

BRADLEY D. BILLHIMER
Ocean County Prosecutor

JOSEPH F. MITCHELL
Chief of Detectives



MICHAEL T. NOLAN, JR.
First Assistant Prosecutor

ROBERT J. ARMSTRONG
Deputy First Assistant Prosecutor

OFFICE OF THE PROSECUTOR

Courthouse Annex Building
119 Hooper Avenue
P.O. Box 2191
Toms River, New Jersey 08754-2191
732-929-2027

June 25, 2021

Via OPRA Machine: opra+request-24226-e90ce5c9@requests.opramachine.com

Re: Open Public Records Act (OPRA) Request
OCPO Case# 20003584 – Aron Esler

Dear Sir/Madam:

Enclosed please find the Complaint Summons, Affidavit and Preliminary Law Enforcement Incident Report pursuant to your request made under the New Jersey Open Public Records Act (OPRA). Personal identifying information has been redacted pursuant to N.J.S.A. 47:1A-1.1, et seq.

Please be advised that there are no responsive documents pursuant to your request for Global Subject Activity Reports, Arrest Reports, Indictments, Plea Forms, Sentencing Information and Criminal Information Forms.

If I can be of further assistance, please do not hesitate to contact me directly at 732-929-2027, x3135.

Yours very truly,

Dina R. Khajezadeh

Dina R. Khajezadeh
Assistant Prosecutor

DRK/dp

Enclosures

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1526	S	2020	000729
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
SEASIDE HGTS MUNICIPAL COURT			
116 SHERMAN AVE			
SEASIDE HEIGHTS NJ 08751-0000			
732-830-2202 COUNTY OF: OCEAN			
# of CHARGES	CO-DEFTS	POLICE CASE #:	
1		20SH10487	
COMPLAINANT NAME:		DEFENDANT INFORMATION	
ADAM GREENGROVE		SEX: M EYE COLOR: BLUE DOB: 11/22/1992	
116 SHERMAN AVENUE		DRIVER'S LIC. #: [REDACTED] DL STATE: NJ	
ATTN WARRANTS		SOCIAL SECURITY #: [REDACTED] SBI #: 722434G	
SEASIDE HEIGHTS NJ 08751		TELEPHONE #: [REDACTED] (c)	
		LIVESCAN PCN #: 152602003172	

THE STATE OF NEW JERSEY

VS.

ARON E ESLER

ADDRESS: 1616 E STREET

BELMAR

NJ 07719-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 12/04/2020 in SEASIDE HEIGHTS BORO, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT AGGRAVATED ASSAULT BY PURPOSELY OR KNOWINGLY OR UNDER CIRCUMSTANCES MANIFESTING EXTREME INDIFFERENCE TO THE VALUE OF HUMAN LIFE RECKLESSLY CAUSED SIGNIFICANT BODILY INJURY TO PETER J. SMITH, SPECIFICALLY BY BITING DOWN AND CAUSING A SEVERE LACERATION AND PARTIAL AMPUTATION TO THE LEFT EAR OF HE VICTIM, POSSIBLY CAUSING PERMANENT DISFIGUREMENT. IN VIOLATION OF N.J.S. 2C:12-1B(7).

in violation of:

Original Charge	1) 2C:12-1B(7)	2)	3)
Amended Charge			

CERTIFICATION:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: ADAM GREENGROVE Date: 12/04/2020

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

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

at the following address: OCEAN SUPERIOR COURT

120 HOOPER AVE

TOMS RIVER

NJ 08753-0000

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: 12/04/2020 Appearance Date: 12/04/2020 Time: 09:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: ADAM GREENGROVE Date: 12/04/2020

☐ Domestic Violence – Confidential ☐ Related Traffic Tickets or Other Complaints ☒ Serious Personal Injury/ Death Involved

Special conditions of release:

- ☐ No phone, mail or other personal contact w/victim
- ☐ No possession firearms/weapons
- ☐ Other (specify):

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.					
1526	S	2020	000729	ARON E ESLER					
COURT CODE	PREFIX	YEAR	SEQUENCE NO.						
FTA Bail Information		Date Bail Set:	Amount Bail Set: \$	by:	☐ Bail Recog. Attached				
Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor:				
Date of First Appearance:	12/04/2020	☐ Advised of Rights by			Defendant Desires Counsel: ☐ Yes ☐ No				
Prosecuting Attorney Information			Defense Counsel Information						
Name:			Name:						
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other
Original Charge		1) 2C:12-1B(7)		2)		3)			
Amended Charge									
Waiver Indt/Jury									
Plea/Date of Plea		Plea: Date:		Plea: Date:		Plea: Date:			
Adjudication (* see code)		Finding Code: Date:		Finding Code: Date:		Finding Code: Date:			
Jail Term		Jail time credit Susp. Imp		Jail time credit Susp. Imp		Jail time credit Susp. Imp			
Probation Term		Susp. Imp		Susp. Imp		Susp. Imp			
Cond. Discharge Term									
Community Service									
D/L Suspension Term									
Fines/Costs		Fines: Costs:		Fines: Costs:		Fines: Costs:			
VCCB/SNSF		VCCB: SNSF:		VCCB: SNSF:		VCCB: SNSF:			
DEDR/Lab Fee		DEDR: LAB:		DEDR: LAB:		DEDR: LAB:			
CD Fee/Drug Ed Fnd		CD: DAEF:		CD: DAEF:		CD: DAEF:			
DV Surch/Other Fees		DV: Other:		DV: Other:		DV: Other:			
Restitution									
Beneficiary:									
Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:						* Finding Codes 1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P – Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID			
Related Traffic Tickets and Complaints:									
JUDGE'S SIGNATURE						ORIGINAL - Court Action			
DATE						Page 2 of 7 NJ/CDR1 1/1/2017			

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

1526**S****2020****000729**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

SEASIDE HGTS MUNICIPAL COURT
116 SHERMAN AVE
SEASIDE HEIGHTS NJ 08751-0000
732-830-2202 COUNTY OF: OCEAN

of CHARGES
1

CO-DEFTS

POLICE CASE #:
20SH10487COMPLAINANT
NAME:**ADAM****GREENGROVE***THE STATE OF NEW JERSEY**VS.***ARON E ESLER**ADDRESS: **1616 E STREET****BELMAR****NJ 07719-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BLUE**DOB: **11/22/1992**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **722434G**

TELEPHONE #:

(C)

LIVSCAN PCN #:

152602003172

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **12/04/2020** in **SEASIDE HEIGHTS BORO**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT AGGRAVATED ASSAULT BY PURPOSELY OR KNOWINGLY OR UNDER CIRCUMSTANCES MANIFESTING EXTREME INDIFFERENCE TO THE VALUE OF HUMAN LIFE RECKLESSLY CAUSED SIGNIFICANT BODILY INJURY TO PETER J. SMITH, SPECIFICALLY BY BITING DOWN AND CAUSING A SEVERE LACERATION AND PARTIAL AMPUTATION TO THE LEFT EAR OF HE VICTIM, POSSIBLY CAUSING PERMANENT DISFIGUREMENT. IN VIOLATION OF N.J.S. 2C:12-1B(7).

in violation of:

Original Charge

1) **2C:12-1B(7)**

2)

3)

Amended Charge

CERTIFICATION:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

Signed:

ADAM GREENGROVEDate: **12/04/2020**

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: **OCEAN**at the following address: **OCEAN SUPERIOR COURT****120 HOOPER AVE****TOMS RIVER****NJ 08753-0000**

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: **12/04/2020** Appearance Date: **12/04/2020** Time: **09:00AM** Phone: **732-504-0700**

Signature of Person Issuing Summons:

ADAM**GREENGROVE**Date: **12/04/2020**☐ Domestic Violence – Confidential☐ Related Traffic Tickets
or Other Complaints☒ Serious Personal Injury/ Death
Involved

Special conditions of release:

- ☐ No phone, mail or other personal contact w/victim
☐ No possession firearms/weapons
☐ Other (specify):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. ARON E ESLER ADDRESS: 1616 E STREET BELMAR NJ 07719-0000	
1526	S	2020	000729		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
SEASIDE HGTS MUNICIPAL COURT 116 SHERMAN AVE SEASIDE HEIGHTS NJ 08751-0000 732-830-2202 COUNTY OF: OCEAN				DEFENDANT INFORMATION SEX: M EYE COLOR: BLUE DOB: 11/22/1992 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 722434G TELEPHONE #: [REDACTED] (C) LIVSCAN PCN #: 152602003172	
# of CHARGES: 1 CO-DEFTS: POLICE CASE #: 20SH10487					
COMPLAINANT ADAM GREENGROVE NAME: 116 SHERMAN AVENUE ATTN WARRANTS SEASIDE HEIGHTS NJ 08751					

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **12/04/2020** in **SEASIDE HEIGHTS BORO**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT AGGRAVATED ASSAULT BY PURPOSELY OR KNOWINGLY OR UNDER CIRCUMSTANCES MANIFESTING EXTREME INDIFFERENCE TO THE VALUE OF HUMAN LIFE RECKLESSLY CAUSED SIGNIFICANT BODILY INJURY TO PETER J. SMITH, SPECIFICALLY BY BITING DOWN AND CAUSING A SEVERE LACERATION AND PARTIAL AMPUTATION TO THE LEFT EAR OF HE VICTIM, POSSIBLY CAUSING PERMANENT DISFIGUREMENT. IN VIOLATION OF N.J.S. 2C:12-1B(7).

in violation of:

Original Charge	1) 2C:12-1B(7)	2)	3)
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Check	Certification by Police Regarding Complaint-Summons
☒	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
☐	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
☐	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
☐	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
☐	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
☐	I certify that I was unable to serve the complaint-summons.

Signed: ADAM GREENGROVE SEASIDE HEIGHTS POLICE DEPT Date of Action: 12/04/2020
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER

1526**S****2020****000729**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

SEASIDE HGTS MUNICIPAL COURT
116 SHERMAN AVE
SEASIDE HEIGHTS NJ 08751-0000
732-830-2202 COUNTY OF: OCEAN

of CHARGES
1

CO-DEFTS

POLICE CASE #:
20SH10487

COMPLAINANT ADAM GREENGROVE
NAME: 116 SHERMAN AVENUE
ATTN WARRANTS
SEASIDE HEIGHTS NJ 08751

*THE STATE OF NEW JERSEY**VS.***ARON E ESLER**

ADDRESS:
1616 E STREET

BELMAR**NJ 07719-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BLUE** DOB: **11/22/1992**
DRIVER'S LIC. #. [REDACTED] DL STATE: **NJ**
SOCIAL SECURITY #: [REDACTED] SBI #: **722434G**
TELEPHONE #: [REDACTED] (C)
LIVESCAN PCN #: **152602003172**

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

Responded to 108 Bay Blvd for a 911 hang up call, as I arrived on scene a male exited the home and stated that there was a fight inside the home. two males then exited and were bleeding from the hands and face. I spoke with one of the males who stated that there was fight in the home and that one of the males bit another's ear. I then entered the home and spoke with the victim who had his ear partially bitten off. The victim advised me that he defendant did this during there altercation. The victim stated that the defendant attacked him for no reason. I then spoke with the defendant who admitted to this and did admit to this act.

Affidavit of Probable Cause**Page 5 of 7****1/1/2017**

Affidavit of Probable Cause

COMPLAINT NUMBER

1526

S

2020

000729

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

ARON E ESLER

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

I, Ptl. Adam Greengrove a member of the Seaside Heights Police Department observed the injuries and spoke with eyewitnesses and victims as well as defendant admission.

3. If victim was injured, provide the extent of the injury:

severe laceration and partial amputation to the left ear of he victim, possibly causing permanent disfigurement

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: ADAM GREENGROVE LAW ENFORCEMENT OFFICER

Date: 12/04/2020

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. ARON E ESLER ADDRESS: 1616 E STREET BELMAR NJ 07719-0000	
1526	S	2020	000729		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
SEASIDE HGTS MUNICIPAL COURT 116 SHERMAN AVE SEASIDE HEIGHTS NJ 08751-0000 732-830-2202 COUNTY OF: OCEAN					
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 20SH10487		DEFENDANT INFORMATION SEX: M EYE COLOR: BLUE DOB: 11/22/1992 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 722434G TELEPHONE #: [REDACTED] (C) LIVSCAN PCN #: 152602003172	
COMPLAINANT NAME: ADAM GREENGROVE					
116 SHERMAN AVENUE ATTN WARRANTS SEASIDE HEIGHTS NJ 08751					

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.
- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge#
1032
- The defendant made statements/admissions.
- The defendant was known to the victim as:
 - Friend
- The victim was injured and:
 - Victim transported to medical facility

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: **ADAM GREENGROVE LAW ENFORCEMENT OFFICER** Date: **12/04/2020**