19/24 - Aviles, M

per 1938 veh has been towed

23:12:10 10/19/24 - Aviles, M

\*EDITED\* 20 min observation over

23:15:25 10/19/24 - Aviles, M

20 min observation started at 22:50:41

23:16:04 10/19/24 - Aviles, M

\*EDITED\* per trenton if subj can pay the 10% ror court date 10/31 at 08:30 fax #  
609-989-4273

23:16:17 10/19/24 - Aviles, M

\*EDITED\* clark pd ror nov. 6 at 9am fax # 732-388-5376

## **Supplemental Narrative**

**10/19/2024 23:33:47 Printz, Tyler**

During the twenty minute observation period Mr. Torres did not place anything in his mouth and did not belch or vomit. This officer began the testing process by pressing the green button on the Alcotest 3310 serial number ARMH-0428. The processing room was free of all cellular devices and radios. When the unit was ready I inputted the required information to run the test. Once the Alcotest machine was ready this officer then had Mr. Torres step up to submit a breath sample. Mr. Torres was then read the posted instructions on how to perform and give a proper breath sample. Mr. Torres provided a valid breath sample. I then had Mr. Torres sit back down until the machine was ready for another sample. When the machine was ready for another sample I then instructed Mr. Torres to step up. I then read the posted instructions on how to perform and give a proper breath sample. Mr. Torres provided another valid sample. It should be noted that a new mouth piece was used during each breath sample. Upon completion of the test Mr. Torres blood alcohol concentration results were a 0.14% BAC ( See alcohol influence report).

## **Supplemental Narrative**

**10/20/2024 04:37:31 Daber, Daniel**

On the above date and time, I (Patrolman Daber) was traveling southbound on Main Avenue when I observed a black Acura sedan in front of me. After passing the intersection of Main Avenue and Osborne Avenue, I entered the black Acura sedan's license plate, bearing NJ Registration N34PKH, into my MDT. My MDT advised me that the registration I entered was not on file in DMV records. I asked OCR to run the plate to confirm that the plate was not on file. OCR advised that the plate was not on file, and I advised them I would be conducting a motor vehicle stop. I activated my overhead emergency lights to conduct a motor vehicle stop at Main Avenue and Strickland Street.

Upon speaking with the driver, later identified as Roberto Torres, I asked him for his photo driver's license, vehicle registration, and valid insurance card. Torres stated to me that he only had an identification card on him. I advised Torres of the reason for the stop, and he stated he borrowed the car from a friend. I asked him for the name of his friend, and he stated his friend is from Trenton. Torres provided me with a Pennsylvania Identification Only card. I asked him to provide me with any paperwork pertaining to the vehicle. Torres handed me a temporary registration card through the State of Pennsylvania. I observed that the temporary registration card was expired but did provide me with the vehicle identification number (VIN). I advised Torres I would look at the paperwork and confirm that the vehicle is valid. I returned to my patrol vehicle to enter the VIN and his ID-only number.

After entering Torres's ID-only number into my MDT, it stated to me that he did not have driving privileges. It also stated that his driving privileges were suspended. I then entered the VIN number into my MDT, and it advised me that the vehicle was not registered in any state. I confirmed that the vehicle was not entered as stolen. At this time, Officer Wigert arrived on scene to assist this officer. I asked OCR to check why his license was suspended in Pennsylvania. While checking Torres's paperwork, I observed him exit his vehicle and start to walk towards my patrol vehicle. I stepped out and advised Torres to turn around and walk back to his vehicle. I then advised him not to get out of his vehicle. I approached Torres's vehicle and began speaking with him again. Torres stated to me that he wanted me to take down his brother's phone number in case "anything happened to him." While speaking to Torres, I observed that his speech was slurred, and I detected

an odor commonly associated with alcohol emanating from his person. I asked Torres to explain again what he would like to do because, at this point, his story was not clear. He stated he told his brother if anything happened, "Would you be able to help me?" I then had Torres step over to the sidewalk so I could talk to him further. Torres explained to me that he was on probation and stated, "I'm in trouble." Torres repeatedly asked if he could "talk to you guys" while continuing to slur his words. Torres stated to this officer, "I'm going to be honest with both of you guys... I'm tipsy." I explained to him that I was aware that he may be under the influence. I then informed Torres that I could detect the odor of alcohol emanating from his breath while he spoke to these officers. I explained to him that based on my observations and his admission that he's "tipsy," I would put him through field sobriety tests. Torres stated, "Can I say something... Whatever warrants I got, I gave my money to my girlfriend." At this point, I was not aware that he may or may not have warrants. Each time I attempted to speak, Torres would cut me off and ask, "Can I talk to you?" OCR advised me on the radio that they were unable to get the date and reason for the suspension out of Pennsylvania. I asked OCR if they were able to run Torres for warrants; they stated they would. I approached Torres and informed him that I would run him through field sobriety tests. Torres responded, "Can I talk with him?" (referring to Officer Wigert). I informed him no, that he would be performing the tests. Torres stated, "Listen... I'll let you arrest me," he then placed his hands behind his back, gesturing that he wanted to be arrested. I attempted to inform him that was not happening, and I had to run him through field sobriety tests. Torres continued to cut me off as I attempted to speak and told me to "listen." Torres then stated, "Arrest me... arrest me... I'm guilty." He was informed that he was not under arrest at the moment and needed to perform field sobriety tests as instructed by this officer. I attempted to talk with Torres several times, and he continued to cut me off and stated, "I'm guilty." I again informed Torres that I wanted him to perform field sobriety tests so I could determine his ability to drive. He responded, "No, no, no, wait, wait, wait, I'm making it easy for you." I then asked if he was not going to perform any of my tests; he did not respond. Torres then stated, "I've been honest with you; I'm guilty. Please... I told him, and I told you, I'm... I'm drunk. Listen, please, why don't you arrest me?" I asked again if he was saying no to field sobriety tests; Torres then asked what they were. I explained to Torres what the tests were and that I was seeing if he was able to operate a motor vehicle. Torres asked if I could shake his hand, then stated, "Listen to me. Listen to me. I'm guilty. I know I'm drunk." Torres agreed to performing the field sobriety test.

The first test he would be performing would be the walk and turn. I began to explain and demonstrate the instructions for the Walk and Turn test. Torres began walking as if he were performing the test. I told him to stop and go back. I advised Torres that the starting position was to put his right foot in front of the left. I informed Torres to get into that position and remain in that position until told to begin the test. I began demonstrating that he would take a series of nine heel-to-toe steps, reciting each step out loud. I informed Torres that I demonstrated three steps, but he would be completing nine steps. With his lead foot planted, Torres would turn around and continue with a second series of nine heel-to-toe steps, reciting each step out loud. Again, I informed Torres that I demonstrated three steps, but he would be performing nine steps. Torres was advised that while performing the test he must keep his hands at his side and not raise them to help him balance. It is to be noted that after explaining the test, I observed that Torres did not remain in the starting position like he was instructed to do so. Torres placed his hands in his pockets, and I reminded him to remove them. He stated to me that he did not want any problems. Torres began the test with his feet together and placed his left foot in front of his right, not like he was instructed to do so. On Torres's second step, he did not place his right foot heel-to-toe with his left foot. Torres continued with the test, placing each foot heel-to-toe without issue and reciting each step out loud. Torres reached the tenth step, stopped, and asked, "Any more?" I informed him to continue performing the test like I instructed him to do. It is to be noted that he performed ten steps when I instructed him to do nine. Torres did not turn around and continue with a second series of heel-to-toe steps like he was instructed to do. With his right foot heel-to-toe with his left foot, Torres then placed his left foot in front of his right and began with one. Torres continued with the test, walking towards me and not turning around like he was instructed to do. Torres continued counting each step out loud, and when he reached his tenth step, I informed him to stop. When Torres stopped, he began speaking again in a slurred voice and did not make sense with what he was trying to tell me. I interrupted him and told him I wanted to continue on with the tests. Torres began talking about his job and that he was a "Roofer." I explained to him that I wanted to continue on with the test so I could determine his ability to drive. I concluded the test and would be

moving on to the next test.

At this time, OCR asked me if my radio was secure. I informed them that my radio was not secure and that I was placing Torres through Field Sobriety Tests. I had Torres stand with Officer Wigert while I secured my radio to speak with OCR. While in my patrol vehicle, OCR advised that Torres had a \$2500 ATS warrant out of Trenton and a \$500 ATS warrant out of Clark. I returned to Torres to continue with the field sobriety tests.

The next test Torres would perform is the one-leg stand. I began to explain and demonstrate the one-leg stand and informed him that while I explained the test, he would stand there with his feet together and hands at his side. Torres was informed not to begin the test until told to do so. I demonstrated that he would raise the foot of his choice, approximately six inches off the ground. With his foot elevated, he would keep it parallel to the pavement. Torres began raising his right foot, and he was reminded not to begin the test until told to do so. I instructed Torres that he would look at the tip of his foot while reciting the numbers out loud. I instructed that he would recite out loud, "One thousand one, two thousand two, three thousand three, until I told him to stop." Torres questioned which foot he should elevate; I informed him it was the foot of his choice. I asked Torres if there was anything that would affect his ability to balance; he stated, "I took a Buchanan." I asked him what a Buchanan was, and he stated I could look at his phone and see what he took. Torres then stated that the girl in the car has a kid, and he did not want her to get in trouble. At this point, Torres's story was all over the place, and I wanted him to continue with the tests. I asked Torres if he wanted to continue with the test, and he said, "Yes, sir." I asked if he wanted me to explain the test to him again, and he stated yes. I had Torres stand there with his feet together and his hands at his sides. Before I could begin to explain the test, Torres raised his right foot and began performing the test. I told Torres to stop and not to begin the test until told to do so. I then explained to Torres that with his feet together and his hands at his side, he would elevate the foot of his choice approximately six inches off the ground. Torres began counting "one thousand, two thousand, three thousand..." I informed Torres to stop talking and let me explain the test. With his foot parallel to the pavement, he would look at the tip of his foot. Torres would recite, "One thousand one, one thousand two, one thousand three, etc. until I told him to stop." Torres then began counting from one thousand one to one thousand six and stopped. He asked if he stopped at six, and I informed him to continue counting until told to stop. While performing that test, he was instructed to keep his hands at his sides and not to raise them to help him balance. Torres then began to explain that he was worried he was on probation and did not want to get in trouble with his job. I asked if he wanted to continue on with the tests, and he stated yes. I informed Torres that he may begin the test. Torres asked, "Any one?" I informed him that it was the foot of his choice. Torres elevated his right foot and began with one thousand. When Torres reached one thousand three, he began falling towards his left side and regained balance. Torres continued on with counting, and when he reached one thousand four, he fell towards his right side before regaining balance. Torres placed his left arm in the air to assist him with regaining his balance. When Torres reached one thousand five, he fell to his right side and raised his left arm to help him regain his balance. Torres continued on from one thousand six and had no issues until he reached one thousand nine where he fell to his right side and placed his left hand up to help him balance. When Torres reached "one thousand ten," he stated "two thousand instead." Torres continued on with the test going from "two thousand" to "two thousand-one." He went from "two thousand one" to "two thousand three." In the process of reciting "two thousand three," Torres fell to his right side and raised his left hand to help him balance. When Torres reached "two thousand five," he fell to his right side and raised his left arm up to help him balance. Torres went from "two thousand five" to "two thousand seven." In the process of reciting "two thousand seven" he fell to his right side and raised his left arm to help him balance. When Torres reached "two thousand eight" he fell to his right side, placed his right foot on the ground, and raised his left arm to help him balance. Torres stopped and stated, "To be honest, that's all I can do." I concluded the one-leg stand test as Torres did not follow my instruction with reciting the numbers out loud. Torres also did not follow my instructions about keeping his arms at his side and not using them to balance.

Torres then stated, "Can I be honest with you guys? And if I cry, I'm sorry. Listen, give me all the tickets you guys want, but look, I'll get on my knees." Torres proceeded to get on his knees; I informed him to stand back up, and he did. Torres then stated, "Can you guys listen to me? Take the car. I go to my house. I then instructed Torres to turn around and place his hand behind his

back, and he did so. I placed handcuffs on Torres utilizing the double locking method. I informed Torres that he was being placed under arrest for suspicion of DWI and for the two ATS warrants. I informed Torres that I would speak with his passengers about the process of getting him released. Officer Wigert advised OCR that Torres was arrested for DWI and the two ATS warrants. Officer Wigert had OCR contact All-Time Auto Body to tow the vehicle as per John's Law. I informed Torres to walk over to my patrol vehicle; he did not do so. Torres continued talking to me as I informed him to step over to my patrol vehicle. After several attempts to get him to walk over to my patrol vehicle, I guided him there. I began to search Torres prior to placing him in the back of my patrol vehicle. I asked him if he had anything that would poke or stick me. Torres told me to "check his dick" and implied that he had marijuana in his pants. I asked him where the marijuana was, and he stated it was in his underwear under his "dick." I asked if that was all he had in his underwear, and he stated, "All I got is a gram of weed." I proceeded to check the rest of his persons for property. After removing all property, I placed Torres in the back of patrol vehicle 207 and secured him in with a seatbelt.

Officer Wigert and I went back up to Torres vehicle to search for possible intoxicants based on the search incident to arrest. Officer Wigert located a 750-ml bottle with the writing "Buchanan's Pineapple" that had a small portion of suspected alcohol at the bottom of the bottle. He also located a 750-ml bottle with the writing "Buchanan's Deluxe" that was approximately half full. Both bottles were located on the floorboard of the vehicle. Officer Wigert also located a 25-ounce can with the writing "Bud Light Chelada" on it. All three items located are commonly associated with alcohol and were taken and tagged as evidence (pictures of the alcoholic beverages are below). Officer Wigert placed the alcoholic beverages in his patrol vehicle to transport them to police headquarters.

I transported Torres to Police Headquarters, advising OCR of my starting and ending mileage. Once at police headquarters, I assisted Torres out of my vehicle and up the steps. It is to be noted that the elevator in the sally port was not functioning, and I was not able to utilize it. Once inside the police headquarters, I brought Torres into the booking area. Torres was placed on the holding bench, and I placed the handcuff on him, utilizing the double locking method. At this point, I contacted Patrolman Printz, who was off-duty at the time, to come in and operate the Alcotest machine. While waiting for Patrolman Printz, I read Torres his Miranda Rights. After he was aware of his rights, I asked him if he wanted to speak with us, and he stated yes. Officer Wigert asked Torres about the drinks he had that night through the Last Drink Questionnaire. Patrolman Printz arrived on scene, and I read Torres the Attorney General's Standard Statement Form. Torres stated he would provide breath samples to us. See Patrolman Printz's supplement for the Alcotest portion of the evening.

I contacted OCR and had them send a copy of the warrants. After reviewing the \$500 ATS warrant out of Clark, I had OCR contact them for a new court date. Clark provided a new court date of 11/6/24 at 9am. After reviewing the \$2500 ATS warrant out of Trenton, the bail type accepted 10% of the originally set bail. I asked Torres if he had \$250 on him to post bail, and he stated yes. I advised OCR that he was able to post and informed them to contact Trenton. Trenton advised that they would accept his 10% payment and provided a new court date of 10/31/24 at 8:30am. I filled out the ROR form and advised Torres of both court dates. I then had Torres sign the ROR form to acknowledge the court dates. Torres was given a copy of the ROR form. I then had OCR fax over the signed ROR forms to Trenton and Clark. I received the \$250 bail payment in the form of cash money. I placed the \$250 cash inside of an envelope, along with a copy of the warrant and a bail waiver receipt. I then placed the sealed envelope inside the court box.

Torres's final reading for the Alcotest report was a 0.14% BAC. I went to the police lobby and spoke to Torres's girlfriend, Yuniferlin Morales Garcia. Garcia read, signed and was given a copy of the potential liability warning (John's Law).

I issued Torres ten summonses: unregistered vehicle (023222), fictitious plates (023223), suspended DL (023224), unlicensed driver (023225), no liability insurance (023226), failure to exhibit registration (023227), failure to exhibit insurance (023228), failure to exhibit driver's license (023229), open container of alcohol (023230), and DWI (023231). All summonses carry a mandatory court date of 11/07/24 at 4pm. Torres was explained his summonses and mandatory court date. Torres was given back his property and released to his girlfriend. They waited in front of

police headquarters until their ride picked them up. Patrol then cleared without any further incident.

On 10/20/24 at 6:00am, I attempted to execute both warrants through ECDR and got an error message. It was passed along to day shift to execute when ECDR was up and running.

On 10/21/24, I was contacted by Mike from All-Time Auto Body. Mike stated he was able to remove the fictitious plate and returned it to Police Headquarters. The plate, bearing NJ Registration N34PKH, was logged into evidence and set to be destroyed.

## Traffic Offense

|                    |                                             |                      |
|--------------------|---------------------------------------------|----------------------|
| Completed?         | Method Of Entry                             | Gambling Motivated?  |
| Premises Entered?  | Location Type                               | Cargo Theft Related? |
| Statute<br>39:3-40 | Description<br>Driving w/ Suspended License | Category             |

## Traffic Offense

|                    |                                  |                      |
|--------------------|----------------------------------|----------------------|
| Completed?         | Method Of Entry                  | Gambling Motivated?  |
| Premises Entered?  | Location Type                    | Cargo Theft Related? |
| Statute<br>39:6B-2 | Description<br>Uninsured Vehicle | Category             |

## Traffic Offense

|                     |                                      |                      |
|---------------------|--------------------------------------|----------------------|
| Completed?          | Method Of Entry                      | Gambling Motivated?  |
| Premises Entered?   | Location Type                        | Cargo Theft Related? |
| Statute<br>39:3-29B | Description<br>Fail To Poss Driv Reg | Category             |

## Traffic Offense

|                     |                                                   |                      |
|---------------------|---------------------------------------------------|----------------------|
| Completed?          | Method Of Entry                                   | Gambling Motivated?  |
| Premises Entered?   | Location Type                                     | Cargo Theft Related? |
| Statute<br>39:4-51B | Description<br>Alcohol In Mv/Unsealed Cont/Cup/Gl | Category             |

## Traffic Offense

|                     |                                           |                      |
|---------------------|-------------------------------------------|----------------------|
| Completed?          | Method Of Entry                           | Gambling Motivated?  |
| Premises Entered?   | Location Type                             | Cargo Theft Related? |
| Statute<br>39:3-29C | Description<br>Fail To Poss Driv Ins Card | Category             |

## Traffic Offense

|                     |                                   |                      |
|---------------------|-----------------------------------|----------------------|
| Completed?          | Method Of Entry                   | Gambling Motivated?  |
| Premises Entered?   | Location Type                     | Cargo Theft Related? |
| Statute<br>39:3-29A | Description<br>Fail Poss Driv Lic | Category             |

## Traffic Offense

|                     |                                                  |                      |
|---------------------|--------------------------------------------------|----------------------|
| Completed?          | Method Of Entry                                  | Gambling Motivated?  |
| Premises Entered?   | Location Type                                    | Cargo Theft Related? |
| Statute<br>39:3-10B | Description<br>DRIV WITHOUT LIC-NEVER<br>LICENSE | Category             |

## Traffic Offense

|                     |                                  |                      |
|---------------------|----------------------------------|----------------------|
| Completed?          | Method Of Entry                  | Gambling Motivated?  |
| Premises Entered?   | Location Type                    | Cargo Theft Related? |
| Statute<br>39:3-33A | Description<br>FICTITIOUS PLATES | Category             |

## Traffic Offense

|                   |                                     |                      |
|-------------------|-------------------------------------|----------------------|
| Completed?        | Method Of Entry                     | Gambling Motivated?  |
| Premises Entered? | Location Type                       | Cargo Theft Related? |
| Statute<br>39:3-4 | Description<br>Unregistered Vehicle | Category             |

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                                             | PREFIX                                                                                                                                                                                                             | TICKET NUMBER                     | <b>BOROUGH OF BAY HEAD<br/>MUNICIPAL COURT</b><br>83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742 |                                                                                                                                                                           |
| <b>1502</b>                                                                                                                                                                                                                            | <b>BH</b>                                                                                                                                                                                                          | <b>023222</b>                     |                                                                                                      |                                                                                                                                                                           |
| <b>OFFICER'S COPY</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Driver's Lic. No.                                                                                                                                                                                                                      | EXP. DATE                                                                                                                                                                                                          |                                   | STATE                                                                                                | <input type="checkbox"/> Commercial License                                                                                                                               |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Name                                                                                                                                                                                                                                   | First                                                                                                                                                                                                              | Initial                           | Last                                                                                                 | (Please Print)                                                                                                                                                            |
| Address                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| City                                                                                                                                                                                                                                   | State                                                                                                                                                                                                              | Zip Code                          | Telephone                                                                                            | <input type="checkbox"/> Check if cell phone                                                                                                                              |
| E-mail Address                                                                                                                                                                                                                         |                                                                                                                                                                                                                    | Restrictions                      |                                                                                                      |                                                                                                                                                                           |
| Birth Date                                                                                                                                                                                                                             | Eyes                                                                                                                                                                                                               | Sex                               | Height                                                                                               | Ethnicity Race                                                                                                                                                            |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Make of Vehicle                                                                                                                                                                                                                        | Year                                                                                                                                                                                                               | Body Type                         | Color                                                                                                | <input type="checkbox"/> Commercial Vehicle<br><input type="checkbox"/> Omnibus<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Out of Service |
| License Plate No.                                                                                                                                                                                                                      | State                                                                                                                                                                                                              | Exp. Date                         |                                                                                                      |                                                                                                                                                                           |
| Offense Date                                                                                                                                                                                                                           | Month                                                                                                                                                                                                              | Day                               | Year                                                                                                 | Time : AM PM                                                                                                                                                              |
| LOCATION OF OFFENSE                                                                                                                                                                                                                    | Describe Location                                                                                                                                                                                                  |                                   |                                                                                                      |                                                                                                                                                                           |
| Municipality                                                                                                                                                                                                                           | County                                                                                                                                                                                                             | Mun. Code (Offense)               |                                                                                                      |                                                                                                                                                                           |
| <b>BAY HEAD</b>                                                                                                                                                                                                                        | <b>OCEAN</b>                                                                                                                                                                                                       | <b>1 5 0 2</b>                    |                                                                                                      |                                                                                                                                                                           |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)</b>                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>TRAFFIC OFFENSES -- (CHECK ONE) - TITLE 39:</b>                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-4 Unregistered vehicle                                                                                                                                                                                      | <input type="checkbox"/> 3-74 Obstruction of windshield                                                                                                                                                            |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 6B-2 No liability insurance coverage                                                                                                                                                                          | <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                                                                          |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                                                                                                                                                             | <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                            |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS                                                                                                                                          | <input type="checkbox"/> 4-97 Careless driving                                                                                                                                                                     |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-33 Unclear plates                                                                                                                                                                                           | <input type="checkbox"/> 4-97.3 Use of hand-held device                                                                                                                                                            |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-40 Driving after DL/Reg Suspended                                                                                                                                                                           | <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                                                                            |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                                                                                                                                                                     | <input type="checkbox"/> 8-1 Failure to inspect                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH                              |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                 |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                                    | Statute/Ordinance/Code No.        |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                   |                                                                                                                                                                                                                    | 39:3-4                            |                                                                                                      |                                                                                                                                                                           |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Unregistered Vehicle                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.                                   |                                                                                                                                                                                                                    | Month                             | Day                                                                                                  | Year                                                                                                                                                                      |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    | 10                                | 19                                                                                                   | 24                                                                                                                                                                        |
| Signature of Complaining Witness                                                                                                                                                                                                       |                                                                                                                                                                                                                    | Officer's ID. No.                 |                                                                                                      |                                                                                                                                                                           |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   | 26                                                                                                   |                                                                                                                                                                           |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                                                     | COURT DATE                                                                                                                                                                                                         | Month                             | Day                                                                                                  | Year                                                                                                                                                                      |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    | 11                                | 07                                                                                                   | 24                                                                                                                                                                        |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| CONDITIONS                                                                                                                                                                                                                             | AREA.....                                                                                                                                                                                                          | <input type="checkbox"/> Business | <input type="checkbox"/> School                                                                      | <input type="checkbox"/> Residential <input type="checkbox"/> Rural                                                                                                       |
|                                                                                                                                                                                                                                        | ROAD.....                                                                                                                                                                                                          | <input type="checkbox"/> Dry      | <input type="checkbox"/> Wet                                                                         | <input type="checkbox"/> Snow <input type="checkbox"/> Ice                                                                                                                |
|                                                                                                                                                                                                                                        | TRAFFIC.....                                                                                                                                                                                                       | <input type="checkbox"/> Light    | <input type="checkbox"/> Medium                                                                      | <input type="checkbox"/> Heavy                                                                                                                                            |
|                                                                                                                                                                                                                                        | VISIBILITY.....                                                                                                                                                                                                    | <input type="checkbox"/> Clear    | <input type="checkbox"/> Rain                                                                        | <input type="checkbox"/> Snow <input type="checkbox"/> Fog                                                                                                                |
| Equipment                                                                                                                                                                                                                              | <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> Pace <input type="checkbox"/> DRE <input type="checkbox"/> EBDT <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test |                                   |                                                                                                      |                                                                                                                                                                           |
| Equipment Operator's Name                                                                                                                                                                                                              |                                                                                                                                                                                                                    | Operator ID No.                   |                                                                                                      | Unit Code                                                                                                                                                                 |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| COURT I.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PREFIX                                                                                                                                                                                                             | TICKET NUMBER                     | <b>BOROUGH OF BAY HEAD</b><br><b>MUNICIPAL COURT</b><br>83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742 |                                                |                                |
| <b>1502</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>BH</b>                                                                                                                                                                                                          | <b>023223</b>                     |                                                                                                            |                                                |                                |
| <b>OFFICER'S COPY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO<br>ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| Driver's<br>Lic. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    | EXP. DATE                         | STATE                                                                                                      | <input type="checkbox"/> Commercial<br>License |                                |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | First                                                                                                                                                                                                              | Initial                           | Last                                                                                                       | (Please Print)                                 |                                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State                                                                                                                                                                                                              | Zip Code                          | Tel. Home <input type="checkbox"/> Check if cell phone                                                     |                                                |                                |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    | Restrictions                      |                                                                                                            |                                                |                                |
| Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Eyes                                                                                                                                                                                                               | Sex                               | Height                                                                                                     | Ethnicity Race                                 |                                |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| Make of Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Year                                                                                                                                                                                                               | Body Type                         | Color                                                                                                      | <input type="checkbox"/> Commercial Vehicle    |                                |
| License Plate No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                                                                                              | Exp. Date                         |                                                                                                            | <input type="checkbox"/> Omnibus               |                                |
| Offense Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Month                                                                                                                                                                                                              | Day                               | Year                                                                                                       | <input type="checkbox"/> Hazardous Material    |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                            | <input type="checkbox"/> Out of Service        |                                |
| LOCATION<br>OF OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Describe Location                                                                                                                                                                                                  |                                   |                                                                                                            |                                                |                                |
| Municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | County                                                                                                                                                                                                             | Mun. Code<br>(Offense)            |                                                                                                            |                                                |                                |
| <b>BAY HEAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>OCEAN</b>                                                                                                                                                                                                       | <b>1 5 0 2</b>                    |                                                                                                            |                                                |                                |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE</b><br><b>(ONE CHARGE PER COMPLAINT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b><br><input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 3-74 Obstruction of windshield<br><input type="checkbox"/> 6B-2 No liability insurance coverage <input type="checkbox"/> 3-76.2f Failure to wear seatbelt<br><input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-81 Failure to observe signal<br><input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS <input type="checkbox"/> 4-97 Careless driving<br><input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-97.3 Use of hand-held device<br><input type="checkbox"/> 3-40 Driving after DL/Reg Suspended <input type="checkbox"/> 4-144 Failure to stop or yield<br><input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect<br><input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| <b>IN EXCESS OF SPEED LIMIT BY:</b><br><input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH<br><input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| <b>PARKING OFFENSE</b><br><input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    | Statute/Ordinance/Code No.        |                                                                                                            |                                                |                                |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b><br>Fictitious display                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST<br>AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED<br>THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS<br>COURT CHARGING YOU WITH THAT OFFENSE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    | Month                             | Day                                                                                                        | Year                                           |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    | 10                                | 19                                                                                                         | 24                                             |                                |
| Signature of Complaining Witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                    | Officer's<br>ID. No.              |                                                                                                            |                                                |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                            | 26                                             |                                |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| <input type="checkbox"/> COURT APPEARANCE<br>REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COURT<br>DATE                                                                                                                                                                                                      | Month                             | Day                                                                                                        | Year                                           |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    | 11                                | 31                                                                                                         | 24                                             |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                            | Time 7:00 AM PM                                |                                |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |
| CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AREA.....                                                                                                                                                                                                          | <input type="checkbox"/> Business | <input type="checkbox"/> School                                                                            | <input type="checkbox"/> Residential           | <input type="checkbox"/> Rural |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ROAD.....                                                                                                                                                                                                          | <input type="checkbox"/> Dry      | <input type="checkbox"/> Wet                                                                               | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Ice   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TRAFFIC.....                                                                                                                                                                                                       | <input type="checkbox"/> Light    | <input type="checkbox"/> Medium                                                                            | <input type="checkbox"/> Heavy                 |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VISIBILITY.....                                                                                                                                                                                                    | <input type="checkbox"/> Clear    | <input type="checkbox"/> Rain                                                                              | <input type="checkbox"/> Snow                  | <input type="checkbox"/> Fog   |
| Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> Pace <input type="checkbox"/> DRE <input type="checkbox"/> EBTD <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test |                                   |                                                                                                            |                                                |                                |
| Equipment Operator's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    | Operator ID No.                   |                                                                                                            | Unit Code                                      |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                |                                |

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| COURT I.D.                                                                                                                                                                                                                             | PREFIX                                                                                                                                                                                                             | TICKET NUMBER                     | <b>BOROUGH OF BAY HEAD</b>        |                                                                                                                                                                           |                                |
| <b>1502</b>                                                                                                                                                                                                                            | <b>BH</b>                                                                                                                                                                                                          | <b>023224</b>                     | <b>MUNICIPAL COURT</b>            |                                                                                                                                                                           |                                |
| 83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <b>OFFICER'S COPY</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO<br>ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| Driver's<br>Lic. No.                                                                                                                                                                                                                   | EXP. DATE                                                                                                                                                                                                          |                                   | STATE                             | <input type="checkbox"/> Commercial<br>License                                                                                                                            |                                |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| Name                                                                                                                                                                                                                                   | First                                                                                                                                                                                                              | Initial                           | Last                              | (Please Print)                                                                                                                                                            |                                |
| Address                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| City                                                                                                                                                                                                                                   | State                                                                                                                                                                                                              | Zip Code                          | Telephone ( ) ( ) ( ) ( ) ( ) ( ) |                                                                                                                                                                           |                                |
| E-mail Address                                                                                                                                                                                                                         | Restrictions                                                                                                                                                                                                       |                                   |                                   |                                                                                                                                                                           |                                |
| Birth Date                                                                                                                                                                                                                             | Eyes                                                                                                                                                                                                               | Sex                               | Height                            | Ethnicity Race                                                                                                                                                            |                                |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| Make of Vehicle                                                                                                                                                                                                                        | Year                                                                                                                                                                                                               | Body Type                         | Color                             | <input type="checkbox"/> Commercial Vehicle<br><input type="checkbox"/> Omnibus<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Out of Service |                                |
| License Plate No.                                                                                                                                                                                                                      | State                                                                                                                                                                                                              | Exp. Date                         |                                   |                                                                                                                                                                           |                                |
| Offense Date                                                                                                                                                                                                                           | Month                                                                                                                                                                                                              | Day                               | Year                              | Time : : AM PM                                                                                                                                                            |                                |
| LOCATION<br>OF OFFENSE                                                                                                                                                                                                                 | Describe Location                                                                                                                                                                                                  |                                   |                                   |                                                                                                                                                                           |                                |
| Municipality                                                                                                                                                                                                                           | County                                                                                                                                                                                                             | Mun. Code<br>(Offense)            |                                   |                                                                                                                                                                           |                                |
| <b>BAY HEAD</b>                                                                                                                                                                                                                        | <b>OCEAN</b>                                                                                                                                                                                                       | <b>1 5 0 2</b>                    |                                   |                                                                                                                                                                           |                                |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE<br/>(ONE CHARGE PER COMPLAINT)</b>                                                                                                                                              |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-4 Unregistered vehicle                                                                                                                                                                                      | <input type="checkbox"/> 3-74 Obstruction of windshield                                                                                                                                                            |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 6B-2 No liability insurance coverage                                                                                                                                                                          | <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                                                                          |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                                                                                                                                                             | <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                            |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS                                                                                                                                          | <input type="checkbox"/> 4-97 Careless driving                                                                                                                                                                     |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-33 Unclear plates                                                                                                                                                                                           | <input type="checkbox"/> 4-97.3 Use of hand-held device                                                                                                                                                            |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-40 Driving after DL/Reg Suspended                                                                                                                                                                           | <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                                                                            |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                                                                                                                                                                     | <input type="checkbox"/> 8-1 Failure to inspect                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH                              |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                 |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                                    | Statute/Ordinance/Code No.        |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                   |                                                                                                                                                                                                                    | 39:3-40                           |                                   |                                                                                                                                                                           |                                |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| Suspended DL                                                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST<br>AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED<br>THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS<br>COURT CHARGING YOU WITH THAT OFFENSE.                          |                                                                                                                                                                                                                    | Month                             | Day                               | Year                                                                                                                                                                      |                                |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    | 10                                | 17                                | 24                                                                                                                                                                        |                                |
| Signature of Complaining Witness                                                                                                                                                                                                       |                                                                                                                                                                                                                    | Officer's<br>ID. No.              |                                   |                                                                                                                                                                           |                                |
| P.H. H.                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                   | 26                                                                                                                                                                        |                                |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| <input type="checkbox"/> COURT APPEARANCE<br>REQUIRED                                                                                                                                                                                  | COURT<br>DATE                                                                                                                                                                                                      | Month                             | Day                               | Year                                                                                                                                                                      |                                |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    | 11                                | 27                                | 24                                                                                                                                                                        |                                |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury |                                                                                                                                                                                                                    |                                   |                                   |                                                                                                                                                                           |                                |
| CONDITIONS                                                                                                                                                                                                                             | AREA.....                                                                                                                                                                                                          | <input type="checkbox"/> Business | <input type="checkbox"/> School   | <input type="checkbox"/> Residential                                                                                                                                      | <input type="checkbox"/> Rural |
|                                                                                                                                                                                                                                        | ROAD.....                                                                                                                                                                                                          | <input type="checkbox"/> Dry      | <input type="checkbox"/> Wet      | <input type="checkbox"/> Snow                                                                                                                                             | <input type="checkbox"/> Ice   |
|                                                                                                                                                                                                                                        | TRAFFIC.....                                                                                                                                                                                                       | <input type="checkbox"/> Light    | <input type="checkbox"/> Medium   | <input type="checkbox"/> Heavy                                                                                                                                            |                                |
|                                                                                                                                                                                                                                        | VISIBILITY.....                                                                                                                                                                                                    | <input type="checkbox"/> Clear    | <input type="checkbox"/> Rain     | <input type="checkbox"/> Snow                                                                                                                                             | <input type="checkbox"/> Fog   |
| Equipment                                                                                                                                                                                                                              | <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> Pace <input type="checkbox"/> DRE <input type="checkbox"/> EBDT <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test |                                   |                                   |                                                                                                                                                                           |                                |
| Equipment Operator's Name                                                                                                                                                                                                              |                                                                                                                                                                                                                    | Operator ID No.                   |                                   | Unit Code                                                                                                                                                                 |                                |

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)

|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| COURT I.D.                                                                                                                                                                                                                             |  | PREFIX                   |  | TICKET NUMBER                                                                                                                                                    |  | <b>BOROUGH OF BAY HEAD<br/>MUNICIPAL COURT</b><br>63 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742                                                                      |  |
| 1502                                                                                                                                                                                                                                   |  | BH                       |  | 023225                                                                                                                                                           |  |                                                                                                                                                                           |  |
| <b>OFFICER'S COPY</b>                                                                                                                                                                                                                  |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <b>YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO<br/>ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:</b>                                                                                                          |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| Driver's<br>Lic. No.                                                                                                                                                                                                                   |  |                          |  | EXP. DATE                                                                                                                                                        |  | STATE                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | <input type="checkbox"/> Commercial<br>License                                                                                                                            |  |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                  |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| Name First                                                                                                                                                                                                                             |  | Initial                  |  | Last                                                                                                                                                             |  | (Please Print)                                                                                                                                                            |  |
| Address                                                                                                                                                                                                                                |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| City                                                                                                                                                                                                                                   |  | State                    |  | Zip Code                                                                                                                                                         |  | Telephone <input type="checkbox"/> Check # cell phone                                                                                                                     |  |
| E-mail address                                                                                                                                                                                                                         |  |                          |  |                                                                                                                                                                  |  | Restrictions                                                                                                                                                              |  |
| Birth Date                                                                                                                                                                                                                             |  | Eyes                     |  | Sex                                                                                                                                                              |  | Height                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | Ethnicity                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | Race                                                                                                                                                                      |  |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                                                               |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| Make of Vehicle                                                                                                                                                                                                                        |  | Year                     |  | Body Type                                                                                                                                                        |  | Color                                                                                                                                                                     |  |
| License Plate No.                                                                                                                                                                                                                      |  | State                    |  | Exp. Date                                                                                                                                                        |  | <input type="checkbox"/> Commercial Vehicle<br><input type="checkbox"/> Omnibus<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Out of Service |  |
| Offense Date                                                                                                                                                                                                                           |  | Month                    |  | Day                                                                                                                                                              |  | Year                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | Time                                                                                                                                                                      |  |
| LOCATION<br>OF OFFENSE                                                                                                                                                                                                                 |  |                          |  |                                                                                                                                                                  |  | Describe Location                                                                                                                                                         |  |
| Municipality                                                                                                                                                                                                                           |  | County                   |  | Mun. Code<br>(Offense)                                                                                                                                           |  | 1 5 0 2                                                                                                                                                                   |  |
| BAY HEAD                                                                                                                                                                                                                               |  | OCEAN                    |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE<br/>(ONE CHARGE PER COMPLAINT)</b>                                                                                                                                              |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                                                      |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 3-4 Unregistered vehicle                                                                                                                                                                                      |  |                          |  | <input type="checkbox"/> 3-74 Obstruction of windshield                                                                                                          |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 6B-2 No liability insurance coverage                                                                                                                                                                          |  |                          |  | <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                        |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                                                                                                                                                             |  |                          |  | <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                          |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS                                                                                                                                          |  |                          |  | <input type="checkbox"/> 4-97 Careless driving                                                                                                                   |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 3-33 Unclear plates                                                                                                                                                                                           |  |                          |  | <input type="checkbox"/> 4-97.3 Use of hand-held device                                                                                                          |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 3-40 Driving after DL/Reg Suspended                                                                                                                                                                           |  |                          |  | <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                          |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                                                                                                                                                                     |  |                          |  | <input type="checkbox"/> 8-1 Failure to inspect                                                                                                                  |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                                                                   |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                                                    |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH                              |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                 |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                                                 |  |                          |  |                                                                                                                                                                  |  | Statute/Ordinance/Code No.                                                                                                                                                |  |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                   |  |                          |  |                                                                                                                                                                  |  | 39:3-10.6                                                                                                                                                                 |  |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| Unlicensed driver                                                                                                                                                                                                                      |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST<br>AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED<br>THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS<br>COURT CHARGING YOU WITH THAT OFFENSE.                          |  |                          |  |                                                                                                                                                                  |  | Month                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | Day                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | Year                                                                                                                                                                      |  |
| Signature of Complaining Witness                                                                                                                                                                                                       |  |                          |  |                                                                                                                                                                  |  | Officer's<br>ID. No.                                                                                                                                                      |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| <input type="checkbox"/> COURT APPEARANCE<br>REQUIRED                                                                                                                                                                                  |  | COURT<br>DATE            |  | Month                                                                                                                                                            |  | Day                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | Year                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | Time                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                  |  | AM<br>PM                                                                                                                                                                  |  |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury |  |                          |  |                                                                                                                                                                  |  |                                                                                                                                                                           |  |
| CONDITIONS                                                                                                                                                                                                                             |  | AREA.....                |  | <input type="checkbox"/> Business                                                                                                                                |  | <input type="checkbox"/> School                                                                                                                                           |  |
|                                                                                                                                                                                                                                        |  | ROAD.....                |  | <input type="checkbox"/> Dry                                                                                                                                     |  | <input type="checkbox"/> Residential                                                                                                                                      |  |
|                                                                                                                                                                                                                                        |  | TRAFFIC.....             |  | <input type="checkbox"/> Light                                                                                                                                   |  | <input type="checkbox"/> Snow                                                                                                                                             |  |
|                                                                                                                                                                                                                                        |  | VISIBILITY.....          |  | <input type="checkbox"/> Clear                                                                                                                                   |  | <input type="checkbox"/> Heavy                                                                                                                                            |  |
|                                                                                                                                                                                                                                        |  |                          |  | <input type="checkbox"/> Rain                                                                                                                                    |  | <input type="checkbox"/> Snow                                                                                                                                             |  |
|                                                                                                                                                                                                                                        |  |                          |  | <input type="checkbox"/> Fog                                                                                                                                     |  |                                                                                                                                                                           |  |
| Equipment                                                                                                                                                                                                                              |  | Speed Measurement Device |  | <input type="checkbox"/> Pace <input type="checkbox"/> DRE <input type="checkbox"/> EBDT <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test |  |                                                                                                                                                                           |  |
| Equipment Operator's Name                                                                                                                                                                                                              |  | Operator ID No.          |  | Unit Code                                                                                                                                                        |  |                                                                                                                                                                           |  |

| COURT I.D.                                                                                                                                                                                                                             | PREFIX                                                                                                                                                                                                             | TICKET NUMBER                     | BOROUGH OF BAY HEAD<br>MUNICIPAL COURT<br>83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742 |                                                                                                                                                                           |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1502                                                                                                                                                                                                                                   | BH                                                                                                                                                                                                                 | 023226                            |                                                                                              |                                                                                                                                                                           |                                |
| OFFICER'S COPY                                                                                                                                                                                                                         |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| Driver's Lic. No.                                                                                                                                                                                                                      | EXP. DATE                                                                                                                                                                                                          |                                   | STATE                                                                                        | <input type="checkbox"/> Commercial License                                                                                                                               |                                |
| THE UNDERSIGNED CERTIFIES THAT                                                                                                                                                                                                         |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| Name                                                                                                                                                                                                                                   | First                                                                                                                                                                                                              | Initial                           | Last                                                                                         | (Please Print)                                                                                                                                                            |                                |
| Address                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| City                                                                                                                                                                                                                                   | State                                                                                                                                                                                                              | Zip Code                          | Telephone <input type="checkbox"/> Check if cell phone                                       |                                                                                                                                                                           |                                |
| Email Address                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | Restrictions                      |                                                                                              |                                                                                                                                                                           |                                |
| Birth Date                                                                                                                                                                                                                             | Eyes                                                                                                                                                                                                               | Sex                               | Height                                                                                       | Ethnicity Race                                                                                                                                                            |                                |
| DID UNLAWFULLY (PARK) (OPERATE) A                                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| Make of Vehicle                                                                                                                                                                                                                        | Year                                                                                                                                                                                                               | Body Type                         | Color                                                                                        | <input type="checkbox"/> Commercial Vehicle<br><input type="checkbox"/> Omnibus<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Out of Service |                                |
| License Plate No.                                                                                                                                                                                                                      | State                                                                                                                                                                                                              | Exp. Date                         |                                                                                              |                                                                                                                                                                           |                                |
| Offense Date                                                                                                                                                                                                                           | Month                                                                                                                                                                                                              | Day                               | Year                                                                                         | Time : : AM PM                                                                                                                                                            |                                |
| LOCATION OF OFFENSE                                                                                                                                                                                                                    | Describe Location                                                                                                                                                                                                  |                                   |                                                                                              |                                                                                                                                                                           |                                |
| Municipality                                                                                                                                                                                                                           | County                                                                                                                                                                                                             | Mun. Code (Offense)               |                                                                                              |                                                                                                                                                                           |                                |
| BAY HEAD                                                                                                                                                                                                                               | OCEAN                                                                                                                                                                                                              | 1 5 0 2                           |                                                                                              |                                                                                                                                                                           |                                |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)                                                                                                                                                         |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:                                                                                                                                                                                             |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-4 Unregistered vehicle                                                                                                                                                                                      | <input type="checkbox"/> 3-74 Obstruction of windshield                                                                                                                                                            |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 6B-2 No liability insurance coverage                                                                                                                                                                          | <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                                                                          |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-29 Failure to exhibit documents<br><input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS                                                                            | <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                            |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-33 Unclear plates                                                                                                                                                                                           | <input type="checkbox"/> 4-97 Careless driving                                                                                                                                                                     |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-40 Driving after DL/Reg Suspended                                                                                                                                                                           | <input type="checkbox"/> 4-97.3 Use of hand-held device                                                                                                                                                            |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                                                                                                                                                                     | <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                                                                            |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                                                                   | <input type="checkbox"/> 8-1 Failure to inspect                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| IN EXCESS OF SPEED LIMIT BY:                                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH                              |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                 |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| PARKING OFFENSE                                                                                                                                                                                                                        |                                                                                                                                                                                                                    | Statute/Ordinance/Code No.        |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                   | 39:6B-2                                                                                                                                                                                                            |                                   |                                                                                              |                                                                                                                                                                           |                                |
| OTHER TRAFFIC/PARKING OFFENSE (Describe)                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| No liability insurance                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.                                   |                                                                                                                                                                                                                    | Month                             | Day                                                                                          | Year                                                                                                                                                                      |                                |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    | 10                                | 19                                                                                           | 24                                                                                                                                                                        |                                |
| Signature of Complaining Witness                                                                                                                                                                                                       |                                                                                                                                                                                                                    | Officer's ID. No.                 |                                                                                              |                                                                                                                                                                           |                                |
| M. A. K.                                                                                                                                                                                                                               |                                                                                                                                                                                                                    | 26                                |                                                                                              |                                                                                                                                                                           |                                |
| NOTICE TO APPEAR                                                                                                                                                                                                                       |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                                          | COURT DATE                                                                                                                                                                                                         | Month                             | Day                                                                                          | Year                                                                                                                                                                      |                                |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    | 11                                | 03                                                                                           | 24                                                                                                                                                                        |                                |
| Time : : AM PM                                                                                                                                                                                                                         |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| 4:00 PM                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury |                                                                                                                                                                                                                    |                                   |                                                                                              |                                                                                                                                                                           |                                |
| CONDITIONS                                                                                                                                                                                                                             | AREA.....                                                                                                                                                                                                          | <input type="checkbox"/> Business | <input type="checkbox"/> School                                                              | <input type="checkbox"/> Residential                                                                                                                                      | <input type="checkbox"/> Rural |
|                                                                                                                                                                                                                                        | ROAD.....                                                                                                                                                                                                          | <input type="checkbox"/> Dry      | <input type="checkbox"/> Wet                                                                 | <input type="checkbox"/> Snow                                                                                                                                             | <input type="checkbox"/> Ice   |
|                                                                                                                                                                                                                                        | TRAFFIC.....                                                                                                                                                                                                       | <input type="checkbox"/> Light    | <input type="checkbox"/> Medium                                                              | <input type="checkbox"/> Heavy                                                                                                                                            |                                |
|                                                                                                                                                                                                                                        | VISIBILITY.....                                                                                                                                                                                                    | <input type="checkbox"/> Clear    | <input type="checkbox"/> Rain                                                                | <input type="checkbox"/> Snow                                                                                                                                             | <input type="checkbox"/> Fog   |
| Equipment                                                                                                                                                                                                                              | <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> Pace <input type="checkbox"/> DRE <input type="checkbox"/> EBDT <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test |                                   |                                                                                              |                                                                                                                                                                           |                                |
| Equipment Operator's Name                                                                                                                                                                                                              |                                                                                                                                                                                                                    | Operator ID No.                   |                                                                                              | Unit Code                                                                                                                                                                 |                                |

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)

|                                                                                                                                                                                                      |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                           | PREFIX                                                    | TICKET NUMBER                              | <b>BOROUGH OF BAY HEAD<br/>MUNICIPAL COURT</b><br>83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742 |                                                                                                                                                                           |
| 1502                                                                                                                                                                                                 | BH                                                        | 023227                                     |                                                                                                      |                                                                                                                                                                           |
| <b>OFFICER'S COPY</b>                                                                                                                                                                                |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                   |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| Driver's Lic. No.                                                                                                                                                                                    | EXP. DATE                                                 |                                            | STATE                                                                                                | <input type="checkbox"/> Commercial License                                                                                                                               |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| Name                                                                                                                                                                                                 | First                                                     | Initial                                    | Last                                                                                                 | (Please Print)                                                                                                                                                            |
| Address                                                                                                                                                                                              |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| City                                                                                                                                                                                                 | State                                                     | Zip Code                                   | Telephone                                                                                            |                                                                                                                                                                           |
| Email Address                                                                                                                                                                                        |                                                           | Restrictions                               |                                                                                                      |                                                                                                                                                                           |
| Birth Date                                                                                                                                                                                           | Eyes                                                      | Sex                                        | Height                                                                                               | Ethnicity Race                                                                                                                                                            |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                             |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| Make of Vehicle                                                                                                                                                                                      | Year                                                      | Body Type                                  | Color                                                                                                | <input type="checkbox"/> Commercial Vehicle<br><input type="checkbox"/> Omnibus<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Out of Service |
| License Plate No.                                                                                                                                                                                    | State                                                     | Exp. Date                                  |                                                                                                      |                                                                                                                                                                           |
| Offense Date                                                                                                                                                                                         | Month                                                     | Day                                        | Year                                                                                                 | Time : : AM PM                                                                                                                                                            |
| LOCATION OF OFFENSE                                                                                                                                                                                  | Describe Location                                         |                                            |                                                                                                      |                                                                                                                                                                           |
| Municipality                                                                                                                                                                                         | County                                                    | Mun. Code (Offense)                        |                                                                                                      |                                                                                                                                                                           |
| BAY HEAD                                                                                                                                                                                             | OCEAN                                                     | 1 5 0 2                                    |                                                                                                      |                                                                                                                                                                           |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)                                                                                                                       |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                    |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-4 Unregistered vehicle                                                                                                                                                    | <input type="checkbox"/> 3-74 Obstruction of windshield   |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 6B-2 No liability insurance coverage                                                                                                                                        | <input type="checkbox"/> 3-76.2f Failure to wear seatbelt |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                                                                                                                           | <input type="checkbox"/> 4-81 Failure to observe signal   |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS                                                                                                        | <input type="checkbox"/> 4-97 Careless driving            |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-33 Unclear plates                                                                                                                                                         | <input type="checkbox"/> 4-97.3 Use of hand-held device   |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-40 Driving after DL/Reg Suspended                                                                                                                                         | <input type="checkbox"/> 4-144 Failure to stop or yield   |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                                                                                                                                   | <input type="checkbox"/> 8-1 Failure to inspect           |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                                 |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                  |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 1-9MPH                                                                                                                                                                      | <input type="checkbox"/> 10-14MPH                         | <input type="checkbox"/> 15-19MPH          | <input type="checkbox"/> 20-24MPH                                                                    | <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH                                                                                                       |
| <input type="checkbox"/> 65 MPH Zone                                                                                                                                                                 | <input type="checkbox"/> Safe Corridor                    | <input type="checkbox"/> Construction Zone |                                                                                                      |                                                                                                                                                                           |
| <b>PARKING OFFENSE</b>                                                                                                                                                                               |                                                           | Statute/Ordinance/Code No.                 |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> Overtime Meter No.                                                                                                                                                          | <input type="checkbox"/> Prohibited Area                  | <input type="checkbox"/> Double            | 39:3-29                                                                                              |                                                                                                                                                                           |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                      |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| Failure to exhibit Reg                                                                                                                                                                               |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. |                                                           | Month                                      | Day                                                                                                  | Year                                                                                                                                                                      |
|                                                                                                                                                                                                      |                                                           | 10                                         | 17                                                                                                   | 24                                                                                                                                                                        |
| Signature of Complaining Witness                                                                                                                                                                     |                                                           | Officer's ID. No.                          |                                                                                                      |                                                                                                                                                                           |
| PH. H. L.                                                                                                                                                                                            |                                                           | 26                                         |                                                                                                      |                                                                                                                                                                           |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                              |                                                           |                                            |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                   | COURT DATE                                                | Month                                      | Day                                                                                                  | Year Time : : AM PM                                                                                                                                                       |
| <input type="checkbox"/> Accident                                                                                                                                                                    | <input type="checkbox"/> Property Damage                  | <input type="checkbox"/> Alcohol           | <input type="checkbox"/> Drugs                                                                       | <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury                                                                               |
| CONDITIONS                                                                                                                                                                                           | AREA.....                                                 | <input type="checkbox"/> Business          | <input type="checkbox"/> School                                                                      | <input type="checkbox"/> Residential <input type="checkbox"/> Rural                                                                                                       |
|                                                                                                                                                                                                      | ROAD.....                                                 | <input type="checkbox"/> Dry               | <input type="checkbox"/> Wet                                                                         | <input type="checkbox"/> Snow <input type="checkbox"/> Ice                                                                                                                |
|                                                                                                                                                                                                      | TRAFFIC.....                                              | <input type="checkbox"/> Light             | <input type="checkbox"/> Medium                                                                      | <input type="checkbox"/> Heavy                                                                                                                                            |
|                                                                                                                                                                                                      | VISIBILITY.....                                           | <input type="checkbox"/> Clear             | <input type="checkbox"/> Rain                                                                        | <input type="checkbox"/> Snow <input type="checkbox"/> Fog                                                                                                                |
| Equipment                                                                                                                                                                                            | <input type="checkbox"/> Speed Measurement Device         | <input type="checkbox"/> Pace              | <input type="checkbox"/> DRE                                                                         | <input type="checkbox"/> EBDT <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test                                                                     |
| Equipment Operator's Name                                                                                                                                                                            |                                                           | Operator ID No.                            | Unit Code                                                                                            |                                                                                                                                                                           |

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                                             | PREFIX                                                                                                                                                                                                             | TICKET NUMBER                     | <b>BOROUGH OF BAY HEAD<br/>MUNICIPAL COURT</b><br>83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742 |                                                                                                                                                                           |
| <b>1502</b>                                                                                                                                                                                                                            | <b>BH</b>                                                                                                                                                                                                          | <b>023228</b>                     |                                                                                                      |                                                                                                                                                                           |
| <b>OFFICER'S COPY</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Driver's Lic. No.                                                                                                                                                                                                                      | EXP. DATE                                                                                                                                                                                                          |                                   | STATE                                                                                                | <input type="checkbox"/> Commercial License                                                                                                                               |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Name                                                                                                                                                                                                                                   | First                                                                                                                                                                                                              | Initial                           | Last                                                                                                 | (Please Print)                                                                                                                                                            |
| Address                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| City                                                                                                                                                                                                                                   | State                                                                                                                                                                                                              | Zip Code                          | Telephone                                                                                            | <input type="checkbox"/> Check if cell phone                                                                                                                              |
| Email Address                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | Restrictions                      |                                                                                                      |                                                                                                                                                                           |
| Birth Date                                                                                                                                                                                                                             | Eyes                                                                                                                                                                                                               | Sex                               | Height                                                                                               | Ethnicity Race                                                                                                                                                            |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Make of Vehicle                                                                                                                                                                                                                        | Year                                                                                                                                                                                                               | Body Type                         | Color                                                                                                | <input type="checkbox"/> Commercial Vehicle<br><input type="checkbox"/> Omnibus<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Out of Service |
| License Plate No.                                                                                                                                                                                                                      | State                                                                                                                                                                                                              | Exp. Date                         |                                                                                                      |                                                                                                                                                                           |
| Offense Date                                                                                                                                                                                                                           | Month                                                                                                                                                                                                              | Day                               | Year                                                                                                 | Time AM PM                                                                                                                                                                |
| LOCATION OF OFFENSE                                                                                                                                                                                                                    | Describe Location                                                                                                                                                                                                  |                                   |                                                                                                      |                                                                                                                                                                           |
| Municipality                                                                                                                                                                                                                           | County                                                                                                                                                                                                             | Mun. Code (Offense)               |                                                                                                      |                                                                                                                                                                           |
| <b>BAY HEAD</b>                                                                                                                                                                                                                        | <b>OCEAN</b>                                                                                                                                                                                                       | <b>1 5 0 2</b>                    |                                                                                                      |                                                                                                                                                                           |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)</b>                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 3-74 Obstruction of windshield                                                                                                                              |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 6B-2 No liability insurance coverage <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS <input type="checkbox"/> 4-97 Careless driving                                                                                           |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-97.3 Use of hand-held device                                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-40 Driving after DL/Reg Suspended <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect                                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH                              |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                 |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                   | Statute/Ordinance/Code No.                                                                           |                                                                                                                                                                           |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                   |                                                                                                                                                                                                                    |                                   | 39-3-29                                                                                              |                                                                                                                                                                           |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Failure to exhibit TNS                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.                                   |                                                                                                                                                                                                                    |                                   | Month                                                                                                | Day Year                                                                                                                                                                  |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   | 10                                                                                                   | 19 29                                                                                                                                                                     |
| Signature of Complaining Witness                                                                                                                                                                                                       |                                                                                                                                                                                                                    |                                   | Officer's ID. No.                                                                                    |                                                                                                                                                                           |
| M. J. K.                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                      | 26                                                                                                                                                                        |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                                          | COURT DATE                                                                                                                                                                                                         | Month                             | Day                                                                                                  | Year Time AM PM                                                                                                                                                           |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    | 11                                | 07                                                                                                   | 29 10:00 PM                                                                                                                                                               |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>CONDITIONS</b>                                                                                                                                                                                                                      | AREA.....                                                                                                                                                                                                          | <input type="checkbox"/> Business | <input type="checkbox"/> School                                                                      | <input type="checkbox"/> Residential <input type="checkbox"/> Rural                                                                                                       |
|                                                                                                                                                                                                                                        | ROAD.....                                                                                                                                                                                                          | <input type="checkbox"/> Dry      | <input type="checkbox"/> Wet                                                                         | <input type="checkbox"/> Snow <input type="checkbox"/> Ice                                                                                                                |
|                                                                                                                                                                                                                                        | TRAFFIC.....                                                                                                                                                                                                       | <input type="checkbox"/> Light    | <input type="checkbox"/> Medium                                                                      | <input type="checkbox"/> Heavy                                                                                                                                            |
|                                                                                                                                                                                                                                        | VISIBILITY.....                                                                                                                                                                                                    | <input type="checkbox"/> Clear    | <input type="checkbox"/> Rain                                                                        | <input type="checkbox"/> Snow <input type="checkbox"/> Fog                                                                                                                |
| Equipment                                                                                                                                                                                                                              | <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> Pace <input type="checkbox"/> DRE <input type="checkbox"/> EBDT <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test |                                   |                                                                                                      |                                                                                                                                                                           |
| Equipment Operator's Name                                                                                                                                                                                                              |                                                                                                                                                                                                                    | Operator ID No.                   |                                                                                                      | Unit Code                                                                                                                                                                 |

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)

|             |           |               |                                                                                                      |
|-------------|-----------|---------------|------------------------------------------------------------------------------------------------------|
| COURT I.D.  | PREFIX    | TICKET NUMBER | <b>BOROUGH OF BAY HEAD<br/>MUNICIPAL COURT</b><br>83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742 |
| <b>1502</b> | <b>BH</b> | <b>023229</b> |                                                                                                      |

OFFICER'S COPY

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:

|                   |           |       |                                             |
|-------------------|-----------|-------|---------------------------------------------|
| Driver's Lic. No. | EXP. DATE | STATE | <input type="checkbox"/> Commercial License |
|-------------------|-----------|-------|---------------------------------------------|

THE UNDERSIGNED CERTIFIES THAT

Name First Initial Last (Please Print)

Address

City State Zip Code

Phone Address Restrictions

Birth Date Eyes Sex Height Ethnicity Race

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle Year Body Type Color ☐ Commercial Vehicle

License Plate No. State Exp. Date ☐ Omnibus

Offense Date Month Day Year Time AM PM ☐ Hazardous Material

LOCATION OF OFFENSE Describe Location ☐ Out of Service

Municipality County Mun. Code (Offense)

**BAY HEAD OCEAN 1 5 0 2**

AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)

TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:

- |                                                                                               |                                                           |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 3-4 Unregistered vehicle                                             | <input type="checkbox"/> 3-74 Obstruction of windshield   |
| <input type="checkbox"/> 6B-2 No liability insurance coverage                                 | <input type="checkbox"/> 3-76.2f Failure to wear seatbelt |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                    | <input type="checkbox"/> 4-81 Failure to observe signal   |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS | <input type="checkbox"/> 4-97 Careless driving            |
| <input type="checkbox"/> 3-33 Unclear plates                                                  | <input type="checkbox"/> 4-97.3 Use of hand-held device   |
| <input type="checkbox"/> 3-40 Driving after DL/Reg Suspended                                  | <input type="checkbox"/> 4-144 Failure to stop or yield   |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                            | <input type="checkbox"/> 8-1 Failure to inspect           |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                          |                                                           |

IN EXCESS OF SPEED LIMIT BY:

- ☐ 1-9MPH ☐ 10-14MPH ☐ 15-19MPH ☐ 20-24MPH ☐ 25-29MPH ☐ 30-34MPH
- ☐ 65 MPH Zone ☐ Safe Corridor ☐ Construction Zone

PARKING OFFENSE

Statute/Ordinance/Code No.

- ☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Failure to exhibit DL

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.

Signature of Complaining Witness Officer's ID. No.

NOTICE TO APPEAR

☐ COURT APPEARANCE REQUIRED COURT DATE Month Day Year Time AM PM

☐ Accident ☐ Property Damage ☐ Alcohol ☐ Drugs ☐ Bodily Injury ☐ Death/Serious Bodily Injury

|            |                 |                                   |                                 |                                      |                                |
|------------|-----------------|-----------------------------------|---------------------------------|--------------------------------------|--------------------------------|
| CONDITIONS | AREA.....       | <input type="checkbox"/> Business | <input type="checkbox"/> School | <input type="checkbox"/> Residential | <input type="checkbox"/> Rural |
|            | ROAD.....       | <input type="checkbox"/> Dry      | <input type="checkbox"/> Wet    | <input type="checkbox"/> Snow        | <input type="checkbox"/> Ice   |
|            | TRAFFIC.....    | <input type="checkbox"/> Light    | <input type="checkbox"/> Medium | <input type="checkbox"/> Heavy       |                                |
|            | VISIBILITY..... | <input type="checkbox"/> Clear    | <input type="checkbox"/> Rain   | <input type="checkbox"/> Snow        | <input type="checkbox"/> Fog   |

Equipment ☐ Speed Measurement Device ☐ Pace ☐ DRE ☐ EBDT ☐ Blood Test ☐ Urine Test

Equipment Operator's Name Operator ID No. Unit Code

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PREFIX                                                                                                                                                                                                             | TICKET NUMBER                     | <b>BOROUGH OF BAY HEAD</b><br><b>MUNICIPAL COURT</b><br>83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742 |                                                                     |
| 1502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BH                                                                                                                                                                                                                 | 023230                            |                                                                                                            |                                                                     |
| <b>OFFICER'S COPY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO<br>ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| Driver's<br>Lic. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EXP. DATE                                                                                                                                                                                                          | STATE                             | <input type="checkbox"/> Commercial License                                                                |                                                                     |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | First                                                                                                                                                                                                              | Initial                           | Last                                                                                                       | (Please Print)                                                      |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State                                                                                                                                                                                                              | Zip Code                          | Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell phone                                |                                                                     |
| Emergency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    | Restrictions                      |                                                                                                            |                                                                     |
| Birth Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Eyes                                                                                                                                                                                                               | Sex                               | Height                                                                                                     | Ethnicity Race                                                      |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| Make of Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Year                                                                                                                                                                                                               | Body Type                         | Color                                                                                                      | <input type="checkbox"/> Commercial Vehicle                         |
| License Plate No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State                                                                                                                                                                                                              | Exp. Date                         | <input type="checkbox"/> Omnibus                                                                           |                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                   | <input type="checkbox"/> Hazardous Material                                                                |                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                   | <input type="checkbox"/> Out of Service                                                                    |                                                                     |
| Offense Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Month                                                                                                                                                                                                              | Day                               | Year                                                                                                       | Time AM PM                                                          |
| LOCATION OF OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Describe Location                                                                                                                                                                                                  |                                   |                                                                                                            |                                                                     |
| Municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | County                                                                                                                                                                                                             | Mun. Code (Offense)               | 1 5 0 2                                                                                                    |                                                                     |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 3-74 Obstruction of windshield<br><input type="checkbox"/> 6B-2 No liability insurance coverage <input type="checkbox"/> 3-76.2f Failure to wear seatbelt<br><input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-81 Failure to observe signal<br><input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS <input type="checkbox"/> 4-97 Careless driving<br><input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-97.3 Use of hand-held device<br><input type="checkbox"/> 3-40 Driving after DL/Reg Suspended <input type="checkbox"/> 4-144 Failure to stop or yield<br><input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect<br><input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH<br><input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                    | Statute/Ordinance/Code No.        |                                                                                                            |                                                                     |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    | 37-4-51b                          |                                                                                                            |                                                                     |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| Open container of alcohol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    | Month                             | Day                                                                                                        | Year                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | 10                                | 19                                                                                                         | 24                                                                  |
| Signature of Complaining Witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                    | Officer's ID. No.                 |                                                                                                            |                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| <input type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COURT DATE                                                                                                                                                                                                         | Month                             | Day                                                                                                        | Year                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | 10                                | 24                                                                                                         | 10                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                   |                                                                                                            | AM PM                                                               |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |
| CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AREA.....                                                                                                                                                                                                          | <input type="checkbox"/> Business | <input type="checkbox"/> School                                                                            | <input type="checkbox"/> Residential <input type="checkbox"/> Rural |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROAD.....                                                                                                                                                                                                          | <input type="checkbox"/> Dry      | <input type="checkbox"/> Wet                                                                               | <input type="checkbox"/> Snow <input type="checkbox"/> Ice          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TRAFFIC.....                                                                                                                                                                                                       | <input type="checkbox"/> Light    | <input type="checkbox"/> Medium                                                                            | <input type="checkbox"/> Heavy                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VISIBILITY.....                                                                                                                                                                                                    | <input type="checkbox"/> Clear    | <input type="checkbox"/> Rain                                                                              | <input type="checkbox"/> Snow <input type="checkbox"/> Fog          |
| Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> Pace <input type="checkbox"/> DRE <input type="checkbox"/> EBDT <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test |                                   |                                                                                                            |                                                                     |
| Equipment Operator's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    | Operator ID No.                   |                                                                                                            | Unit Code                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                   |                                                                                                            |                                                                     |

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                                             | PREFIX                                                                                                                                                                                                             | TICKET NUMBER                     | <b>BOROUGH OF BAY HEAD<br/>MUNICIPAL COURT</b><br>83 Bridge Avenue, PO Box 248<br>Bay Head, NJ 08742 |                                                                                                                                                                           |
| <b>1502</b>                                                                                                                                                                                                                            | <b>BH</b>                                                                                                                                                                                                          | <b>023231</b>                     |                                                                                                      |                                                                                                                                                                           |
| <b>OFFICER'S COPY</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Driver's Lic. No.                                                                                                                                                                                                                      |                                                                                                                                                                                                                    | EXP. DATE                         | STATE                                                                                                | <input type="checkbox"/> Commercial License                                                                                                                               |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Name                                                                                                                                                                                                                                   | First                                                                                                                                                                                                              | Initial                           | Last                                                                                                 | (Please Print)                                                                                                                                                            |
| Address                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| City                                                                                                                                                                                                                                   | State                                                                                                                                                                                                              | Zip Code                          | Tel. home <input type="checkbox"/> Check if cell phone                                               |                                                                                                                                                                           |
| Restrictions                                                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Birth Date                                                                                                                                                                                                                             | Eyes                                                                                                                                                                                                               | Sex                               | Height                                                                                               | Ethnicity Race                                                                                                                                                            |
| <b>DID UNLAWFULLY (PARK) (OPERATE) A</b>                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| Make of Vehicle                                                                                                                                                                                                                        | Year                                                                                                                                                                                                               | Body Type                         | Color                                                                                                | <input type="checkbox"/> Commercial Vehicle<br><input type="checkbox"/> Omnibus<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Out of Service |
| License Plate No.                                                                                                                                                                                                                      | State                                                                                                                                                                                                              | Exp. Date                         |                                                                                                      |                                                                                                                                                                           |
| Offense Date                                                                                                                                                                                                                           | Month                                                                                                                                                                                                              | Day                               | Year                                                                                                 | Time : : AM PM                                                                                                                                                            |
| LOCATION OF OFFENSE                                                                                                                                                                                                                    | Describe Location                                                                                                                                                                                                  |                                   |                                                                                                      |                                                                                                                                                                           |
| Municipality                                                                                                                                                                                                                           | County                                                                                                                                                                                                             | Mun. Code (Offense)               |                                                                                                      |                                                                                                                                                                           |
| <b>BAY HEAD</b>                                                                                                                                                                                                                        | <b>OCEAN</b>                                                                                                                                                                                                       | <b>1 5 0 2</b>                    |                                                                                                      |                                                                                                                                                                           |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)</b>                                                                                                                                                  |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 3-74 Obstruction of windshield                                                                                                                              |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 6B-2 No liability insurance coverage <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS <input type="checkbox"/> 4-97 Careless driving                                                                                           |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-97.3 Use of hand-held device                                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-40 Driving after DL/Reg Suspended <input type="checkbox"/> 4-144 Failure to stop or yield                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect                                                                                                                                     |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                                                                   |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH                              |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                 |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                   | Statute/Ordinance/Code No.                                                                           |                                                                                                                                                                           |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                   |                                                                                                                                                                                                                    |                                   | 39-4-50                                                                                              |                                                                                                                                                                           |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| DUI                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.                                   |                                                                                                                                                                                                                    |                                   | Month                                                                                                | Day Year                                                                                                                                                                  |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                   | 10                                                                                                   | 19 24                                                                                                                                                                     |
| Signature of Complaining Witness                                                                                                                                                                                                       |                                                                                                                                                                                                                    |                                   | Officer's ID. No.                                                                                    |                                                                                                                                                                           |
| M. J. L.                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                   |                                                                                                      | 26                                                                                                                                                                        |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| <input type="checkbox"/> COURT APPEARANCE REQUIRED                                                                                                                                                                                     | COURT DATE                                                                                                                                                                                                         | Month                             | Day                                                                                                  | Year Time : : AM PM                                                                                                                                                       |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury |                                                                                                                                                                                                                    |                                   |                                                                                                      |                                                                                                                                                                           |
| CONDITIONS                                                                                                                                                                                                                             | AREA.....                                                                                                                                                                                                          | <input type="checkbox"/> Business | <input type="checkbox"/> School                                                                      | <input type="checkbox"/> Residential <input type="checkbox"/> Rural                                                                                                       |
|                                                                                                                                                                                                                                        | ROAD.....                                                                                                                                                                                                          | <input type="checkbox"/> Dry      | <input type="checkbox"/> Wet                                                                         | <input type="checkbox"/> Snow <input type="checkbox"/> Ice                                                                                                                |
|                                                                                                                                                                                                                                        | TRAFFIC.....                                                                                                                                                                                                       | <input type="checkbox"/> Light    | <input type="checkbox"/> Medium                                                                      | <input type="checkbox"/> Heavy                                                                                                                                            |
|                                                                                                                                                                                                                                        | VISIBILITY.....                                                                                                                                                                                                    | <input type="checkbox"/> Clear    | <input type="checkbox"/> Rain                                                                        | <input type="checkbox"/> Snow <input type="checkbox"/> Fog                                                                                                                |
| Equipment                                                                                                                                                                                                                              | <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> Pace <input type="checkbox"/> DRE <input type="checkbox"/> EBDT <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test |                                   |                                                                                                      |                                                                                                                                                                           |
| Equipment Operator's Name                                                                                                                                                                                                              | Operator ID No.                                                                                                                                                                                                    |                                   | Unit Code                                                                                            |                                                                                                                                                                           |

OFFICER'S COPY

CN: 10585 (Revised 4/14/21)