COMPLAINT - WARRANT

COMPLAINT NUMBER			
1526	W	2022	000498
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		22SH08842

COMPLAINANT NAME: **LUKUS WADE**
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. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: **722434G**
TELEPHONE #: [redacted] **(C)**
LIVESCAN PCN #: **152602003862**

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 **09/21/2022** in **SEASIDE HEIGHTS BORO , OCEAN** County, **NJ** did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT ASSAULT BY PURPOSELY, KNOWINGLY OR RECKLESSLY CAUSING BODILY INJURY TO [redacted] SPECIFICALLY BY A CLOSED HAND STRIKE TO HER FACE CAUSING VISABLE INJURY.

in violation of:

Original Charge	1) **2C:12-1A(1)**	2)	3)
AmendedCharge			

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: **LUKUS WADE** **Date:** **09/21/2022**

You will be notified of your **Central First Appearance/CJP** date to be held at the Superior Court in the county of **OCEAN**
at the following address: OCEAN SUPERIOR COURT
120 HOOPER AVE **TOMS RIVER NJ 08753-0000**
Date of Arrest: **09/21/2022** **Appearance Date:** **Time:** **Phone:** **732-504-0700**

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☑ Probable cause **IS** found for the issuance of this complaint. **JACQUELINE HOLIDAY JUDICIAL OFFICER** **09/21/2022**
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: _____ **by:** _____
(if different from judicial officer that issued warrant)

☑ **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 – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
1526	W	2022	000498	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:	❑ 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:12-1A(1)			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:

Related Traffic Tickets and Complaints:

* 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

_____ _____
JUDGE'S SIGNATURE DATE

COMPLAINT - WARRANT

COMPLAINT NUMBER			
1526	W	2022	000498
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

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

THE STATE OF NEW JERSEY
VS.
ARON E ESLER

ADDRESS: 1616 E STREET
BELMAR NJ 07719-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		22SH08842

COMPLAINANT
NAME: LUKUS WADE

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 11/22/1992
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 722434G
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 152602003862

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 **09/21/2022** in **SEASIDE HEIGHTS BORO** , **OCEAN** County, **NJ** did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT ASSAULT BY PURPOSELY, KNOWINGLY OR RECKLESSLY CAUSING BODILY INJURY TO [redacted] SPECIFICALLY BY A CLOSED HAND STRIKE TO HER FACE CAUSING VISABLE INJURY.

in violation of:

Original Charge	1) 2C:12-1A(1)	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: LUKUS WADE **Date:** 09/21/2022

You will be notified of your **Central First Appearance/CJP** date to be held at the Superior Court in the county of **OCEAN**
at the following address: OCEAN SUPERIOR COURT
120 HOOPER AVE **TOMS RIVER** **NJ** 08753-0000
Date of Arrest: 09/21/2022 **Appearance Date:** **Time:** **Phone:** 732-504-0700

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☑ Probable cause **IS** found for the issuance of this complaint. JACQUELINE HOLIDAY JUDICIAL OFFICER 09/21/2022
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: _____ **by:** _____
(if different from judicial officer that issued warrant)

☑ **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 - WARRANT (DEFENDANT'S COPY)

COMMITMENT

COMPLAINT NUMBER			
1526	W	2022	000498
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		22SH08842

COMPLAINANT NAME: LUKUS WADE
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. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 722434G
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 152602003862

To any Law Enforcement Official of New Jersey, You are commanded to transport this defendant to the Warden of this county who is required to keep the defendant in custody until a release or detention decision is made.

	Offense	Aux Offense	Drug Code	Degree	Offense Description
1.	2C:12-1A(1)			D	SIMPLE ASSAULT-
2.					
3.					
4.					

Commitment Reason: Criminal Justice Reform

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of OCEAN
at the following address: OCEAN SUPERIOR COURT
120 HOOPER AVE TOMS RIVER NJ 08753-0000

Date of Arrest: 09/21/2022 Phone: 732-504-0700

JACQUELINE HOLIDAY JUDICIAL OFFICER — 09/21/2022

Signature and Title of Judicial Officer Issuing Warrant — Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
1526	W	2022	000498
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		22SH08842

COMPLAINANT NAME: **LUKUS WADE**
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. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: **722434G**
TELEPHONE #: [redacted] (**C**)
LIVESCAN PCN #: **152602003862**

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:

04:52:46 09/21/2022

On Wednesday, September 21, 2022 at approximately 0452 I (PTL Wade) received a call for an assault. Upon arrival to 50 Lincoln Avenue; Dry Dock Motel, I observe two people standing outside of room 10. There was a female crying who I identified as the victim, and another male. The victim was crying and complaining of pain, she then showed me redness on her face from a closed hand strike, scratches on the back of her arm from the defendant grabbing her, and her shirt torn from being pulled around. Other units were able to locate the defendant in the area of Blaine Avenue and Boulevard. The defendant was arrested based on the observations of the victim and the complaints of pain for simple assault (2C:12-1a).

Observed injuries and complaints of pain

Redness on face from close hand strike, skin torn on back of arm from defendant grabbing victim

Affidavit of Probable Cause

COMPLAINT NUMBER			
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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.)

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

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: LUKUS WADE LAW ENFORCEMENT OFFICER Date: **09/21/2022**

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1526	W	2022	000498
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

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

THE STATE OF NEW JERSEY
VS.
ARON E ESLER

ADDRESS: **1616 E STREET**
BELMAR NJ 07719-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		22SH08842

COMPLAINANT NAME: **LUKUS WADE**
116 SHERMAN AVENUE
ATTN WARRANTS
SEASIDE HEIGHTS NJ 08751

DEFENDANT INFORMATION
SEX: **M** EYE COLOR: **BLUE** DOB: **11/22/1992**
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: **722434G**
TELEPHONE #: [redacted] (**C**)
LIVESCAN PCN #: **152602003862**

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 offense Involved domestic violence.

-ODARA was completed and:
- •Two or more indicators of substance abuse

-The victim was injured and:
- •Victim refused treatment

-The defendant appeared to be under the influence of drugs or alcohol at the time of the offense.

-The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were:
- •Officer observation

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: **LUKUS WADE LAW ENFORCEMENT OFFICER** **Date:** **09/21/2022**