COURT I.D. 0310 | PREFIX SC | COMPLAINT NUMBER 004130 (2018-5690)

DELRAN TOWNSHIP MUNICIPAL COURT
900 Chester Avenue
Delran, NJ 08075

Complaint

The State of New Jersey
(Please Print) vs.

Defendant's Name: First: Donald | Initial: F. | Last: Horner

Address: 900 Chester Ave. | City: Delran

State: NJ | Zip Code: 08075 | Telephone:

Birth Date: Mo. 11 Day 24 Yr. 50 | Sex: M | Eyes: BL | Height | Restrictions

DL #: [redacted]

STATE OF NEW JERSEY
COUNTY OF BURLINGTON } SS:

COMPLAINT

Complaining Witness: Eric W Hicken (Name)

of N.J. Dept of Health (Identify Dept./Agency Represented) (Badge No.)

Residing at 36 Grant Ln. Berlin NJ 08009

by certification or on oath, says that to the best of his/her knowledge or information and belief, the named defendant on or about the

June (Month) 14 (Day) 2018 (Year) 1400 (Time)

in DELRAN TWP. 0310 County of BURLINGTON NJ did commit the following offense:

Harassment

In violation of (one charge only) 2C:33-4 (Statute, Regulation or Ordinance Number)

LOCATION OF OFFENSE | Describe Location: 900 Chester Ave

OATH: Subscribed and sworn to before me this 14 day of June, yr 2018

(Signature of Complaining Witness)

OR

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.

(Date)

(Signature of Complaining Witness)

(Signature of Person Administering Oath) #1379

COMPLAINT

PROBABLE CAUSE DETERMINATION FOR ISSUANCE OF PROCESS:

COURT USE ONLY	LAW / CODE ENFORCEMENT USE ONLY
Probable cause is found for the issuance Of this Complaint-Summons	The complaining witness is a law enforcement officer or a code enforcement officer with territorial and subject matter jurisdiction and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.
Yes / No (Signature of Judicial Officer)	
Yes / No (Signature of Judge)	

SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR

BEFORE THIS COURT TO ANSWER THIS COMPLAINT. IF YOU FAIL TO APPEAR ON THE DATE AND AT THE TIME STATED, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE TO APPEAR

COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year	Time	AM/PM
✓		07	10	18	05:30	PM

06/15/18 (Date Summons Issued)

(Signature of Person Issuing Summons)

Complaint-Summons

SF (9/09)

SUMMONS

COURT I.D. 0310 | PREFIX SC | COMPLAINT NUMBER 004129 (2018-5690)

DELRAN TOWNSHIP MUNICIPAL COURT
900 Chester Avenue
Delran, NJ 08075

Complaint

The State of New Jersey
(Please Print) vs.

Defendant's Name: First: Donald | Initial: F. | Last: Horner

Address: 900 Chester Ave | City: Delran

State: NJ | Zip Code: 08075 | Telephone:

Birth Date: Mo. 11 Day 24 Yr. 50 | Sex: M | Eyes: BL | Height | Restrictions

D #: [redacted]

STATE OF NEW JERSEY
COUNTY OF BURLINGTON } SS:

COMPLAINT

Complaining Witness: James A Sweeney (Name)

of N.J. Dept of Health (Identify Dept./Agency Represented) (Badge No.)

Residing at 47 Twin Leaf Ln Levittown Pa 19056

by certification or on oath, says that to the best of his/her knowledge or information and belief, the named defendant on or about the

June (Month) 13 (Day) 2018 (Year) 1400 (Time)

in DELRAN TWP. 0310 County of BURLINGTON NJ did commit the following offense:

Harassment

In violation of (one charge only) 2C:33-4 (Statute, Regulation or Ordinance Number)

LOCATION OF OFFENSE | Describe Location: 900 Chester Ave

OATH: Subscribed and sworn to before me this 14 day of June, yr 2018

(Signature of Complaining Witness)

OR

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.

(Date)

(Signature of Complaining Witness)

(Signature of Person Administering Oath) #1379

COMPLAINT

PROBABLE CAUSE DETERMINATION FOR ISSUANCE OF PROCESS:

COURT USE ONLY	LAW / CODE ENFORCEMENT USE ONLY
Probable cause is found for the issuance Of this Complaint-Summons	The complaining witness is a law enforcement officer or a code enforcement officer with territorial and subject matter jurisdiction and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.
Yes / No (Signature of Judicial Officer)	
Yes / No (Signature of Judge)	

SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR

BEFORE THIS COURT TO ANSWER THIS COMPLAINT. IF YOU FAIL TO APPEAR ON THE DATE AND AT THE TIME STATED, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE TO APPEAR

COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year	Time	AM/PM
✓		07	10	18	05:30	PM

6/15/18 (Date Summons Issued)

(Signature of Person Issuing Summons)

Complaint-Summons

SF (9/09)

2018-5690

CERTIFICATION IN SUPPORT OF PROBABLE CAUSE

State of New Jersey

County of: Burlington

Court Name _____

Court Address _____

Date of Incident: 6/13/18

Location of Incident: Delran EMS Municipality: Delran

I offer the following facts and information to establish probable cause in this complaint against Donald Horner
(Defendant's Name)

whom I would like to charge with 2C:33-4
(List Statute(s) or Ordinance(s))

How do you know the identity of the person you are charging? _____

Describe incident in detail:

On 6/13/18, my partner and I arrived at Delran EMS to conduct an audit of the EMS agency as they are licensed by the Department of Health. My partner, Eric Hicken, arrived before me so ~~then~~ I entered the building it was through the bay. I entered the office area to find Mr. Horner pacing and arguing with my partner saying that he ~~didn't~~ couldn't help with the audit. We asked him if there was someone that could help us with the documents needed for the audit. The conversation became more antagonistic by Mr. Horner. He finally stated that he needed to leave before he "kills you guys" leaving my partner & me.

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 wilfully false, I am subject to punishment.

Signature of complaining witness

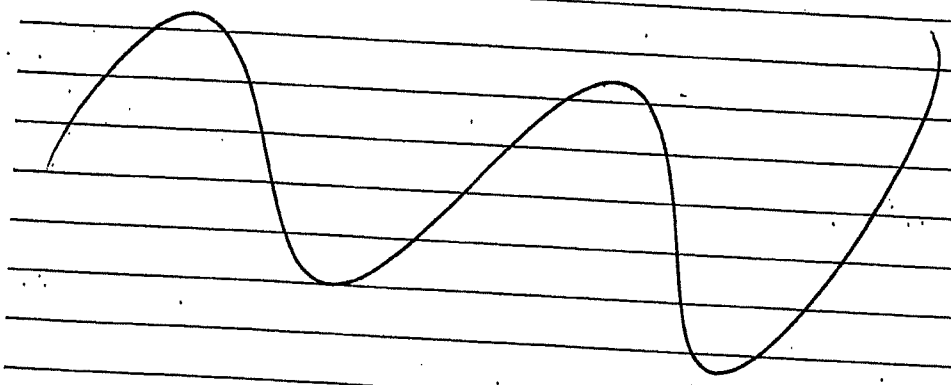
6/14/18
Date

November 2010

CERTIFICATION IN SUPPORT OF PROBABLE CAUSE

Additional details:

At this point my partner and I said the audit would be completed at another time because Mr. Horner was hindering an ~~in~~ investigation. I picked up my bag and walked out the front door. At this point Mr. Horner followed me out yelling that I slammed the door. He aggressively approached me and ~~became~~ came face to face with me. At this point, his wife came between us telling him to stop because he might have another stroke. He turned and went back inside. My partner & I got into our vehicle & left.



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.

Signature of complaining witness

6/14/18
Date

November 2010

2018-5690

CERTIFICATION IN SUPPORT OF PROBABLE CAUSE

State of New Jersey

County of: _____

Court Name _____

Court Address _____

Date of Incident: 6/13/18

Location of Incident: Delran EMS Municipality: Delran

I offer the following facts and information to establish probable cause in this complaint against Donald Horner
(Defendant's Name)

whom I would like to charge with 2C:33-4
(List Statute(s) or Ordinance(s))

How do you know the identity of the person you are charging? _____

Describe incident in detail:

(Approx 1400 hrs.) Arrived on 6/13/18 at Delran EMS to conduct an audit of the agency based on a complaint recieved by the office of EMS at the NJDOH. who licenses Delran EMS and has regulatory oversight. Mr. Horner was uncooperative, verbally abusive & threatened the investigators. When Mr. Horner stated "I have to leave or I'm going to kill you guys." After that statement Investigators left the Delran EMS agency as they felt the scene was unsafe & threatening.

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 wilfully false, I am subject to punishment.

Signature of complaining witness

6/14/18
Date

November 2010