

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1505	S	2024	000020
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 1	CO-DEFTS	POLICE CASE #: 24-000146	
COMPLAINANT NAME: KYLE SLOCUM PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		ADDRESS: 254 GRAND CENTRAL PARKWAY BAYVILLE NJ 08721-0000	
		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: 07/28/1999 DRIVER'S LIC. # [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 939549G TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006773	

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 **01/15/2024** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, **TIFFANY VAETH** COMMIT SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO [REDACTED] SPECIFICALLY BY SHOVING HIM OVER A BABY GATE INTO THE STAIRS AND PUNCHING HIM MULTIPLE TIMES IN VIOLATION OF NJS 2C:12-1A(1) A DISORDELY PERSONS OFFENSE.

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: **KYLE SLOCUM** Date: **01/15/2024**

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: **01/15/2024** Appearance Date: **01/29/2024** Time: **10:00AM** Phone: **732-504-0700**

Signature of Person Issuing Summons: **ANGELA VANWINKLE JUDICIAL OFFICER** Date: **01/15/2024**

☒ 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		000020		TIFFANY M VAETH													
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			
Original Charge		1) 2C:12-1A(1)				2)				3)											
Amended Charge																					
Waiver Indt/Jury																					
Plea/Date of Plea		Plea:		Date:		Plea:		Date:		Plea:		Date:		Plea:		Date:					
Adjudication (* see code)		Finding Code:		Date:		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:		Fines:		Costs:					
VCCB/SNSF		VCCB:		SNSF:		VCCB:		SNSF:		VCCB:		SNSF:		VCCB:		SNSF:					
DEDR/Lab Fee		DEDR:		LAB:		DEDR:		LAB:		DEDR:		LAB:		DEDR:		LAB:					
CD Fee/Drug Ed Fnd		CD:		DAEF:		CD:		DAEF:		CD:		DAEF:		CD:		DAEF:					
DV Surch/Other Fees		DV:		Other:		DV:		Other:		DV:		Other:		DV:		Other:					
Restitution																					
Beneficiary:																					
Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:										* 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											
Related Traffic Tickets and Complaints:																					
JUDGE'S SIGNATURE										DATE											
ORIGINAL - Court Action										Page 2 of 7 NJ/CDR1 1/1/2017											

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
1505	S	2024	000020
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN			
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 24-000146	
COMPLAINANT NAME: KYLE SLOCUM		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: 07/28/1999 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 939549G TELEPHONE #: [REDACTED] (C) LIVSCAN PCN #: 150502006773	

THE STATE OF NEW JERSEY
VS.
TIFFANY M VAETH

ADDRESS: 254 GRAND CENTRAL PARKWAY
BAYVILLE NJ 08721-0000

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 01/15/2024 in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, TIFFANY VAETH COMMIT SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO [REDACTED], SPECIFICALLY BY SHOVING HIM OVER A BABY GATE INTO THE STAIRS AND PUNCHING HIM MULTIPLE TIMES IN VIOLATION OF NJS 2C:12-1A(1) A DISORDELY PERSONS OFFENSE.

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: KYLE SLOCUM Date: 01/15/2024

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: 01/15/2024 Appearance Date: 01/29/2024 Time: 10:00AM Phone: 732-504-0700
Signature of Person Issuing Summons: ANGELA VANWINKLE JUDICIAL OFFICER Date: 01/15/2024

☒ 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) Page 3 of 7 NJ/CDR1 1/1/2017

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> TIFFANY M VAETH ADDRESS : 254 GRAND CENTRAL PARKWAY BAYVILLE NJ 08721-0000	
1505	S	2024	000020		
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 1	CO-DEFTS	POLICE CASE #: 24-000146		DEFENDANT INFORMATION	
COMPLAINANT KYLE SLOCUM NAME: PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721				SEX: F EYE COLOR: BROWN DOB: 07/28/1999 DRIVER'S LIC. # [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 939549G TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006773	

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 **01/15/2024** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, **TIFFANY VAETH** COMMIT SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO [REDACTED] SPECIFICALLY BY SHOVING HIM OVER A BABY GATE INTO THE STAIRS AND PUNCHING HIM MULTIPLE TIMES IN VIOLATION OF NJS 2C:12-1A(1) A DISORDELY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:12-1A(1)	2)	3)
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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: **KYLE SLOCUM BERKELEY TWP POLICE DEPT** Date of Action: **01/15/2024**
Name, Title and Department of Officer

**RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER			
1505	S	2024	000020
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 1	CO-DEFTS	POLICE CASE #: 24-000146	
COMPLAINANT KYLE SLOCUM NAME: PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: 07/28/1999 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 939549G TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006773	

THE STATE OF NEW JERSEY

VS.

TIFFANY M VAETH

ADDRESS: 254 GRAND CENTRAL PARKWAY

BAYVILLE

NJ 08721-0000

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:

TIFFANY AND [REDACTED] ENGAGED IN A PHYSICAL FIGHT AT THEIR FAMILY HOME. TIFFANY KNOCKED [REDACTED] INTO THE BABYGATE NEXT TO THE STAIRS AND PUNCHED HIM REPEATEDLY. [REDACTED] BEGAN TO HIT BACK IN SELF DEFENCE UNTIL BOTH PARTIES SEPERATED PRIOR TO POLICE ARRIVAL.

Affidavit of Probable Cause

Affidavit of Probable Cause

COMPLAINT NUMBER

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YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

TIFFANY M VAETH

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

I OBSERVED BRUISING AND REDNESS ON THE BACK AND SIDE OF [REDACTED] AND A BRUISED WRIST ON TIFFANY VAETH AS WELL AS CUTS ON HER LEFT HAND.

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

[REDACTED] HAD MAJOR BRUISING TO HIS BACK AND HIS SIDES CAUSING HIM TO HAVE DIFFICULTY BREATHING.

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: KYLE SLOCUM LAW ENFORCEMENT OFFICER

Date: 01/15/2024

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1505	S	2024	000020
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 1	CO-DEFTS	POLICE CASE #: 24-000146	
COMPLAINANT NAME: KYLE SLOCUM PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: 07/28/1999 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 939549G TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006773	

THE STATE OF NEW JERSEY
VS.
TIFFANY M VAETH

ADDRESS: 254 GRAND CENTRAL PARKWAY
BAYVILLE NJ 08721-0000

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.
 - *Located history relevant to this offense: DV INCIDENTS IN THE HOME
- Defendant characteristics include:
 - The defendant has a history of [REDACTED]
- 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:
 - Family
- The victim was injured and:
 - Victim treated at the scene
 - Victim indicated he/she will seek treatment on his/her own
 - 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: KYLE SLOCUM LAW ENFORCEMENT OFFICER Date: 01/15/2024

Preliminary Law Enforcement Incident Report

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7/20/2018

COMPLAINT - SUMMONS

COMPLAINT NUMBER

1505**S****2024****000023**

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
1

CO-DEFTS

POLICE CASE #:
24-000180COMPLAINANT
NAME:**JOSHUA****FOCA****PO BOX B PNWLD-KSWK****ATTN WARRANTS****BAYVILLE****NJ 08721****THE STATE OF NEW JERSEY****VS.****CHRISTOPHER AMATO**

ADDRESS:

12 NARBERTH WAY**BAYVILLE****NJ 08721-0000**

DEFENDANT INFORMATION

SEX: EYE COLOR:

DOB: **06/22/1975**

DRIVER'S LIC. #:

DL STATE:

SOCIAL SECURITY #:

SBI #:

TELEPHONE #:

()

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 **01/19/2024** in **BERKELEY TWP**, **OCEAN** County, **NJ** did: **WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT PURPOSELY OR KNOWINGLY VIOLATE A TEMPORARY RESTRAINING ORDER ISSUED 1/18/24 BY MUNICIPAL COURT JUDGE JAMES GLUCK BY SHOWING UP AT THE PLAINTIFF'S RESIDENCE THAT HE IS BARRED FROM IN VIOLATION OF NJS 2C:29-9B(2)**

in violation of:

Original Charge

1) **2C:29-9B(2)**

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: **JOSHUA FOCA** Date: **01/19/2024**

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:

Appearance Date: **02/12/2024**Time: **10:00AM**Phone: **732-240-6661**

Signature of Person Issuing Summons:

JOSHUA**FOCA**Date: **01/19/2024**☒ 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****000023**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

STATE V.**CHRISTOPHER AMATO****FTA Bail Information**

Date Bail Set:

Amount Bail Set: \$

by:

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed:

Date Referred to

County Prosecutor:

Date of First
Appearance:**02/12/2024**☐ Advised of Rights by

Defendant Desires Counsel:

☐ Yes ☐ No**Prosecuting Attorney Information****Name:**

State

County

Municipal

Other

Defense Counsel Information**Name:**

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:29-9B(2)**

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:*** 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

Related Traffic Tickets and Complaints:**ORIGINAL - Court Action**

JUDGE'S SIGNATURE

DATE

Page 2 of 7

NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

1505**S****2024****000023**

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 **1** CO-DEFTS POLICE CASE #:
24-000180

COMPLAINANT
NAME: **JOSHUA FOCA**

*THE STATE OF NEW JERSEY**VS.***CHRISTOPHER AMATO**

ADDRESS: **12 NARBERTH WAY**

BAYVILLE**NJ 08721-0000**

DEFENDANT INFORMATION

SEX: EYE COLOR:

DOB: **06/22/1975**

DRIVER'S LIC. #:

DL STATE:

SOCIAL SECURITY #:

SBI #:

TELEPHONE #:

()

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 **01/19/2024** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT PURPOSELY OR KNOWINGLY VIOLATE A TEMPORARY RESTRAINING ORDER ISSUED 1/18/24 BY MUNICIPAL COURT JUDGE JAMES GLUCK BY SHOWING UP AT THE PLAINTIFF'S RESIDENCE THAT HE IS BARRED FROM IN VIOLATION OF NJS 2C:29-9B(2)

in violation of:

Original Charge	1) 2C:29-9B(2)	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: **JOSHUA FOCA** Date: **01/19/2024**

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:

Appearance Date: **02/12/2024**Time: **10:00AM**Phone: **732-240-6661**

Signature of Person Issuing Summons: **JOSHUA FOCA** Date: **01/19/2024**

☒ **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

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2024

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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 **1** CO-DEFTS POLICE CASE #:
24-000180

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

THE STATE OF NEW JERSEY

VS.

CHRISTOPHER AMATO

ADDRESS :
12 NARBERTH WAY

BAYVILLE

NJ 08721-0000

DEFENDANT INFORMATION

SEX: EYE COLOR:

DOB: **06/22/1975**

DRIVER'S LIC. #.

DL STATE:

SOCIAL SECURITY #

SBI #:

TELEPHONE #:

()

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 **01/19/2024** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT PURPOSELY OR KNOWINGLY VIOLATE A TEMPORARY RESTRAINING ORDER ISSUED 1/18/24 BY MUNICIPAL COURT JUDGE JAMES GLUCK BY SHOWING UP AT THE PLAINTIFF'S RESIDENCE THAT HE IS BARRED FROM IN VIOLATION OF NJS 2C:29-9B(2)

in violation of:

Original Charge

1) **2C:29-9B(2)**

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**

Name, Title and Department of Officer

Date of Action: **01/19/2024**

**RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER

1505**S****2024****000023**

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
1

CO-DEFTS

POLICE CASE #:
24-000180

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

*THE STATE OF NEW JERSEY**VS.***CHRISTOPHER AMATO**

ADDRESS:

12 NARBERTH WAY**BAYVILLE****NJ 08721-0000**

DEFENDANT INFORMATION

SEX: EYE COLOR:

DOB: **06/22/1975**

DRIVER'S LIC. #:

DL STATE:

SOCIAL SECURITY #:

SBI #:

TELEPHONE #:

()

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:
THE DEFENDANT WAS INSIDE THE GARAGE OF THE RESIDENCE LISTED ON THE TEMPORARY RESTRAINING ORDER THAT HE IS BARRED FROM UPON OFFICER'S ARRIVAL.

Affidavit of Probable Cause**Page 5 of 7**

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1505

S

2024

000023

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

CHRISTOPHER AMATO

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

THE DEFENDANT WAS INSIDE THE GARAGE OF THE RESIDENCE LISTED ON THE TEMPORARY RESTRAINING ORDER THAT HE IS BARRED FROM UPON OFFICER'S ARRIVAL. THE VICTIM STATED HE SHOWED UP AT THE RESIDENCE AND REFUSED TO LEAVE.

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

N/A

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: 01/19/2024

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

1505**S****2024****000023**

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 **1** CO-DEFTS POLICE CASE #:
24-000180

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

THE STATE OF NEW JERSEY**VS.****CHRISTOPHER AMATO**

ADDRESS: **12 NARBERTH WAY**

BAYVILLE**NJ 08721-0000****DEFENDANT INFORMATION**

SEX: EYE COLOR: DOB: **06/22/1975**
DRIVER'S LIC. #: DL STATE:
SOCIAL SECURITY #: SBI #:
TELEPHONE #: ()
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 offense Involved domestic violence.

-Defendant characteristics include:

- The defendant has a history of
- The defendant

- The defendant is unemployed or has a history of chronic unemployment

-The complaining officer personally observed the offense.

-The offense/incident was recorded using electronic/surveillance via:

- Body-Worn Camera

-The defendant was known to the victim as:

- Family

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: **01/19/2024**

Preliminary Law Enforcement Incident Report**Page 7 of 7****7/20/2018**

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1505	S	2024	000028
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 1	CO-DEFTS	POLICE CASE #: 24-000240	
COMPLAINANT NAME: JAMES A MAUNCELE JR PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: 06/24/1996 DRIVER'S LIC. #: SOCIAL SECURITY #: TELEPHONE #: LIVESCAN PCN #: 150502006776	
		ADDRESS: 115 BUTLER BLVD BAYVILLE NJ 08721-0000	
		DL STATE: NJ SBI #: 707926H	

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 **01/25/2024** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, VICTORIA LOBYCZ COMMITED SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO [REDACTED] BY STRIKING HIM IN THE LEFT SIDE OF HIS FACE WHICH RESULTED IN MR. CARPENTER SUFFERING SWELLING. THIS OFFICER OBSERVED THE SWELLING ON THE LEFT SIDE OF [REDACTED] FACE.

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: JAMES A MAUNCELE JR Date: 01/25/2024

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: 01/25/2024 Appearance Date: 03/11/2024 Time: 11:00AM Phone: 732-240-6661
Signature of Person Issuing Summons: JESSIE CAMPOREALE JUDICIAL OFFICER Date: 01/25/2024

☒ 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
		Page 1 of 7 NJ/CDR1 1/1/2017

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER									
1505	S	2024	000028	STATE V. VICTORIA A LOBYCZ					
COURT CODE		PREFIX		YEAR		SEQUENCE NO.			
FTA Bail Information			Date Bail Set:		Amount Bail Set: \$			by:	
Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:				☐ Bail Recog. Attached	
Date of First Appearance: 03/11/2024			☐ 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
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:								* 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	
Related Traffic Tickets and Complaints:									
JUDGE'S SIGNATURE					DATE				
ORIGINAL - Court Action					Page 2 of 7 NJ/CDR1 1/1/2017				

Affidavit of Probable Cause

COMPLAINT NUMBER

1505**S****2024****000028**

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**

ADDRESS:

115 BUTLER BLVD**BAYVILLE****NJ 08721-0000**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
24-000240

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BROWN**DOB: **06/24/1996**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **707926H**

TELEPHONE #:

(C)LIVESCAN PCN #: **150502006776**

COMPLAINANT **JAMES A MAUNCELE JR**
NAME: **PO BOX B PNWLD-KSWK**
ATTN WARRANTS
BAYVILLE NJ 08721

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 [REDACTED] stated he and Ms. Lobycz had got in to a verbal confrontation. The confrontation became physical when Ms. Lobycz struck [REDACTED] in the left side of his face.

Affidavit of Probable Cause**Page 5 of 7**

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1505

S

2024

000028

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

VICTORIA A LOBYCZ

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

I observed the swelling of [REDACTED] left cheek while on scene. Ms. Lobycz stated her and [REDACTED] were arguing at which point he insulted her family which resulted with Ms. Lobycz striking [REDACTED]

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

[REDACTED] suffered swelling on his left cheek, which I observed while on scene.

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: JAMES A MAUNCELE JR LAW ENFORCEMENT OFFICER

Date: 01/25/2024

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

1505**S****2024****000028**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

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

ADDRESS:

115 BUTLER BLVD**BAYVILLE****NJ 08721-0000**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
24-000240

COMPLAINANT **JAMES A MAUNCELE JR**
NAME: **PO BOX B PNWLD-KSWK**
ATTN WARRANTS
BAYVILLE NJ 08721

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **BROWN**DOB: **06/24/1996**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **707926H**

TELEPHONE #:

(C)LIVESCAN PCN #: **150502006776**

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

-The defendant was known to the victim as:
•Other/Explain roomates

-Additional information relevant to the offense(s) charged: I observed the injury to the victim while on scene.

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: **JAMES A MAUNCELE JR LAW ENFORCEMENT OFFICER**Date: **01/25/2024****Preliminary Law Enforcement Incident Report****Page 7 of 7****7/20/2018**

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
1505	S	2024	000028
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 1	CO-DEFTS	POLICE CASE #: 24-000240	
COMPLAINANT NAME: JAMES A MAUNCELE JR		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: 06/24/1996 DRIVER'S LIC. #: SOCIAL SECURITY #: SBI #: 707926H DL STATE: NJ TELEPHONE #: (C) LIVESCAN PCN #: 150502006776	

THE STATE OF NEW JERSEY
VS.

VICTORIA A LOBYCZ

ADDRESS: 115 BUTLER BLVD

BAYVILLE

NJ 08721-0000

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 01/25/2024 in BERKELEY TWP, OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, VICTORIA LOBYCZ COMMITTED SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO [REDACTED] BY STRIKING HIM IN THE LEFT SIDE OF HIS FACE WHICH RESULTED IN [REDACTED] SUFFERING SWELLING. THIS OFFICER OBSERVED THE SWELLING ON THE LEFT SIDE OF [REDACTED] FACE.

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: JAMES A MAUNCELE JR Date: 01/25/2024

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: 01/25/2024 Appearance Date: 03/11/2024 Time: 11:00AM Phone: 732-240-6661

Signature of Person Issuing Summons: JESSIE CAMPOREALE JUDICIAL OFFICER Date: 01/25/2024

☒ 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	000028
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 1	CO-DEFTS	POLICE CASE #: 24-000240	
COMPLAINANT JAMES A MAUNCELE JR NAME: PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: 06/24/1996 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 707926H TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006776	
ADDRESS: 115 BUTLER BLVD BAYVILLE NJ 08721-0000			

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 **01/25/2024** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, VICTORIA LOBYCZ COMMITED SIMPLE ASSAULT BY PURPOSELY AND KNOWINGLY CAUSING BODILY INJURY TO [REDACTED] BY STRIKING HIM IN THE LEFT SIDE OF HIS FACE WHICH RESULTED IN [REDACTED] SUFFERING SWELLING. THIS OFFICER OBSERVED THE SWELLING ON THE LEFT SIDE OF [REDACTED] FACE.

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: **JAMES A MAUNCELE JR BERKELEY TWP POLICE DEPT** Date of Action: **01/25/2024**
Name, Title and Department of Officer

**RETURN OF SERVICE
INFORMATION**

COMPLAINT - SUMMONS

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. ALONZO JOHNSON ADDRESS: 203 IGER WAY BAYVILLE NJ 08721-0000	
1505	S	2024	000029		
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 1	CO-DEFTS 2	POLICE CASE #: 24-000244		DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: 03/16/1961 DRIVER'S LIC. # [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 946652A TELEPHONE # [REDACTED] (C) LIVESCAN PCN #: 150502006778	
COMPLAINANT S NAME: LIGHTBODY PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721					
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 01/25/2024 in BERKELEY TWP , OCEAN County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF SHOPLIFTING BY PURPOSELY ATTEMPTING TO TAKE POSSESSION OF, CARRYING AWAY, TRANSFERRING, OR CAUSING TO BE CARRIED AWAY OR TRANSFERRED MERCHANDISE, SPECIFICALLY DESCRIBED AS (MISCELLANEOUS FOOD ITEMS) DISPLAYED, HELD, STORED OR OFFERED FOR SALE BY (SHOPRITE) WITH THE INTENT TO DEPRIVE (SHOPRITE) OF THE POSSESSION, USE, OR BENEFIT OF THE MERCHANDISE BY CONVERTING THE MERCHANDISE TO HIS OWN USE WITHOUT PAYING (\$574.66) THE FULL RETAIL VALUE THEREOF, SPECIFICALLY BY; HAVING TWO CO-DEFENDANTS FILL A CART WITH ITEMS, HAVE THEM HAND OFF THE CART TO HIM NEAR THE EXIT, AND ATTEMPT TO EXIT THE STORE WITHOUT PAYING FOR THE MERCHANDISE. IN VIOLATION OF N.J.S.A. 2C:12-11B(1).					
in violation of:					
Original Charge	1) 2C:20-11B(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: 01/25/2024					
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: 01/25/2024 Appearance Date: 01/25/2024 Time: 05:00AM Phone: 732-504-0700 Signature of Person Issuing Summons: S LIGHTBODY Date: 01/25/2024					
☐ 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	
				Page 1 of 7 NJ/CDR1 1/1/2017	

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER**1505****S****2024****000029**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

STATE V.**ALONZO JOHNSON****FTA Bail Information**

Date Bail Set:

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed:

Date Referred to

County Prosecutor: _____

Date of First
Appearance: **01/25/2024**☐ 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:20-11B(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:
PEGGY SAUNDERS MADELINE SANCHEZ**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

ORIGINAL – Court Action

JUDGE'S SIGNATURE _____

DATE _____

Page 2 of 7**NJ/CDR1 1/1/2017**

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
1505	S	2024	000029
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 1	CO-DEFTS 2	POLICE CASE #: 24-000244	
COMPLAINANT S NAME: PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: 03/16/1961 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 946652A TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006778	

THE STATE OF NEW JERSEY

VS.

ALONZO JOHNSON

ADDRESS:

203 IGER WAY

BAYVILLE

NJ 08721-0000

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 **01/25/2024** in **BERKELEY TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF SHOPLIFTING BY PURPOSELY ATTEMPTING TO TAKE POSSESSION OF, CARRYING AWAY, TRANSFERRING, OR CAUSING TO BE CARRIED AWAY OR TRANSFERRED MERCHANDISE, SPECIFICALLY DESCRIBED AS (MISCELLANEOUS FOOD ITEMS) DISPLAYED, HELD, STORED OR OFFERED FOR SALE BY (SHOPRITE) WITH THE INTENT TO DEPRIVE (SHOPRITE) OF THE POSSESSION, USE, OR BENEFIT OF THE MERCHANDISE BY CONVERTING THE MERCHANDISE TO HIS OWN USE WITHOUT PAYING (\$574.66) THE FULL RETAIL VALUE THEREOF, SPECIFICALLY BY; HAVING TWO CO-DEFENDANTS FILL A CART WITH ITEMS, HAVE THEM HAND OFF THE CART TO HIM NEAR THE EXIT, AND ATTEMPT TO EXIT THE STORE WITHOUT PAYING FOR THE MERCHANDISE. IN VIOLATION OF N.J.S.A. 2C:12-11B(1).

in violation of:

Original Charge	1) 2C:20-11B(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: **01/25/2024**
Name, Title and Department of Officer

RETURN OF SERVICE
INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER

1505**S****2024****000029**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

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

of CHARGES
1

CO-DEFTS

POLICE CASE #:
24-000244COMPLAINANT **S****LIGHTBODY**NAME: **PO BOX B PNWLD-KSWK****ATTN WARRANTS****BAYVILLE****NJ 08721***THE STATE OF NEW JERSEY**VS.***ALONZO JOHNSON**

ADDRESS:

203 IGER WAY**BAYVILLE****NJ 08721-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**DOB: **03/16/1961**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **946652A**

TELEPHONE #:

(C)LIVESCAN PCN #: **150502006778**

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:

Ptl. Flanagan #135 and I were dispatched to ShopRite (431 Route 9) for three individuals who had attempted to shoplift prior to leaving the scene in a vehicle. Ptl. Flanagan and I watched the CCTV footage which showed Mr. Johnson and two co-defendants (Peggy Saunders and Madeline Sanchez) all take part in attempting to shoplift \$574.66 worth of food items, which was recovered by ShopRite prior to leaving the scene in Ms. Saunders' vehicle.

Affidavit of Probable Cause**Page 5 of 7**

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1505

S

2024

000029

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

ALONZO JOHNSON

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

Ptl. Flanagan #135 and I were dispatched to ShopRite (431 Route 9) for three individuals who had attempted to shoplift prior to leaving the scene in a vehicle. Ptl. Flanagan and I watched the CCTV footage which showed Mr. Johnson and two co-defendants (Peggy Saunders and Madeline Sanchez) all take part in attempting to shoplift \$574.66 worth of food items, which was recovered by ShopRite prior to leaving the scene in Ms. Saunders' vehicle.

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

N/A

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: 01/25/2024

Affidavit of Probable Cause

Page 6 of 7

1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1505	S	2024	000029
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 1	CO-DEFTS	POLICE CASE #: 24-000244	
COMPLAINANT S NAME: PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: 03/16/1961 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 946652A TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006778	

THE STATE OF NEW JERSEY
VS.
ALONZO JOHNSON

ADDRESS: 203 IGER WAY
BAYVILLE NJ 08721-0000

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 made statements/admissions.
 - It was recorded using:
 - *Body-Worn Camera
- The offense/incident was recorded using electronic/surveillance via:
 - Surveillance Camera
- The defendant attempted to conceal, discard or destroy evidence, Shoplift

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: 01/25/2024

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
1505	S	2024	000031
BERKELEY TWP MUNICIPAL COURT S.L.B LAW ENFORCEMENT CTR BAYVILLE NJ 08721-0000 732-240-6661 COUNTY OF: OCEAN			
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 24000246	
COMPLAINANT NAME: NICHOLAS PELINO PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		DEFENDANT INFORMATION SEX: M EYE COLOR: HAZEL DOB: 08/29/1953 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: 827206H TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006782	

THE STATE OF NEW JERSEY

VS.

STEVEN SCORSONE

ADDRESS: 9 RUTLAND DR

TOMS RIVER

NJ 08757-5650

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 01/25/2024 in **BERKELEY TWP** **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, THREATEN TO KILL [REDACTED] WITH THE PURPOSE TO PUT HIM IN IMMINENT FEAR OF DEATH UNDER CIRCUMSTANCES REASONABLY CAUSING SAID VICTIM TO BELIEVE THE IMMEDIACY OF THE THREAT AND THE LIKELIHOOD THAT IT WOULD BE CARRIED OUT, CHOCKING [REDACTED].

in violation of:

Original Charge	1) 2C:12-3B	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: NICHOLAS PELINO Date: 01/25/2024

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: 01/25/2024 Appearance Date: 01/25/2024 Time: 05:00AM Phone: 732-504-0700

Signature of Person Issuing Summons: JESSIE CAMPOREALE JUDICIAL OFFICER Date: 01/25/2024

☒ 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		000031		STEVEN SCORSONE											
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:				01/25/2024				☐ 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:12-3B				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: N/A														* 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					
Related Traffic Tickets and Complaints: N/A																			
JUDGE'S SIGNATURE										DATE									
ORIGINAL - Court Action										Page 2 of 7 NJ/CDR1 1/1/2017									

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

1505**S****2024****000031**

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
1

CO-DEFTS

POLICE CASE #:
24000246COMPLAINANT
NAME:**NICHOLAS****PELINO***THE STATE OF NEW JERSEY**VS.***STEVEN SCORSONE**

ADDRESS:

9 RUTLAND DR**TOMS RIVER****NJ 08757-5650**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **HAZEL**DOB: **08/29/1953**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **827206H**

TELEPHONE #:

(C)LIVESCAN PCN #: **150502006782**

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 **01/25/2024** in **BERKELEY TWP** **OCEAN** County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, THREATEN TO KILL [REDACTED] WITH THE
PURPOSE TO PUT HIM IN IMMINENT FEAR OF DEATH UNDER CIRCUMSTANCES REASONABLY
CAUSING SAID VICTIM TO BELIEVE THE IMMEDIACY OF THE THREAT AND THE LIKELIHOOD
THAT IT WOULD BE CARRIED OUT, CHOCKING [REDACTED].

in violation of:

Original Charge

1) **2C:12-3B**

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: **NICHOLAS PELINO** Date: **01/25/2024**

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: **01/25/2024** Appearance Date: **01/25/2024** Time: **05:00AM** Phone: **732-504-0700**Signature of Person Issuing Summons: **JESSIE CAMPOREALE JUDICIAL OFFICER** Date: **01/25/2024**☒ 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)

Page 3 of 7

NJ/CDR1 1/1/2017

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER

1505**S****2024****000031**

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
1

CO-DEFTS

POLICE CASE #:
24000246

COMPLAINANT NICHOLAS PELINO
NAME: PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY**VS.***STEVEN SCORSONE**

ADDRESS:

9 RUTLAND DR**TOMS RIVER****NJ 08757-5650**

DEFENDANT INFORMATION

SEX: M EYE COLOR: HAZEL

DOB: 08/29/1953

DRIVER'S LIC. #:

DL STATE: NJ

SOCIAL SECURITY #:

SBI #: 827206H

TELEPHONE #:

(C)

LIVESCAN PCN #: 150502006782

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 **01/25/2024** in **BERKELEY TWP**, **OCEAN** County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, THREATEN TO KILL [REDACTED] WITH THE
PURPOSE TO PUT HIM IN IMMINENT FEAR OF DEATH UNDER CIRCUMSTANCES REASONABLY
CAUSING SAID VICTIM TO BELIEVE THE IMMEDIACY OF THE THREAT AND THE LIKELIHOOD
THAT IT WOULD BE CARRIED OUT, CHOCKING [REDACTED]

in violation of:

Original Charge

1) **2C:12-3B**

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: _____
Name, Title and Department of Officer

Date of Action: _____

**RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER

1505**S****2024****000031**

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
1

CO-DEFTS

POLICE CASE #:
24000246

COMPLAINANT NICHOLAS PELINO
NAME: PO BOX B PNWLD-KSWK
ATTN WARRANTS
BAYVILLE NJ 08721

*THE STATE OF NEW JERSEY**VS.***STEVEN SCORSONE**ADDRESS:
9 RUTLAND DR**TOMS RIVER****NJ 08757-5650**

DEFENDANT INFORMATION

SEX: M EYE COLOR: HAZEL DOB: 08/29/1953

DRIVER'S LIC. #. [REDACTED] DL STATE: NJ

SOCIAL SECURITY #: [REDACTED] SBI #: 827206H

TELEPHONE #: [REDACTED] (C)

LIVSCAN PCN #: 150502006782

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:

STEVEN SCORSONE GOT OUT OF HIS VEHICLE THREATENING [REDACTED] THAT HE WAS GONNA KILL HIM BY CHOKING HIM. THE VICTIM'S SON, [REDACTED] WAS ON THE PHONE AND POSSITVLY HEARD STEVEN SCORSONE SAYING THOSE THREATS TO [REDACTED].

Affidavit of Probable Cause

Page 5 of 7

1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1505

S

2024

000031

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

STEVEN SCORSONE

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'S SON, [REDACTED] WAS ON THE PHONE AND POSSITVLY HEARD STEVEN SCORSONE SAYING THOSE THREATS TO [REDACTED].

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

N/A

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: NICHOLAS PELINO LAW ENFORCEMENT OFFICER

Date: 01/25/2024

Affidavit of Probable Cause

Page 6 of 7

1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
1505	S	2024	000031
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 1	CO-DEFTS	POLICE CASE #: 24000246	
COMPLAINANT NAME: NICHOLAS PELINO PO BOX B PNWLD-KSWK ATTN WARRANTS BAYVILLE NJ 08721		DEFENDANT INFORMATION SEX: M EYE COLOR: HAZEL DOB: 08/29/1953 DRIVER'S LIC. # [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 827206H TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: 150502006782	

THE STATE OF NEW JERSEY
VS.
STEVEN SCORSONE
ADDRESS: 9 RUTLAND DR
TOMS RIVER NJ 08757-5650

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.
- Defendant characteristics include:
 - The defendant has a history of stalking, harassment, or terroristic threats (toward any victim)
- The charge was based on the observations/statements made by an eyewitness(es).
 - The witness statement(s) were recorded via:
 - *Other/Explain PHONE CALL
- The defendant was known to the victim as:
 - Other/Explain LANDLORD/ROOMATE

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: NICHOLAS PELINO LAW ENFORCEMENT OFFICER Date: 01/25/2024

Preliminary Law Enforcement Incident Report

Page 7 of 7

7/20/2018