# COMPLAINT - SUMMONS

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000390 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

*THE STATE OF NEW JERSEY*
*VS.*
**MARCELLIN K PAUL**

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

ADDRESS: 24 CORNELL ROAD
SOUTH TOMS RIVER NJ 08757-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | 0 | 23-001322 |

COMPLAINANT NAME: MICHAEL RICCARDELLI
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/29/1976
DRIVER'S LIC. #. DL STATE:
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 05/09/2023 in BERKELEY TWP , OCEAN County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY DECEPTION BY PURPOSELY OBTAINING PROPERTY BELONGING TO NEW HOPE BAPTIST CHURCH OF MANITOU PARK BY DECEPTION THROUGH CREATING (OR) REINFORCING A FALSE IMPRESSION SPECIFICALLY BY USING THE PERSONAL IDENTIFIERS AND BANK ACCOUNT INFORMATION OF NEW HOPE BAPTIST CHURCH OF MANITOU PARK TO OBTAIN FUNDS IN THE AMOUNT OF $8000.00 DOLLARS AT TD BANK ON 05/02/2023 AND DEPOSITING IT INTO A WELLS FARGO ACCOUNT MAINTAINED BY HIMSELF ON 05/09/2023

**in violation of:**

| | | | |
|---|---|---|---|
| Original Charge | 1) 2C:20-4 | 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: MICHAEL RICCARDELLI Date: 09/11/2023

**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: Appearance Date: 09/11/2023 Time: 05:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: MICHAEL RICCARDELLI Date: 09/11/2023

☐ 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. |
|---|---|---|---|---|
| 1505 | S | 2023 | 000390 | MARCELLIN K PAUL |
| 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: 09/11/2023 | ☐ 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:20-4 | 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 | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000390 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | 0 | 23-001322 |

COMPLAINANT
NAME: MICHAEL RICCARDELLI

*THE STATE OF NEW JERSEY*
*VS.*
MARCELLIN K PAUL

ADDRESS: 24 CORNELL ROAD
SOUTH TOMS RIVER NJ 08757-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/29/1976
DRIVER'S LIC. #. DL STATE:
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 05/09/2023 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY DECEPTION BY PURPOSELY OBTAINING PROPERTY BELONGING TO NEW HOPE BAPTIST CHURCH OF MANITOU PARK BY DECEPTION THROUGH CREATING (OR) REINFORCING A FALSE IMPRESSION SPECIFICALLY BY USING THE PERSONAL IDENTIFIERS AND BANK ACCOUNT INFORMATION OF NEW HOPE BAPTIST CHURCH OF MANITOU PARK TO OBTAIN FUNDS IN THE AMOUNT OF $8000.00 DOLLARS AT TD BANK ON 05/02/2023 AND DEPOSITING IT INTO A WELLS FARGO ACCOUNT MAINTAINED BY HIMSELF ON 05/09/2023

**in violation of:**

| | 1) | 2) | 3) |
|---|---|---|---|
| Original Charge | 2C:20-4 | | |
| 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: MICHAEL RICCARDELLI Date: 09/11/2023

**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: Appearance Date: 09/11/2023 Time: 05:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: MICHAEL RICCARDELLI Date: 09/11/2023

☐ 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 | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000390 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | 0 | 23-001322 |

COMPLAINANT NAME: MICHAEL RICCARDELLI
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
MARCELLIN K PAUL

ADDRESS :
24 CORNELL ROAD
SOUTH TOMS RIVER NJ 08757-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/29/1976
DRIVER'S LIC. #. DL STATE:
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 05/09/2023 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY DECEPTION BY PURPOSELY OBTAINING PROPERTY BELONGING TO NEW HOPE BAPTIST CHURCH OF MANITOU PARK BY DECEPTION THROUGH CREATING (OR) REINFORCING A FALSE IMPRESSION SPECIFICALLY BY USING THE PERSONAL IDENTIFIERS AND BANK ACCOUNT INFORMATION OF NEW HOPE BAPTIST CHURCH OF MANITOU PARK TO OBTAIN FUNDS IN THE AMOUNT OF $8000.00 DOLLARS AT TD BANK ON 05/02/2023 AND DEPOSITING IT INTO A WELLS FARGO ACCOUNT MAINTAINED BY HIMSELF ON 05/09/2023

**in violation of:**

| Original Charge | 1) 2C:20-4 | 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. 24 CORNELL ROAD SOUTH TOMS RIVER, NJ 08757 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: MICHAEL RICCARDELLI BERKELEY TWP POLICE DEPT Date of Action: 09/11/2023
Name, Title and Department of Officer

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000390 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 23-001322 |

COMPLAINANT NAME: MICHAEL RICCARDELLI
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
MARCELLIN K PAUL

ADDRESS: 24 CORNELL ROAD
SOUTH TOMS RIVER NJ 08757-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/29/1976
DRIVER'S LIC. #: DL STATE:
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 04/13/2023, BTPD report #23-001122 was filed by Gladys Brown, who acts as the chairman on the board of New Hope Baptist Church of Manitou Park. Mrs. Brown advised that as such she has been an authorized user of the churches TD Bank account for several years along with other board members. On 04/12/23 Mrs. Brown attempted to make a deposit an discovered that she was no longer an authorized user on the account. TD Bank advised her that Marcellin King Paul, the churched pastor, had removed all the trustees as authorized users and made himself the sole operator of the account. Mrs. Brown indicated that Mr. Paul was able to do this by filing a "change of registered agent certificate" with NJ Department of the Treasury. Mrs. Brown indicated that she noticed suspicious transactions from the account which included a $500.00 dollar cash withdraw and a $4,800.00 dollar check made out to Homes For All.

On 05/01/2023, Mrs. Brown filed BTPD report #23-001322 advising that the board of the New Hope Baptist Church had been locked out of the church's checking account by the pastor, Marcellin King Paul. Mrs. Brown advised that Marcellin King Paul changed the Churches TD bank accounts without permission of the board. The main TD Bank account # in question had a balance of $100,601.99 dollars when Mr. Paul closed it on 04/10/2023 and he created new TD Bank accounts for New Hope Baptist Church which the money was distributed into. Specifically Mr. Paul deposited $5,000.00 dollars from the initial $100,601.99 dollars into TD Bank account [redacted] on 04/10/23 and then on 05/02/23 deposited a $4,800.00 dollar check into the account that was originally made out to Homes for All and taken out of the churches original checking account on 04/10/23. On 05/02/23, Mr. Paul had a bank check in the amount of $8,000.00 dollars made out to Chainbreker Intl come out of New Hope Baptist Church TD Bank account [redacted] and it was deposited into Wells Fargo Bank account [redacted] on 05/09/23. The Wells Fargo Bank account [redacted] belongs to Chainbreaker International Ministry Cor and has Marcellin King Paul listed as the owner/key individual for the account. The deposited $8,000.00 dollars was than transferred out of the account to different accounts in a series of tele-transfers between 05/10/23 to 06/26/23. Mrs. Brown indicated that Mr. Paul was not authorized to change the accounts or take any money out of the accounts without approval by the churches board.

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000390 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

*THE STATE OF NEW JERSEY*
*VS.*
MARCELLIN K PAUL

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: MICHAEL RICCARDELLI LAW ENFORCEMENT OFFICER Date: 09/06/2023

# Preliminary Law Enforcement Incident Report

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000390 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 23-001322 |

COMPLAINANT NAME: MICHAEL RICCARDELLI
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
MARCELLIN K PAUL

ADDRESS: 24 CORNELL ROAD
SOUTH TOMS RIVER NJ 08757-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/29/1976
DRIVER'S LIC. #. DL STATE:
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 defendant was known to the victim as:
•Other/Explain church pastor

-The case involved theft and/or stolen property. The property which was stolen and/or possessed is US Currency

**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: MICHAEL RICCARDELLI LAW ENFORCEMENT OFFICER Date: 09/06/2023

# COMPLAINT - SUMMONS

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
GEORGE GLAWSON

ADDRESS: 8 ERMINE CT
MANCHESTER NJ 08015-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 3 | | 23-004192 |

COMPLAINANT NAME: JOSHUA FOCA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 07/11/1977
DRIVER'S LIC. #: [redacted] DL STATE: IN
SOCIAL SECURITY #: [redacted] SBI #: 188430C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006749

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 12/29/2023 in BERKELEY TWP, OCEAN County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT COMMIT SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO THE VICTIM SPECIFICALLY BY STABBING HIS FINGER INTO THE VICTIM'S EYE CAUSING A LACERATION TO HER RIGHT EYE AND BRUISING IN VIOLATION OF NJS 2C:12-1A(1) A DISORDELY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT COMMIT AGGRAVATED ASSAULT BY ATTEMPTING TO CAUSE (OR) PURPOSELY, KNOWINGLY (OR) RECKLESSLY CAUSING (OR) NEGLIGENTLY CAUSING WITH A DEADLY WEAPON (OR) ATTEMPTED BY PHYSICAL MENACE TO PUT IN FEAR OF SERIOUS BODILY INJURY BODILY INJURY TO PTL MURAWSKI, A LAW ENFORCEMENT OFFICER, WHILE IN THE PERFORMANCE OF HIS / HER DUTIES, WHILE IN UNIFORM OR WHILE EXHIBITING EVIDENCE OF HIS / HER AUTHORITY (OR) BECAUSE OF HIS / HER STATUS AS A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY SHOVING PTL MURAWSKI WITH HIS HAND IN VIOLATION OF N.J.S. 2C:12-1B(5) (A).

**in violation of:**

| | | | |
|---|---|---|---|
| Original Charge | 1) 2C:12-1A(1) | 2) 2C:12-1B(5)(A) | 3) 2C:29-2A(3)(A) |
| 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: JOSHUA FOCA Date: 12/30/2023

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

**SUMMONS**

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

at the following address: OCEAN SUPERIOR COURT
120 HOOPER AVE TOMS RIVER NJ 08753-0000

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

Date of Arrest: 12/29/2023 Appearance Date: 01/29/2024 Time: 10:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: JOSHUA FOCA Date: 12/30/2023

☑ **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

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

**STATE V.**

**GEORGE GLAWSON**

WITHIN THE JURISDICTION OF THIS COURT, PURPOSELY PREVENTED OR ATTEMPTED TO PREVENT A LAW ENFORCEMENT OFFICER FROM EFFECTING AN ARREST AND USED OR THREATENED TO USE PHYSICAL FORCE OR VIOLENCE AGAINST THE LAW ENFORCEMENT OFFICER OR (AND/OR) USES ANY (OTHER) MEANS TO CREATE A SUBSTANTIAL RISK OF CAUSING PHYSICAL INJURY TO THE PUBLIC SERVANT, SPECIFICALLY BY UTILIZING PHYSICAL FORCE TO STOP OFFICERS FROM PLACING HIM IN HANDCUFFS AFTER JUST ASSAULTING PTL MURAWSKI. OFFICERS WERE FORCED TO UTILIZED A TAKEDOWN FROM THE STANDING POSITION IN ORDER TO GAIN COMPLIANCE OVER THE DEFENDANT IN VIOLATION OF N.J.S. 2C:29-2A (3)(A)

| | | | |
|---|---|---|---|
| Original Charge | | | |
| Amended Charge | | | |

# COMPLAINT – SUMMONS (Court Action)

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

**STATE V.**

**GEORGE GLAWSON**

| **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: 01/29/2024 | ☐ 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) 2C:12-1A(1) | 2) 2C:12-1B(5)(A) | 3) 2C:29-2A(3)(A) |
|---|---|---|---|
| Original Charge | | | |
| 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 (Court Action)

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

**STATE V.**

**GEORGE GLAWSON**

| **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: 01/29/2024 | ☐ 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 | | | | | | | | | |
| 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 _____

# RETURN OF SERVICE INFORMATION

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

*THE STATE OF NEW JERSEY*
*VS.*
**GEORGE GLAWSON**

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

ADDRESS :
8 ERMINE CT

MANCHESTER NJ 08015-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 3 | | 23-004192 |

COMPLAINANT NAME: JOSHUA FOCA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 07/11/1977
DRIVER'S LIC. #: [redacted] DL STATE: IN
SOCIAL SECURITY #: [redacted] SBI #: 188430C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006749

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 **12/29/2023** in **BERKELEY TWP** , **OCEAN** **County, NJ** did:

WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT COMMIT SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO THE VICTIM SPECIFICALLY BY STABBING HIS FINGER INTO THE VICTIM'S EYE CAUSING A LACERATION TO HER RIGHT EYE AND BRUISING IN VIOLATION OF NJS 2C:12-1A(1) A DISORDELY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT COMMIT AGGRAVATED ASSAULT BY ATTEMPTING TO CAUSE (OR) PURPOSELY, KNOWINGLY (OR) RECKLESSLY CAUSING (OR) NEGLIGENTLY CAUSING WITH A DEADLY WEAPON (OR) ATTEMPTED BY PHYSICAL MENACE TO PUT IN FEAR OF SERIOUS BODILY INJURY BODILY INJURY TO PTL MURAWSKI, A LAW ENFORCEMENT OFFICER, WHILE IN THE PERFORMANCE OF HIS / HER DUTIES, WHILE IN UNIFORM OR WHILE EXHIBITING EVIDENCE OF HIS / HER AUTHORITY (OR) BECAUSE OF HIS / HER STATUS AS A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY SHOVING PTL MURAWSKI WITH HIS HAND IN VIOLATION OF N.J.S. 2C:12-1B(5) (A).

**in violation of:**

| Original Charge | 1) 2C:12-1A(1) | 2) 2C:12-1B(5) (A) | 3) 2C:29-2A(3) (A) |
|---|---|---|---|

| 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: JOSHUA FOCA BERKELEY TWP POLICE DEPT
Name, Title and Department of Officer

Date of Action: 12/30/2023

RETURN OF SERVICE INFORMATION

# RETURN OF SERVICE INFORMATION

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

**STATE V.**

**GEORGE GLAWSON**

WITHIN THE JURISDICTION OF THIS COURT, PURPOSELY PREVENTED OR ATTEMPTED TO PREVENT A LAW ENFORCEMENT OFFICER FROM EFFECTING AN ARREST AND USED OR THREATENED TO USE PHYSICAL FORCE OR VIOLENCE AGAINST THE LAW ENFORCEMENT OFFICER OR (AND/OR) USES ANY (OTHER) MEANS TO CREATE A SUBSTANTIAL RISK OF CAUSING PHYSICAL INJURY TO THE PUBLIC SERVANT, SPECIFICALLY BY UTILIZING PHYSICAL FORCE TO STOP OFFICERS FROM PLACING HIM IN HANDCUFFS AFTER JUST ASSAULTING PTL MURAWSKI. OFFICERS WERE FORCED TO UTILIZED A TAKEDOWN FROM THE STANDING POSITION IN ORDER TO GAIN COMPLIANCE OVER THE DEFENDANT IN VIOLATION OF N.J.S. 2C:29-2A (3)(A)

| | | | |
|---|---|---|---|
| Original Charge | | | |
| Amended Charge | | | |

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 3 | | 23-004192 |

COMPLAINANT NAME: JOSHUA FOCA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
GEORGE GLAWSON

ADDRESS: 8 ERMINE CT
MANCHESTER NJ 08015-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 07/11/1977
DRIVER'S LIC. #: [redacted] DL STATE: IN
SOCIAL SECURITY #: [redacted] SBI #: 188430C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006749

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:

**The victim had visible signs of injuries and stated the defendant is the one that caused the injuries. The defendant committed two offenses in the officer's presence and the incident was recorded on body worn cameras.**

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

***THE STATE OF NEW JERSEY***
***VS.***
**GEORGE GLAWSON**

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

**The victim had visible signs of injuries and stated the defendant is the one that caused the injuries. The victim had a laceration to her right eye and fresh bruising to indicate the injury was fresh. The defendant committed two offenses in the officer's presence and the incident was recorded on body worn cameras.**

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

**victim sustained minor injuries and refused medical treatment.**

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: JOSHUA FOCA LAW ENFORCEMENT OFFICER Date: 12/30/2023

# Preliminary Law Enforcement Incident Report

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2023 | 000557 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
GEORGE GLAWSON

ADDRESS: 8 ERMINE CT
MANCHESTER NJ 08015-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 3 | | 23-004192 |

COMPLAINANT NAME: JOSHUA FOCA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 07/11/1977
DRIVER'S LIC. #: [redacted] DL STATE: IN
SOCIAL SECURITY #: [redacted] SBI #: 188430C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006749

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

-The offense Involved domestic violence.

-The complaining officer personally observed the offense.

-Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge#
Ptl Murawski 5139

-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 was known to the victim as:
•Intimate Partner

-The victim was injured and:
•Victim treated at the scene

-The defendant fled, attempted flight, or resisted arrest.

*Physical resistance

-The defendant operated a motor vehicle in a manner that endangered public safety.

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

**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:** JOSHUA FOCA LAW ENFORCEMENT OFFICER **Date:** 12/30/2023

# COMPLAINT - SUMMONS

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000003 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
KRISTIN A WILSON

ADDRESS: 103 LANGLEY CT
TOMS RIVER NJ 08757-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000010 |

COMPLAINANT NAME: DREW FANARA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 02/26/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 437601D
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006752

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 01/01/2024 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT ASSAULT BY PURPOSELY, KNOWINGLY OR RECKLESSLY CAUSING BODILY INJURY TO [redacted] SPECIFICALLY BY THROWING A CANDLE ENCASED IN GLASS AT [redacted], CAUSING A VISABLE LACERATION TO HIS HAND.

**in violation of:**

| | | | |
|---|---|---|---|
| Original Charge | 1) 2C:12-1A(1) | 2) | 3) |
| Amended Charge | | | |

## CERTIFICATION:

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

Signed: DREW FANARA Date: 01/01/2024

**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 Municipal Court in the county of: OCEAN
at the following address: BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR 631 PINEWALD KESWICK RD. BAYVILLE NJ 08721-0000
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: 01/01/2024 Appearance Date: 01/29/2024 Time: 10:00AM Phone: 732-240-6661

Signature of Person Issuing Summons: ANGELA VANWINKLE JUDICIAL OFFICER Date: 01/01/2024

☐ 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 | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000003 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

**STATE V.**

KRISTIN A WILSON

| 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: 01/29/2024 | ☐ Advised of Rights by_____ | Defendant Desires Counsel: ☐ Yes ☐ No |
|---|---|---|

| Prosecuting Attorney Information | | | | Defense Counsel Information | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Name: | | | | Name: | | | | | |
| State | County | Municipal | Other | None | Retained | Public Def | Assigned | Waived | Other |
| | | | | | | | | | |

| | | | |
|---|---|---|---|
| Original Charge | 1) 2C:12-1A(1) | 2) | 3) |
| Amended Charge | | | |
| Waiver Indt/Jury | | | |
| Plea/Date of Plea | Plea: Date: | Plea: Date: | Plea: Date: |
| Adjudication (* see code) | Finding Code: Date: | Finding Code: Date: | Finding Code: Date: |
| Jail Term | Jail time credit / Susp. Imp | Jail time credit / Susp. Imp | Jail time credit / Susp. Imp |
| Probation Term | Susp. Imp | Susp. Imp | Susp. Imp |
| Cond. Discharge Term | | | |
| Community Service | | | |
| D/L Suspension Term | | | |
| Fines/Costs | Fines: Costs: | Fines: Costs: | Fines: Costs: |
| VCCB/SNSF | VCCB: SNSF: | VCCB: SNSF: | VCCB: SNSF: |
| DEDR/Lab Fee | DEDR: LAB: | DEDR: LAB: | DEDR: LAB: |
| CD Fee/Drug Ed Fnd | CD: DAEF: | CD: DAEF: | CD: DAEF: |
| DV Surch/Other Fees | DV: Other: | DV: Other: | DV: Other: |
| Restitution Beneficiary:_____ | | | |

**Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:**

**Related Traffic Tickets and Complaints:**

* Finding Codes
1 – Guilty
2 – Not Guilty
3 – Dismissed – Other
4 – Guilty but Merged
5 – Dismissed-Rule
6 – Dismissed Lack of Prosecution
7 – Dismissed – Pros Motion/Vic Req
8 – Conditional Discharge
D – Dismissed- Prosecutor Discretion
M – Dismissed- Mediation
P - Dismissed-Plea Agreement
S – Disposed at Superior
W – Dismissed-False ID

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

# RETURN OF SERVICE INFORMATION

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000003 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000010 |

COMPLAINANT NAME: DREW FANARA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
**KRISTIN A WILSON**

ADDRESS :
103 LANGLEY CT
TOMS RIVER NJ 08757-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 02/26/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 437601D
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006752

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 01/01/2024 in BERKELEY TWP , OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT ASSAULT BY PURPOSELY, KNOWINGLY OR RECKLESSLY CAUSING BODILY INJURY TO [redacted] SPECIFICALLY BY THROWING A CANDLE ENCASED IN GLASS AT [redacted] CAUSING A VISABLE LACERATION TO HIS HAND.

**in violation of:**

| Original Charge | 1) 2C:12-1A(1) | 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: DREW FANARA BERKELEY TWP POLICE DEPT Date of Action: 01/01/2024
Name, Title and Department of Officer

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000003 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000010 |

COMPLAINANT NAME: DREW FANARA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
KRISTIN A WILSON

ADDRESS: 103 LANGLEY CT
TOMS RIVER NJ 08757-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 02/26/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 437601D
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006752

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:

**Officers observed glass on the floor inside the home as well as a broken candle, and a small laceration to the victims finger.**

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000003 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

*THE STATE OF NEW JERSEY*
*VS.*
**KRISTIN A WILSON**

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

**Officers were able to observe the broken candle as well as broken glass on the floor. Along with a small laceration which was observed on the victims finger.**

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

**SMALL LACERATION TO THE DEFENDANT'S HAND.**

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: DREW FANARA LAW ENFORCEMENT OFFICER Date: 01/01/2024

# Preliminary Law Enforcement Incident Report

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000003 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000010 |

COMPLAINANT NAME: DREW FANARA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
KRISTIN A WILSON

ADDRESS: 103 LANGLEY CT
TOMS RIVER NJ 08757-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 02/26/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 437601D
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006752

**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 defendant was known to the victim as:
  •Intimate Partner

-The victim was injured and:
  •Victim refused treatment

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

**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: DREW FANARA LAW ENFORCEMENT OFFICER Date: 01/01/2024

# COMPLAINT - SUMMONS

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000006 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
RHIANNON A DAVIDSON

ADDRESS: 31 GERALD PLACE
BAYVILLE NJ 08721-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000031 |

COMPLAINANT NAME: S LIGHTBODY
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 07/19/1990
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 167088G
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 150502006757

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 01/03/2024 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT ASSAULT BY PURPOSELY, KNOWINGLY OR RECKLESSLY CAUSING BODILY INJURY TO [redacted], SPECIFICALLY BY; BITING THE VICTIM IN THE BACK LEAVE A RED BITE MARK. IN VIOLATION OF N.J.S.A. 2C:12-1A(1).

**in violation of:**

| | | | |
|---|---|---|---|
| Original Charge | 1) 2C:12-1A(1) | 2) | 3) |
| Amended Charge | | | |

## CERTIFICATION:

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

Signed: S LIGHTBODY Date: 01/03/2024

**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: 01/03/2024 Appearance Date: 01/03/2024 Time: 05:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: S LIGHTBODY Date: 01/03/2024

☑ **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. |
|---|---|---|---|---|
| 1505 | S | 2024 | 000006 | RHIANNON A DAVIDSON |
| 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: 01/03/2024 | ☐ 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:12-1A(1) | | |
| 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

# RETURN OF SERVICE INFORMATION

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000006 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
RHIANNON A DAVIDSON

ADDRESS :
31 GERALD PLACE
BAYVILLE NJ 08721-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000031 |

COMPLAINANT NAME: S LIGHTBODY
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 07/19/1990
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 167088G
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 150502006757

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 01/03/2024 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, COMMIT ASSAULT BY PURPOSELY, KNOWINGLY OR RECKLESSLY CAUSING BODILY INJURY TO [redacted], SPECIFICALLY BY; BITING THE VICTIM IN THE BACK LEAVE A RED BITE MARK. IN VIOLATION OF N.J.S.A. 2C:12-1A(1).

**in violation of:**

| Original Charge | 1) 2C:12-1A(1) | 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: S LIGHTBODY BERKELEY TWP POLICE DEPT Date of Action: 01/03/2024
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000006 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
**RHIANNON A DAVIDSON**

ADDRESS: 31 GERALD PLACE
BAYVILLE NJ 08721-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000031 |

COMPLAINANT NAME: S LIGHTBODY
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 07/19/1990
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 167088G
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 150502006757

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:

I responded to the residence for a call regarding a male who made suicidal statements, that had already left the scene. While I was speaking Ms. Davidson at her residence, additional patrols stated they located the male [redacted]. I then went and spoke to [redacted] who stated Ms. Davidson bit him the the back during an argument over her taking a cigarette machine. [redacted] had a red bite mark on his back.

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000006 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

*THE STATE OF NEW JERSEY*
*VS.*
**RHIANNON A DAVIDSON**

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

**I responded to the residence for a call regarding a male who made suicidal statements, that had already left the scene. While I was speaking Ms. Davidson at her residence, additional patrols stated they located the male [redacted]. I then went and spoke to [redacted] who stated Ms. Davidson bit him the the back during an argument over her taking a cigarette machine. [redacted] had a red bite mark on his back.**

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

**Red bite mark on back.**

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: S LIGHTBODY LAW ENFORCEMENT OFFICER Date: 01/03/2024

# Preliminary Law Enforcement Incident Report

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000006 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
RHIANNON A DAVIDSON

ADDRESS: 31 GERALD PLACE
BAYVILLE NJ 08721-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000031 |

COMPLAINANT NAME: S LIGHTBODY
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 07/19/1990
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 167088G
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 150502006757

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

-The offense Involved domestic violence.
  •DVCR was checked.

-The defendant was known to the victim as:
  •Intimate Partner

-The victim was injured and:
  •Victim refused treatment

-Child(ren) were present at the time of the offense and:
  •Child(ren) were placed at risk by the offense

**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:** S LIGHTBODY LAW ENFORCEMENT OFFICER **Date:** 01/03/2024

# COMPLAINT - SUMMONS

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000009 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
**ANTHONY G VERRA**

ADDRESS: 3-A BUCKLEY LN
BAYVILLE NJ 08721-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000035 |

COMPLAINANT NAME: JOSHUA FOCA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/21/1968
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 605932C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006762

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 01/03/2023 in BERKELEY TWP, OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT COMMIT SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO THE VICTIM SPECIFICALLY BY STRIKING THE VICTIM IN HER LEFT CHEEK CAUSING SWELLING AND BRUISING TO HER CHEEK IN VIOLATION OF NJS 2C:12-1A(1) A DISORDELY PERSONS OFFENSE.

**in violation of:**

| | 1) | 2) | 3) |
|---|---|---|---|
| Original Charge | 2C:12-1A(1) | | |
| 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: JOSHUA FOCA Date: 01/04/2024

**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: 01/03/2023 Appearance Date: 01/05/2024 Time: 05:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: JOSHUA FOCA Date: 01/04/2024

☑ **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. |
|---|---|---|---|---|
| 1505 | S | 2024 | 000009 | ANTHONY G VERRA |
| 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: 01/05/2024 | ☐ 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:12-1A(1) | | |
| 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 | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000009 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000035 |

COMPLAINANT
NAME: JOSHUA FOCA

*THE STATE OF NEW JERSEY*
*VS.*
ANTHONY G VERRA

ADDRESS: 3-A BUCKLEY LN
BAYVILLE NJ 08721-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/21/1968
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #: 605932C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006762

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 01/03/2023 in BERKELEY TWP , OCEAN County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT COMMIT SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO THE VICTIM SPECIFICALLY BY STRIKING THE VICTIM IN HER LEFT CHEEK CAUSING SWELLING AND BRUISING TO HER CHEEK IN VIOLATION OF NJS 2C:12-1A(1) A DISORDELY PERSONS OFFENSE.

**in violation of:**

| | 1) | 2) | 3) |
|---|---|---|---|
| Original Charge | 2C:12-1A(1) | | |
| 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: JOSHUA FOCA Date: 01/04/2024

**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: 01/03/2023 Appearance Date: 01/05/2024 Time: 05:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: JOSHUA FOCA Date: 01/04/2024

☑ **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 | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000009 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000035 |

COMPLAINANT NAME: JOSHUA FOCA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
**ANTHONY G VERRA**

ADDRESS :
3-A BUCKLEY LN
BAYVILLE NJ 08721-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/21/1968
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 605932C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006762

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 01/03/2023 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT COMMIT SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO THE VICTIM SPECIFICALLY BY STRIKING THE VICTIM IN HER LEFT CHEEK CAUSING SWELLING AND BRUISING TO HER CHEEK IN VIOLATION OF NJS 2C:12-1A(1) A DISORDELY PERSONS OFFENSE.

**in violation of:**

| Original Charge | 1) 2C:12-1A(1) | 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: JOSHUA FOCA BERKELEY TWP POLICE DEPT Date of Action: 01/04/2024
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000009 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
**ANTHONY G VERRA**

ADDRESS: 3-A BUCKLEY LN
BAYVILLE NJ 08721-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000035 |

COMPLAINANT NAME: JOSHUA FOCA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/21/1968
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 605932C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006762

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:

THE VICTIM STATED THE DEFENDANT ASSAULTED HER BY STRIKING HER IN THE FACE. VICTIM HAD SIGNS OF INJURY TO HER LEFT CHEEK OF SWELLING AND BRUISING.

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000009 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

*THE STATE OF NEW JERSEY*
*VS.*
**ANTHONY G VERRA**

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

**THE VICTIM STATED THE DEFENDANT ASSAULTED HER BY STRIKING HER IN THE FACE. VICTIM HAD SIGNS OF INJURY TO HER LEFT CHEEK OF SWELLING AND BRUISING.**

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

**SWELLING AND BRUISING TO VICTIMS CHEEK**

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: JOSHUA FOCA LAW ENFORCEMENT OFFICER Date: **01/04/2024**

# Preliminary Law Enforcement Incident Report

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000009 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
ANTHONY G VERRA

ADDRESS: 3-A BUCKLEY LN
BAYVILLE NJ 08721-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24-000035 |

COMPLAINANT NAME: JOSHUA FOCA
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/21/1968
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 605932C
TELEPHONE #: ( )
LIVESCAN PCN #: 150502006762

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

-The offense Involved domestic violence.

-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 was known to the victim as:
- •Intimate Partner

-The victim was injured and:
- •Victim transported to medical facility

-A member of the public provided information to a 9-1-1 call center or dispatcher (or similar).

**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:** JOSHUA FOCA LAW ENFORCEMENT OFFICER **Date:** 01/04/2024

# COMPLAINT - SUMMONS

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000010 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

*THE STATE OF NEW JERSEY*
*VS.*
MARGARET HELINSKI
ADDRESS: 30G12 FREDERICK DR
BAYVILLE NJ 08721-0000

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000052 |

COMPLAINANT NAME: RYAN WAHL
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 02/21/1955
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 891553H
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 150502006765

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 01/05/2024 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, MARGARET HELINSKI DID COMMIT SIMPLE ASSAULT BY KNOWINGLY STRIKING [redacted] ON THE FOREHEAD AND HER LEFT EYE CAUSING SWELLING TO HER FOREHEAD AND A BLACK LEFT EYE IN VIOLATION OF N.J.S. 2C:12-1A(1).

**in violation of:**

| | 1) | 2) | 3) |
|---|---|---|---|
| Original Charge | 2C:12-1A(1) | | |
| 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: RYAN WAHL Date: 01/06/2024

**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 Municipal Court in the county of: OCEAN
at the following address: BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR 631 PINEWALD KESWICK RD. BAYVILLE NJ 08721-0000
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: 01/06/2024 Appearance Date: 01/29/2024 Time: 08:00AM Phone: 732-240-6661

Signature of Person Issuing Summons: RYAN WAHL Date: 01/06/2024

☑ **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. |
|---|---|---|---|---|
| 1505 | S | 2024 | 000010 | MARGARET HELINSKI |
| 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: 01/29/2024 | ☐ 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:12-1A(1) | | |
| 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



NJ/CDR1 1/1/2017

# COMPLAINT - SUMMONS (DEFENDANT'S COPY)

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000010 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000052 |

COMPLAINANT
NAME: RYAN WAHL

*THE STATE OF NEW JERSEY*
*VS.*
MARGARET HELINSKI

ADDRESS: 30G12 FREDERICK DR
BAYVILLE NJ 08721-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 02/21/1955
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 891553H
TELEPHONE #: [redacted] (C )
LIVESCAN PCN #: 150502006765

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 01/05/2024 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, MARGARET HELINSKI DID COMMIT SIMPLE ASSAULT BY KNOWINGLY STRIKING [redacted] ON THE FOREHEAD AND HER LEFT EYE CAUSING SWELLING TO HER FOREHEAD AND A BLACK LEFT EYE IN VIOLATION OF N.J.S. 2C:12-1A(1).

**in violation of:**

| | 1) | 2) | 3) |
|---|---|---|---|
| Original Charge | 2C:12-1A(1) | | |
| 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: RYAN WAHL Date: 01/06/2024

**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**

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at the following address: BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR 631 PINEWALD KESWICK RD. BAYVILLE NJ 08721-0000
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: 01/06/2024 Appearance Date: 01/29/2024 Time: 08:00AM Phone: 732-240-6661

Signature of Person Issuing Summons: RYAN WAHL Date: 01/06/2024

☑ **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 | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000010 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000052 |

COMPLAINANT NAME: RYAN WAHL
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
MARGARET HELINSKI

ADDRESS:
30G12 FREDERICK DR
BAYVILLE NJ 08721-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 02/21/1955
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 891553H
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 150502006765

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 01/05/2024 in BERKELEY TWP , OCEAN County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, MARGARET HELINSKI DID COMMIT SIMPLE ASSAULT BY KNOWINGLY STRIKING [redacted] ON THE FOREHEAD AND HER LEFT EYE CAUSING SWELLING TO HER FOREHEAD AND A BLACK LEFT EYE IN VIOLATION OF N.J.S. 2C:12-1A(1).

**in violation of:**

| Original Charge | 1) 2C:12-1A(1) | 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: RYAN WAHL BERKELEY TWP POLICE DEPT Date of Action: 01/06/2024
Name, Title and Department of Officer

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000010 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000052 |

COMPLAINANT NAME: RYAN WAHL
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
MARGARET HELINSKI

ADDRESS: 30G12 FREDERICK DR
BAYVILLE NJ 08721-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 02/21/1955
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 891553H
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 150502006765

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:

Lakewood Police Department received a call to 29 Crown Circle in their jurisdiction for report of a female fall victim. When they arrived the female victim, identified as [redacted], stated that she was assaulted by Margaret Helinski at 30 Frederick Dr. Apt. G12 Bayville, NJ 08721 in Berkeley Township's Jurisdiction. Lakewood Police Department furnished a report stating that Margaret and [redacted] were engaged in a verbal argument when Margaret began punching [redacted] on the forehead and her left eye. The report states that [redacted] was then picked up by a friend, Natalia Pretty, who transported her to the address above in Lakewood. The patrolman reported that [redacted] appeared to have a hard time concentrating and she had injuries on her forehead to include swelling and black left eye. The patrolman reported that [redacted] suffered a fall at the residence in Lakewood which caused the swelling on her forehead to double in size. [redacted] was transported to Ocean Medical Center as a precaution for a possible concussion. Lakewood Police report also stated the the victim and defendant have resided together making this a Domestic Violence incident.

# Affidavit of Probable Cause

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000010 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

*THE STATE OF NEW JERSEY*
*VS.*
MARGARET HELINSKI

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

**I am aware of the facts above from Lakewood Police Departments report #24-001474.**

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

**Per Lakewood PD report victim suffered swelling to her forehead above her left eye and a black left eye.**

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: RYAN WAHL LAW ENFORCEMENT OFFICER Date: 01/06/2024

# Preliminary Law Enforcement Incident Report

| COMPLAINT NUMBER | | | |
|---|---|---|---|
| 1505 | S | 2024 | 000010 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |

BERKELEY TWP MUNICIPAL COURT
S.L.B LAW ENFORCEMENT CTR
BAYVILLE NJ 08721-0000
732-240-6661 COUNTY OF: OCEAN

| # of CHARGES | CO-DEFTS | POLICE CASE #: |
|---|---|---|
| 1 | | 24000052 |

COMPLAINANT NAME: RYAN WAHL
PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY*
*VS.*
MARGARET HELINSKI

ADDRESS: 30G12 FREDERICK DR
BAYVILLE NJ 08721-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 02/21/1955
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 891553H
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 150502006765

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

-The offense Involved domestic violence.

-The defendant was known to the victim as:
- Acquaintance

-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:** RYAN WAHL LAW ENFORCEMENT OFFICER **Date:** 01/06/2024