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

May 5, 2021

Via OPRA Machine: opra+request-22634-b49d5747@requests.opramachine.com

Re: Open Public Records Act (OPRA) Request
OCPO Case# 21000904 – Michele Sudano

Dear Sir/Madam:

Enclosed please find the Global Subject Activity Report, 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. Additionally, criminal history record information has been redacted pursuant to N.J.A.C. 13:59-1.2.

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

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

Prestia , Donna

From: Khajezadeh, Dina
Sent: Friday, April 30, 2021 7:58 PM
To: Prestia , Donna; Carey, Erin
Subject: FW: OPRA request - Case reports

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------
From: Resident <opra+request-22634-b49d5747@requests.opramachine.com>
Date: 4/30/21 7:38 PM (GMT-05:00)
To: "Khajezadeh, Dina" <DKhajezadeh@co.ocean.nj.us>
Subject: OPRA request - Case reports

Dear Ocean County Prosecutor's Office,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

Any relevant arrest reports, global subject activity reports, preliminary law enforcement incident reports, complaint warrants, complaint summonses, affidavits, indictments, criminal information forms, plea forms, and sentencing information, where applicable, for the following defendants:

Claudia Demianczuk (Case # 21000867)
Anthony Giordano (Case # 21000894)
Michele Sudano (Case # 21000904)
Cory Eckstadt (Case # 21000929)

Yours sincerely,

Resident

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-22634-b49d5747@requests.opramachine.com

Is DKhajezadeh@co.ocean.nj.us the wrong address for OPRA requests to Ocean County Prosecutor's Office? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3docean_county_prosecutors_office&c=E,1,ezw_2PHeN_sx1ucZlLGf0lmAcTYK0GBB95N616o7oGOUM4m-K1PngeRZNqlZNRfPqrLO6QGxG60magP392jqhXIaz-gKNw3eoSCRLki54HA,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,xEHevrPEA97z1uRp_tvGs5fdCcsvet2lhakoJNmGe7O7vKYJVDaUD_Ewe9EvQaYJFcAqWAw7iRjEa9UtrcEbSd7HYeP1X-sAJHtIcN9qm7Y,&typo=1

Global Subject Activity Report

Summary

Print Date/Time: 04/09/2021 08:59
Login ID: rfernandez

Brick Township Police Department
ORI Number: NJ0150600

Sudano, Michele Lynn **Jacket:** 800227519 A **SSN:**
Address: [redacted]
Sex: Female
Height: 5ft 7in
Phone #: [redacted]
Weight: 97.0 lbs.
DOB: [redacted]
Eyes: Brown
Race: White
Hair: Brown
DL State: NJ
DL#: [redacted]

[redacted]

Vehicle Information:

Vehicle #	Role	Contact Date	Vehicle Type	Make	Model	Vehicle Year	Registration Number	State
767038	Owner - Operator	02/17/2020	Passenger Car	Chevrolet	Malibu	2015	[redacted]	NJ

Activity:
Type: Arrest

Date	Reference	Description	ORI
[redacted]			
04/08/2021 20:59	53649	Arrest Type: Taken into Custody - Warrant Charge(s): 2C:12-1b(5)(j) ,Aggravated Assault-commit simple assault on a health care worker	NJ0150600

Global Subject Activity Report

Summary

Print Date/Time: 04/09/2021 08:59
Login ID: rfernandez

Brick Township Police Department
ORI Number: NJ0150600

Type: Booking

Date	Reference	Description	ORI
[redacted]			
04/08/2021 23:49	2021-00000291	Booking Charge(s): 2C:12-1b(5)(j) ,Aggravated Assault-commit simple assault on a health care worker	NJ0150600

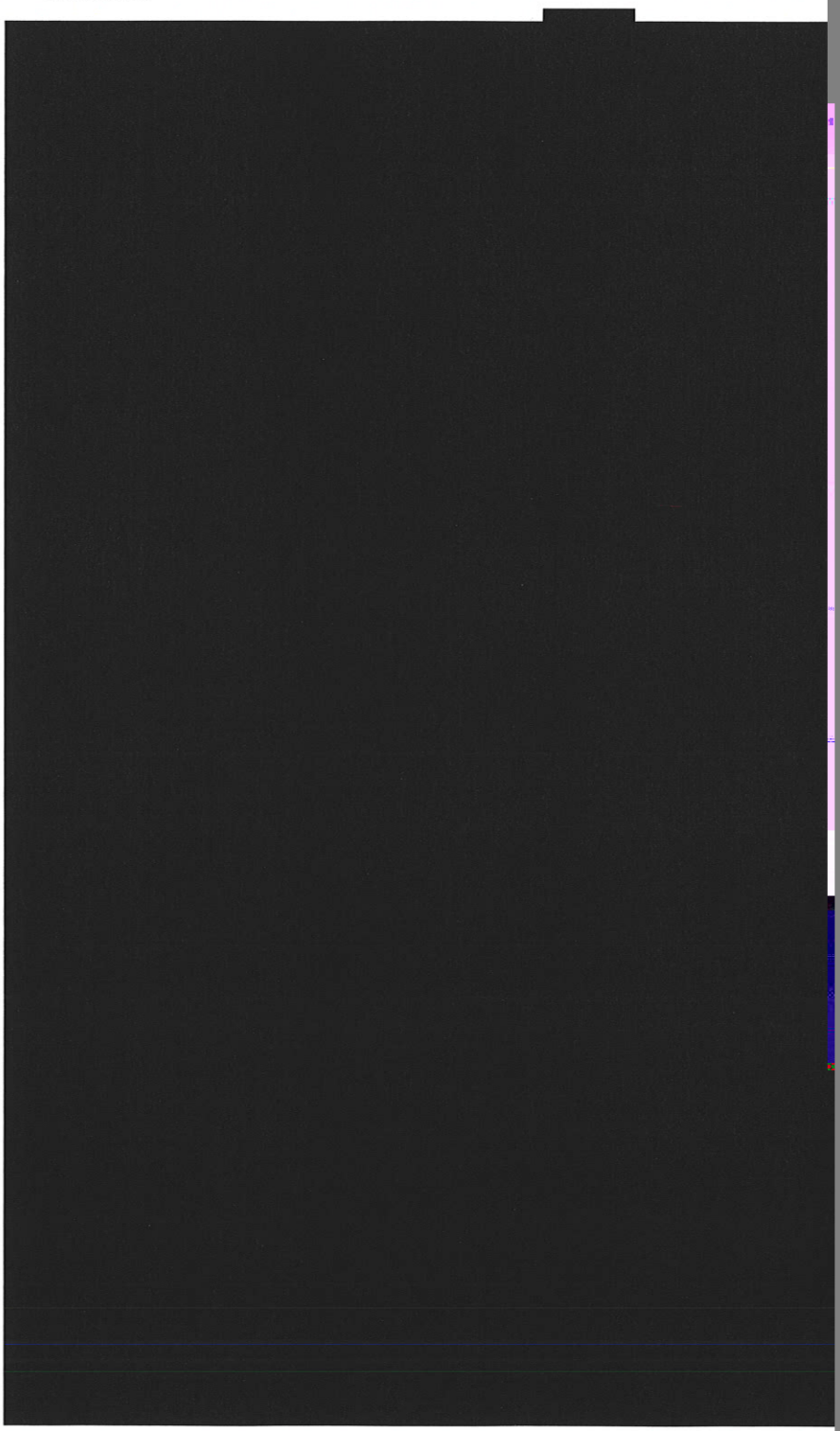
Type: Case

Date	Reference	Description	ORI
[redacted]			

Global Subject Activity Report

Summary

Print Date/Time: 04/09/2021 08:59
Login ID: rfernandez



Global Subject Activity Report

Summary

Print Date/Time: 04/09/2021 08:59
Login ID: rfernandez

Brick Township Police Department
ORI Number: NJ0150600

[redacted]

Charge(s):

04/08/2021 20:10	2021-00023800	Subject Type: Suspect, Incident Type: Assault - Aggravated Charge(s): 2C:12-1b(5)(j) ,Aggravated Assault-commit simple assault on a health care worker	NJ0150600

Type: Incident

Date	Reference	Description	ORI

[redacted]

Global Subject Activity Report

Summary

Print Date/Time: 04/09/2021 08:59
Login ID: rfernandez

Brick Township Police Department
ORI Number: NJ0150600

[redacted]

04/08/2021 20:10 2021-00023800 Incident Type : Assault - Simple, Role : Arrestee NJ0150600

Charge(s):

[redacted]

Global Subject Activity Report

Summary

Print Date/Time: 04/09/2021 08:59
Login ID: rfernandez

Brick Township Police Department
ORI Number: NJ0150600

[redacted]

Total Activity : [redacted]

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1506	S	2021	000245
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

BRICK TOWNSHIP MUNICIPAL COURT
401 CHAMBERS BRIDGE
BRICK NJ 08723-0000
732-262-1226 COUNTY OF: OCEAN

THE STATE OF NEW JERSEY
VS.
MICHELE L SUDANO
ADDRESS: 895 STAPLETON AVENUE
BRICK NJ 08723-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		23800-21

COMPLAINANT NAME: MARK M CATALINA
401 CHAMBERSBRDG RD
ATTN WARRANTS
BRICK TOWN NJ 08723

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 03/30/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #:

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 04/08/2021 in BRICK TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, DID COMMIT THE OFFENSE OF AGGRAVATED ASSAULT SPECIFICALLY BY STRIKING THE VICTIM L.A., A ON DUTY CLINICAL THERAPIST WITH THE HACKENSACK MERIDIAN HEALTH OCEAN MEDICAL CENTER, IN THE BEHAVIORAL UNIT OF HACKENSACK MERIDIAN HEALTH OCEAN MEDICAL CENTER WITH A CLOSE FIST SEVERAL TIMES IN THE HEAD CAUSING REDNESS AND SWELLING TO L.A.'S RIGHT EYE AND TOP LIP ALONG WITH A MINOR LACERATION TO THE INSIDE OF THE LIP.

in violation of:

Original Charge	1) 2C:12-1B(5)(J)	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: MARK M CATALINA Date: 04/09/2021

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: 04/08/2021 Appearance Date: 04/09/2021 Time: 03:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: DONNA MORRA JUDICIAL OFFICER Date: 04/09/2021

❑ 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

NJ/CDR1 1/1/2017

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
1506	S	2021	000245	MICHELE L SUDANO
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: 04/09/2021	❑ 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

	1)	2)	3)
Original Charge	2C:12-1B(5)(J)		
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

ORIGINAL - Court Action

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
1506	S	2021	000245
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

BRICK TOWNSHIP MUNICIPAL COURT
401 CHAMBERS BRIDGE
BRICK NJ 08723-0000
732-262-1226 COUNTY OF: OCEAN

THE STATE OF NEW JERSEY
VS.
MICHELE L SUDANO

ADDRESS: 895 STAPLETON AVENUE
BRICK NJ 08723-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		23800-21

COMPLAINANT
NAME: MARK M CATALINA

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 03/30/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #:

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 04/08/2021 in BRICK TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, DID COMMIT THE OFFENSE OF AGGRAVATED ASSAULT SPECIFICALLY BY STRIKING THE VICTIM L.A., A ON DUTY CLINICAL THERAPIST WITH THE HACKENSACK MERIDIAN HEALTH OCEAN MEDICAL CENTER, IN THE BEHAVIORAL UNIT OF HACKENSACK MERIDIAN HEALTH OCEAN MEDICAL CENTER WITH A CLOSE FIST SEVERAL TIMES IN THE HEAD CAUSING REDNESS AND SWELLING TO L.A.'S RIGHT EYE AND TOP LIP ALONG WITH A MINOR LACERATION TO THE INSIDE OF THE LIP.

in violation of:

	1)	2)	3)
Original Charge	2C:12-1B(5)(J)		
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 willfuly false, Iam subject to punishment

Signed: MARK M CATALINA **Date:** 04/09/2021

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: 04/08/2021 **Appearance Date:** 04/09/2021 **Time:** 03:00AM **Phone:** 732-504-0700

Signature of Person Issuing Summons: DONNA MORRA JUDICIAL OFFICER Date: 04/09/2021

☐ **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			
1506	S	2021	000245
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

BRICK TOWNSHIP MUNICIPAL COURT
401 CHAMBERS BRIDGE
BRICK NJ 08723-0000
732-262-1226 COUNTY OF: OCEAN

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		23800-21

COMPLAINANT NAME: MARK M CATALINA
401 CHAMBERSBRDG RD
ATTN WARRANTS
BRICK TOWN NJ 08723

THE STATE OF NEW JERSEY
VS.
MICHELE L SUDANO

ADDRESS :
895 STAPLETON AVENUE
BRICK NJ 08723-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 03/30/1983
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #:
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #:

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 04/08/2021 in BRICK TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, DID COMMIT THE OFFENSE OF AGGRAVATED ASSAULT SPECIFICALLY BY STRIKING THE VICTIM L.A., A ON DUTY CLINICAL THERAPIST WITH THE HACKENSACK MERIDIAN HEALTH OCEAN MEDICAL CENTER, IN THE BEHAVIORAL UNIT OF HACKENSACK MERIDIAN HEALTH OCEAN MEDICAL CENTER WITH A CLOSE FIST SEVERAL TIMES IN THE HEAD CAUSING REDNESS AND SWELLING TO L.A.'S RIGHT EYE AND TOP LIP ALONG WITH A MINOR LACERATION TO THE INSIDE OF THE LIP.

in violation of:

Original Charge	1) 2C:12-1B(5)(J)	2)	3)

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: _____ Date of Action: _____
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER			
1506	S	2021	000245
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

BRICK TOWNSHIP MUNICIPAL COURT
401 CHAMBERS BRIDGE
BRICK NJ 08723-0000
732-262-1226 COUNTY OF: OCEAN

THE STATE OF NEW JERSEY
VS.
MICHELE L SUDANO

ADDRESS : 895 STAPLETON AVENUE
BRICK NJ 08723-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		23800-21

COMPLAINANT NAME: MARK M CATALINA
401 CHAMBERSBRDG RD
ATTN WARRANTS
BRICK TOWN NJ 08723

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 03/30/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #:

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:

On 4/8/2021 I was dispatched to the Hackensack Meridian Health Ocean Medical Center reference to a hospital worker who was attacked by a the defendant. The defendant struck the victim, L.A., with a closed fist several times in the face and head. The victim sustained redness and swelling to her right eye along with her top lip. The victim also sustain a minor laceration to the inner top lip. The defendant was identified by other hospital staff members and after speaking with the defendant she admitted to striking the victim.

Affidavit of Probable Cause

COMPLAINT NUMBER			
1506	S	2021	000245
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
MICHELE L SUDANO

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

Defendant gave admission when asked about the incident.

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

Minor injury (redness, swelling to right eye and minor laceration to lip)

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: MARK M CATALINA LAW ENFORCEMENT OFFICER Date: 04/08/2021

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1506	S	2021	000245
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

BRICK TOWNSHIP MUNICIPAL COURT
401 CHAMBERS BRIDGE
BRICK NJ 08723-0000
732-262-1226 COUNTY OF: OCEAN

THE STATE OF NEW JERSEY
VS.
MICHELE L SUDANO

ADDRESS: 895 STAPLETON AVENUE
BRICK NJ 08723-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		23800-21

COMPLAINANT NAME: MARK M CATALINA
401 CHAMBERSBRDG RD
ATTN WARRANTS
BRICK TOWN NJ 08723

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 03/30/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #:

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 charge was based on the observations/statements made by an eyewitness(es).
- •The witness statement(s) were recorded via:
  - *Body-Worn Camera

-The defendant made statements/admissions.
- •It was recorded using:
  - *Body-Worn Camera

-The defendant was a stranger to the victim.

-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: MARK M CATALINA LAW ENFORCEMENT OFFICER Date: 04/08/2021