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

July 26, 2021

Via OPRA Machine: opra+request-24736-46810e0e@requests.opramachine.com

Re: Open Public Records Act (OPRA) Request
OCPO Case# 21001789 – Patricia Gelosi

Dear Sir/Madam:

Enclosed please find the Complaint Summons, Affidavit of Probable Cause 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, 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/ec

Enclosures

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1506	S	2021	000200
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.
PATRICIA GELOSI

ADDRESS: 405 BAYVIEW AVE
BAYVILLE NJ 08721-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		

COMPLAINANT NAME: SHOP RITE
GINGER HAYES 668 RT 70
BRICK NJ 08723

DEFENDANT INFORMATION
SEX: U EYE COLOR: NOT LIST DOB: 09/12/1966
DRIVER'S LIC. #. DL STATE: NA
SOCIAL SECURITY #: 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 12/31/2020 in BRICK TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, ON 12/31/2020 THE CUSTOMER PAID FOR THEIR ORDER WITH CHECK # 672 IN THE AMOUNT OF $ 298.05. THE CHECK WAS THAN RETURNED BY TD BANK FOR INSUFFICIENT FUNDS.

in violation of:

Original Charge	1) 2C:21-5	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: _____ **Date:** _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

☐ 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-summons:

_____ _____
Signature of Judge — Date

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: Appearance Date: 06/30/2021 Time: 09:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: JOSEPH GRISANTI JUDICIAL OFFICER Date: 06/30/2021

☐ **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

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
1506	S	2021	000200	PATRICIA GELOSI
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: 06/30/2021	❑ 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

Original Charge	1) 2C:21-5			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 _____

ORIGINAL - Court Action

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
1506	S	2021	000200
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.
PATRICIA GELOSI

ADDRESS: 405 BAYVIEW AVE
BAYVILLE NJ 08721-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		

COMPLAINANT
NAME: SHOP RITE

DEFENDANT INFORMATION
SEX: U EYE COLOR: NOT LIST DOB: 09/12/1966
DRIVER'S LIC. #: DL STATE: NA
SOCIAL SECURITY #: 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 12/31/2020 in BRICK TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, ON 12/31/2020 THE CUSTOMER PAID FOR THEIR ORDER WITH CHECK # 672 IN THE AMOUNT OF $ 298.05. THE CHECK WAS THAN RETURNED BY TD BANK FOR INSUFFICIENT FUNDS.

in violation of:

Original Charge	1) 2C:21-5	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: _____ **Date:** _____

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF SUMMONS

☐ 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-summons:

_____ _____
Signature of Judge Date

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: **Appearance Date:** 06/30/2021 **Time:** 09:00AM **Phone:** 732-504-0700

Signature of Person Issuing Summons: JOSEPH GRISANTI JUDICIAL OFFICER Date: 06/30/2021

☐ **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): _____

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
1506	S	2021	000200
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		

COMPLAINANT NAME: SHOP RITE
GINGER HAYES 668 RT 70
BRICK NJ 08723

THE STATE OF NEW JERSEY
VS.
PATRICIA GELOSI

ADDRESS :
405 BAYVIEW AVE
BAYVILLE NJ 08721-0000

DEFENDANT INFORMATION
SEX: U EYE COLOR: NOT LIST DOB: 09/12/1966
DRIVER'S LIC. #. DL STATE: NA
SOCIAL SECURITY # 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 **12/31/2020** in **BRICK TWP** , **OCEAN** **County, NJ** did:
WITHIN THE JURISDICTION OF THIS COURT,ON 12/31/2020 THE CUSTOMER PAID FOR THEIR ORDER WITH CHECK # 672 IN THE AMOUNT OF $ 298.05. THE CHECK WAS THAN RETURNED BY TD BANK FOR INSUFFICIENT FUNDS.

in violation of:

Original Charge	1) 2C:21-5	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

Affidavit of Probable Cause

COMPLAINT NUMBER			
1506	S	2021	000200
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.
PATRICIA GELOSI

ADDRESS: 405 BAYVIEW AVE
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# of CHARGES	CO-DEFTS	POLICE CASE #:
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COMPLAINANT NAME: SHOP RITE
GINGER HAYES 668 RT 70
BRICK NJ 08723

DEFENDANT INFORMATION
SEX: U EYE COLOR: NOT LIST DOB: 09/12/1966
DRIVER'S LIC. #: DL STATE: NA
SOCIAL SECURITY #: 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:

Affidavit of Probable Cause

COMPLAINT NUMBER			
1506	S	2021	000200
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
PATRICIA GELOSI

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: _____ Date: _____

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1506	S	2021	000200
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.
PATRICIA GELOSI

ADDRESS: 405 BAYVIEW AVE
BAYVILLE NJ 08721-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		

COMPLAINANT NAME: SHOP RITE
GINGER HAYES 668 RT 70
BRICK NJ 08723

DEFENDANT INFORMATION
SEX: U EYE COLOR: NOT LIST DOB: 09/12/1966
DRIVER'S LIC. #: DL STATE: NA
SOCIAL SECURITY #: 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.

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: _____ **Date:** _____