

# Harassment

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                            |                           |                        |                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Clayton Police Department</b>                            |                            |                           | <b>Incident Report</b> |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Incident:<br>4-HARASSMENT                                   |                            |                           |                        |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Incident Report Number:<br>24-022067                        |                            | Between: Date - Time      |                        | And/At: Date-Time<br>11/8/24 13:50 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Incident Location:<br>1043 N Delsea DR,0, Clayton, NJ 08312 |                            |                           |                        |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Offense - 1:<br>2C:33-4                                     |                            | Offense - 2:              |                        | Offense - 3:                       |
| Offense - 5:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | Offense - 6:               |                           | Offense - 7:           | Offense - 8:                       |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name (Last, First, Middle)<br>Caltabiano, Rosario           |                            |                           | DOB:<br>[REDACTED]     | Race/Sex<br>[REDACTED]             |
| Address: (Address, City, State, Zip)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                            |                           |                        | Phone 1                            |
| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                            |                           |                        | Phone 2                            |
| Employer Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                            |                           |                        | Work Phone #                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name (Last, First, Middle)                                  |                            |                           | DOB:                   | Race/Sex                           |
| Address: (Address, City, State, Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                            |                           |                        | Phone 1                            |
| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                            |                           |                        | Phone 2                            |
| Employer Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                            |                           |                        | Work Phone #                       |
| <b>NARRATIVE</b><br><br><b>BWC ACTIVATED</b><br><br><p>On Friday, November 8th, 2024, around the hours of 1350 I, Ptlm Clark #1335 was dispatched to the area of 1043 N Delsea Drive in refence to a disturbance at A &amp; R Auto. Communications advised that there was a female on location who could be heard screaming in the background. While en route communications advised that the female had left the location in a U-HUAL van traveling south on Delsea Dr.</p> <p>As officers approached Delsea Drive and Academy Street Ptlm Meyers observed the U-HUAL van at the posted red light. Ptlm Meyers conducted a motor vehicle stop on the U-HUAL while I remained en route to A &amp; R Auto. Upon arrival I met with a male later identified as Rosario Caltabiano. Rosario</p> |                                                             |                            |                           |                        |                                    |
| Vehicle Information: (Year, Make, Model, Style, Color)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                            |                           |                        |                                    |
| License Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State:                                                      | Expiration Year:           | Vin:                      | Insurance Company:     |                                    |
| Other Vehicle Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                            |                           |                        | NCIC#                              |
| Reporting Officer(s):<br>Clark, Omari A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                            | Payroll Number:<br>OC1335 |                        | Report Date:<br>11/08/2024         |
| Time Received:<br>13:50:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Time Cleared:<br>14:55:21                                   | Unit(s) Assigned:<br>P1335 |                           | Pages:                 |                                    |
| Reviewed by:<br>Meyers, Austin S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             | Payroll Number:<br>AM1327  |                           | Copy To                |                                    |

Date: 11/08/2024

Offense - 1: 2C:33-4

Incident Report Number:

24-022067

**Clayton Police Department****Continuation**

Incident Report Number

Incident Location:

Incident Date:

24-022067

1043 N Delsea DR,0, Clayton, NJ 08312

11/08/2024

stated that a female later identified as Valarie Dralle had purchased a car from them approximately 2 months ago. Today Dralle came into the business asking for them to fix her car because she was having issues with it. Rosario stated that once they looked the car over and observed that Dralle had driven the vehicle 1500 miles since purchasing it, they would not fix the vehicle. Dralle immediately became irate and began yelling profanities inside of the business. Dralle made statements like how she was going to come back and blow the place up and smash all the windows. Dralle stated that she would sue them and eventually own the business. Rosario stated that he did not want to press charges. Another unknown employee arrived on scene and advised that Dralle come to the business monthly and causes issues.

Ptlm Meyers advised that he identified Dralle and her driver and released them from the stop.

All proper paperwork was completed and submitted. Nothing further to report.

Reporting Officer(s):

Clark, Omari A.

Payroll Number:

OC1335

Pages:

2 of 3

# Clayton Police Department

## Continuation

Incident Report Number

24-022067

Incident Location:

1043 N Delsea DR,0, Clayton, NJ 08312

Incident Date:

11/08/2024

### NAMES

#### Suspect

Dralle, Valarie

DOB:

#### Other

FEDULZEDA, JASON

Reporting Officer(s):

Clark, Omari A.

Payroll Number:

OC1335

Pages:

3 of 3

# Juvenile Complaint

|                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |                                   |                           |                    |                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------|---------------------------|--------------------|-------------------------------------|--|
|                                                                                                                                                                                                                                                                                                            | <b>Clayton Police Department</b>                         |                                   |                           |                    | <b>Incident Report</b>              |  |
|                                                                                                                                                                                                                                                                                                                                                                                             | Incident:<br>Operations Report Non UCR                   |                                   |                           |                    |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                             | Incident Report Number:<br>24-022582                     |                                   | Between: Date - Time      |                    | And/At: Date-Time<br>11/15/24 14:39 |  |
|                                                                                                                                                                                                                                                                                                                                                                                             | Incident Location:<br>4 N Delsea DR,3, Clayton, NJ 08312 |                                   |                           |                    |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                             | Offense - 1:<br>Operations Report                        |                                   | Offense - 2:              |                    | Offense - 3:                        |  |
| Offense - 5:                                                                                                                                                                                                                                                                                                                                                                                |                                                          | Offense - 6:                      |                           | Offense - 7:       |                                     |  |
| Offense - 8:                                                                                                                                                                                                                                                                                                                                                                                |                                                          | Offense - 9:                      |                           | Offense - 10:      |                                     |  |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                  |                                                          | DOB:                              |                           | Race/Sex           |                                     |  |
| Address: (Address, City, State, Zip)                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                   |                           | Phone 1            |                                     |  |
| Employer                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                   |                           | Phone 2            |                                     |  |
| Employer Address                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                                   |                           | Work Phone #       |                                     |  |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                  |                                                          | DOB:                              |                           | Race/Sex           |                                     |  |
| Address: (Address, City, State, Zip)                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                   |                           | Phone 1            |                                     |  |
| Employer                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                   |                           | Phone 2            |                                     |  |
| Employer Address                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                                   |                           | Work Phone #       |                                     |  |
| <b>NARRATIVE</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                                   |                           |                    |                                     |  |
| <p>On November 15th, 2024 I was dispatched to 4 North Delsea Drive, Nick's Pizza, for a juvenile fight. Upon arrival I checked the area and did not locate any juveniles fighting. I spoke with one juvenile who fit the description of a juvenile that was involved but he stated that he was not involved in a fight. No further action was taken.</p> <p>Sgt. Nicholas W. Carr #1314</p> |                                                          |                                   |                           |                    |                                     |  |
| Vehicle Information: (Year, Make, Model, Style, Color)                                                                                                                                                                                                                                                                                                                                      |                                                          |                                   |                           |                    |                                     |  |
| License Number:                                                                                                                                                                                                                                                                                                                                                                             | State:                                                   | Expiration Year:                  | Vin:                      | Insurance Company: |                                     |  |
| Other Vehicle Information:                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                   |                           | NCIC#              |                                     |  |
| Reporting Officer(s):<br>Carr, Nicholas W.                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                   | Payroll Number:<br>NC1329 |                    | Report Date:<br>11/16/2024          |  |
| Time Received:<br>14:39:13                                                                                                                                                                                                                                                                                                                                                                  | Time Cleared:<br>14:46:19                                | Unit(s) Assigned:<br>P1314, P1317 |                           | Pages:<br>1 of 1   |                                     |  |
| Reviewed by:<br>Franklin, Lauren W.                                                                                                                                                                                                                                                                                                                                                         |                                                          | Payroll Number:<br>LF0103         |                           | Copy To            |                                     |  |

Date:

11/16/2024

Offense - 1:

Operations Report

Incident Report Number:

24-022582

# Civil

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                            |                           |                        |                                     |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Clayton Police Department</b>                           |                            |                           | <b>Incident Report</b> |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Incident:<br>U-Operations Report                           |                            |                           |                        |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Incident Report Number:<br>24-022961                       |                            | Between: Date - Time      |                        | And/At: Date-Time<br>11/21/24 11:06 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Incident Location:<br>125 N Delsea DR,2, Clayton, NJ 08312 |                            |                           |                        |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Offense - 1:<br>Operations Report                          |                            | Offense - 2:              |                        | Offense - 3:                        |  |
| Offense - 5:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            | Offense - 6:               |                           | Offense - 7:           |                                     |  |
| Offense - 4:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            | Offense - 8:               |                           |                        |                                     |  |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                            | DOB:                      |                        |                                     |  |
| Address: (Address, City, State, Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                            | Race/Sex                  |                        |                                     |  |
| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                            | Phone 1                   |                        |                                     |  |
| Employer Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                            | Phone 2                   |                        |                                     |  |
| Employer Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                            | Work Phone #              |                        |                                     |  |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                            | DOB:                      |                        |                                     |  |
| Address: (Address, City, State, Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                            | Race/Sex                  |                        |                                     |  |
| Address: (Address, City, State, Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                            | Phone 1                   |                        |                                     |  |
| Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                            | Phone 2                   |                        |                                     |  |
| Employer Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                            | Work Phone #              |                        |                                     |  |
| <b>NARRATIVE</b><br><br><p>On Thursday November 21st 2024, I responded to police headquarters for a walk-in. Upon arrival, I met with the caller identified as Alex Zuluaga. Alex stated that he was a independent contractor that was doing a "job" in the residence of 216 E Linden Street from March 2024 to June 2024. Alex stated that the owner of the residence identified as Nembhard White, was supposed to pay thirteen thousand dollars by the time the job was completed. Alex stated that towards the end of finishing up the work on his house, a tree fell onto Nembhard's house. When Alex went to collect the last payment for his work on Nembhard's house, Nembhard advised him that he will not be paying him. Alex stated that in total, Nembhard paid ten thousand dollars, and still owes him three thousand dollars. Alex believes that he is not paying him because of the damage on his house from the tree. I advised Alex that I have no issue reaching out to Nembhard regarding the information that Alex has provided me with, but ultimately it will be a civil matter. Alex was advised to send me copies of the receipts</p> |                                                            |                            |                           |                        |                                     |  |
| Vehicle Information: (Year, Make, Model, Style, Color)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                            |                           |                        |                                     |  |
| License Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State:                                                     | Expiration Year:           | Vin:                      | Insurance Company:     |                                     |  |
| Other Vehicle Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                            |                           | NCIC#                  |                                     |  |
| Reporting Officer(s):<br>Ruiz, Alexander                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                            | Payroll Number:<br>AR1328 |                        | Report Date:<br>11/21/2024          |  |
| Time Received:<br>11:06:44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Time Cleared:<br>11:21:58                                  | Unit(s) Assigned:<br>P1328 | Pages:<br>1 of 3          |                        |                                     |  |
| Reviewed by:<br>Guglielmo, Kelly M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | Payroll Number:<br>KG1324  | Copy To                   |                        |                                     |  |

Date:

11/21/2024

Offense - 1:

Operations Report

Incident Report Number:

24-022961

**Clayton Police Department****Continuation**

Incident Report Number

24-022961

Incident Location:

125 N Delsea DR, 2, Clayton, NJ 08312

Incident Date:

11/21/2024

involved, and pictures of the completed work to the residence to a provided email. At this point, I have not received pictures or receipt from Alex. Alex was also provided a case number for the incident.

I responded to 216 E Linden Street shortly after in attempt to speak with Nembhard. I knocked at the residence multiple times and there was no answer.

Approximately an hour after trying to speak with Nembhard, he responded to police headquarters to question why there were police at his residence. I advised Nembhard of the reason for my contact. Nembhard stated that what Alex said is not true, and he did not complete the proper work at his residence. I advised Nembhard that the incident will be documented, but ultimately it is a civil matter.

No further police action was taken at this time.

Reporting Officer(s):

Ruiz, Alexander

Payroll Number:

AR1328

Pages:

2 of 3

# Clayton Police Department

## Continuation

Incident Report Number

24-022961

Incident Location:

125 N Delsea DR, 2, Clayton, NJ 08312

Incident Date:

11/21/2024

### NAMES

#### Caller

Zuluaga, Alex

Phone 1: (

#### Owner

White, Nembhard

DOB:

Phone 1: (

Reporting Officer(s):

Ruiz, Alexander

Payroll Number:

AR1328

Pages:

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