065355

COMPLAINT - SUMMONS

COURT CODE	COURT DEPT.	COMPLAINT NUMBER: YEAR	SEQUENCE
0820	$	2015	000603

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
KIMBERLY A SCHWEIGHARDT
ADDRESS: 252 S PENNSVILLE-AUBURN RD
CARNEYS POINT NJ 08069

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		15017473

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 03-11-1967
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 948734D
TELEPHONE #:

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 09-01-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED SUBSTANCE ANALOG THAT WAS NOT DIRECTLY OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION ISSUED BY A PRACTITIONER, SPECIFICALLY BY BEING IN POSSESSION OF ONE (1) BLUE WAX PAPER FOLD STAMPED "LOYALTY" WHICH CONTAINED SUSPECTED HEROIN.

In violation of:

	1)	2)	3)
Original Charge	2C:35-10A(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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-01-2015

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

DATE TO APPEAR: 09-15-2015 **TIME:** 11:00am PTLM T MCWAIN JR 09-01-2015

Signature of Person Issuing Summons Date

☐ 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

19-2109

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	S	2015	000603

STATE V.

KIMBERLY A SCHWEIGHARDT

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: 09-15-2015 | ☐ 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:35-10A(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:

* 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

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	S	2015	000604

THE STATE OF NEW JERSEY
VS.
KIMBERLY A SCHWEIGHARDT

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

ADDRESS:
252 S PENNSVILLE-AUBURN RD
CARNEYS POINT NJ 08069

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		15017473

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 03-11-1967
DRIVER'S LIC. #[redacted]2 DL STATE: NJ
SOCIAL SECURITY #:[redacted]3 SBI #: 948734D
TELEPHONE #:

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 09-01-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OBTAIN OR POSSESS IN VIOLATION OF N.J.S. 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG AND FAIL TO VOLUNTARILY DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY BEING IN POSSESSION OF ONE (1) BLUE WAX PAPER FOLD STAMPED "LOYALTY" WHICH CONTAINED SUSPECTED HEROIN AND BY FAILING TO SURRENDER THE WAX PAPER FOLD TO PTLM MCWAIN #4146 OF THE WEST DEPTFORD TWP POLICE DEPARTMENT.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO PROCESS AND PACK A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY BEING IN POSSESSION OF ONE (1) BLUE WAX PAPER FOLD COMMONLY USED TO PACKAGE HEROIN, THREE (3) COTTON SWABS COMMONLY USED TO PREPARE HEROIN AND ONE (1) HYPODERMIC SYRINGE PLUNGER STOP.

in violation of:

Original Charge	1) 2C:35-10C	2) 2C:36-2	3) 2C:36-6
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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-01-2015

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

DATE TO APPEAR: 09-01-2015 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 09-01-2015 (Date)

☐ 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

COURT CODE	TYPE	YEAR	SEQUENCE NO.
0820	S	2015	000604

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
KIMBERLY A SCHWEIGHARDT
ADDRESS:
252 S PENNSVILLE-AUBURN RD
CARNEYS POINT NJ 08069

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		15017473

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 03-11-1967
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 948734D
TELEPHONE #:

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 09-01-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, HAVE UNDER HER CONTROL OR POSSESS WITH INTENT TO USE A(N) HYPODERMIC NEEDLE OR SYRINGE, SPECIFICALLY BY BEING IN POSSESSION OF ONE (1) ORANGE CAPPED 1 CC HYPODERMIC SYRINGE.

In violation of:

Original Charge	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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-01-2015

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

DATE TO APPEAR: 09-01-2015 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 09-01-2015 (Date)

☐ 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)

COURT CODE	COMPLAINT NUMBER: TYPE	YEAR	SEQUENCE NO.
0820	S	2015	000604

STATE V.
KIMBERLY A SCHWEIGHARDT

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: 09-01-2015 ☐ 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:35-10C	2C:36-2	2C:36-6
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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER: 0820 | S | 2015 | 000604
COURT LOC. | PREFIX | YEAR | SEQUENCE NO.

STATE V.

KIMBERLY A SCHWEIGHARDT

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: 09-01-2015	☐ 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)	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
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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

065356

COMPLAINT - SUMMONS

COURT CODE	COMPLAINT NUMBER: PREFIX	YEAR	SEQUENCE NO.
0820	S	2015	000601

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-4004 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
AMANDA D WERNER

ADDRESS: 159 JOHNSON AVE
CARNEYS POINT NJ 08069

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		15017473

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 05-20-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 320522D
TELEPHONE #: ([redacted)

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 09-01-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED SUBSTANCE ANALOG THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION ISSUED BY A PRACTITIONER, SPECIFICALLY BY BEING IN POSSESSION OF SUSPECTED CRACK COCAINE.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-01-2015

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

DATE TO APPEAR: 09-15-2015 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 09-01-2015 (Date)

☐ 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

15-2129

COMPLAINT – SUMMONS (Court Action)

COURT CODE	LETTER(S)	COMPLAINT NUMBER: YEAR	SEQUENCE NO.
0820	S	2015	000601

STATE V.

AMANDA D WERNER

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: 09-15-2015 ☐ 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:35-10A(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

_____ _____
JUDGE'S SIGNATURE DATE

ORIGINAL – Court Action

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0820	S	2015	000602
COURT CODE	PART	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
AMANDA D WERNER

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

ADDRESS: 159 JOHNSON AVE
CARNEYS POINT NJ 08069

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		15017473

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 05-20-1989
DRIVER'S LIC. #: W2[redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 320522D
TELEPHONE #: ([redacted])

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 09-01-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO INGEST AND INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY BEING IN POSSESSION OF ONE (1) METAL SMOKING PIPE CONTAINING BURNT COPPER MESH COMMONLY USED TO SMOKE CRACK COCAINE.

WITHIN THE JURISDICTION OF THIS COURT, HAVE UNDER HER CONTROL OR POSSESS WITH INTENT TO USE A HYPODERMIC NEEDLE OR SYRINGE, SPECIFICALLY BY BEING IN POSSESSION OF ONE (1) ORANGE CAPPED 1 CC HYPODERMIC SYRINGE.

in violation of:

Original Charge	1) 2C:36-2	2) 2C:36-6	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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-01-2015

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

DATE TO APPEAR: 09-15-2015 **TIME:** 11:00am PTLM T MCWAIN JR 09-01-2015

Signature of Person Issuing Summons Date

☐ 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)

COURT CODE	DIVISION	YEAR	SEQUENCE
0820	S	2015	000602

COMPLAINT NUMBER

STATE V.

AMANDA D WERNER

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: 09-15-2015	☐ 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:36-2	2) 2C:36-6	3)
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:

* 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

I

065377

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2015	000610
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
DENISE KELLER

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

ADDRESS:
108 CASTLE HEIGHTS AVE
PENNSVILLE NJ 08070

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2015-17675

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04-07-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 359996G
TELEPHONE #: [redacted]

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 09-04-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED UNDER A VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (6) BLUE PILLS MARKED "K9" SUSPECTED OF BEING 30MG OXYCODONE AND PIECES OF A BLUE OVAL PILL MARKED "GG 258" SUSPECTED OF BEING 1MG ALPRAZOLAM WITHOUT A PRESCRIPTION IN HER NAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-04-2015

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

DATE TO APPEAR: 09-15-2015 **TIME:** 11:00am PTLM T MCWAIN JR 09-04-2015

Signature of Person Issuing Summons | Date

☐ 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

15-2156

COMPLAINT – SUMMONS (Court Action)

COURT CODE	COMPLAINT NUMBER: PREFIX	YEAR	SEQUENCE NO.
0820	S	2015	000610

STATE V. DENISE KELLER

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: 09-15-2015 | ☐ 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:35-10A(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:

* 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

Dn2L

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0820 | S | 2015 | 000611

COUNTY | PREFIX | YEAR | SEQUENCE

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2015-17675

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

THE STATE OF NEW JERSEY
VS.
DENISE KELLER

ADDRESS: 108 CASTLE HEIGHTS AVE
PENNSVILLE NJ 08070

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04-07-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 359996G
TELEPHONE #: ([redacted]

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 09-04-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR BE UNDER THE INFLUENCE OF A CONTROLLED DANGEROUS SUBSTANCE FOR A PURPOSE OTHER THAN TREATMENT OF A SICKNESS OR INJURY AS PRESCRIBED OR ADMINSTERED BY A PHYSICIAN, SPECIFICALLY BY MANIFESTING PHYSIOLOGICAL SIGNS AND SYMPTOMS OR REACTIONS CAUSED BY THE USE OF A CONTROLLED DANGEROUS SUBSTANCE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10B, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OBTAIN OR POSSESS IN VIOLATION OF NJSA 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE AND FAIL TO VOLUNTARILY DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (6) PILLS SUSPECTED TO BE OXYCODONE AND PIECES OF A PILL SUSPECTED TO BE ALPRAZOLAM AND FAIL TO DELIVER SAME TO PTL. MCWAIN DURING A MOTOR VEHICLE STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

In violation of:

	1)	2)	3)
Original Charge	2C:35-10B	2C:35-10C	
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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-04-2015

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

DATE TO APPEAR: 09-15-2015 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 09-04-2015 (Date)

☐ 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: 0820 | S | 2015 | 000611

CONTROLLED | BRANCH | YEAR | SEQUENCE

STATE V. DENISE KELLER

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: 09-15-2015	☐ 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:35-10B	2C:35-10C	
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

_____ _____
JUDGE'S SIGNATURE DATE

ORIGINAL – Court Action

065360

COMPLAINT - WARRANT

COURT CODE	COMPLAINT NUMBER: PREFIX	YEAR	SEQUENCE NO.
0820	W	2015	000621

THE STATE OF NEW JERSEY
VS.
JEVRON G JESSIE-GARMON

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

ADDRESS: 40 BEECHWOOD AVE
MALVERN PA 19355

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 10-17-1990
DRIVER'S LIC. #: [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: ([redacted])

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 09-06-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TRANSMIT A FALSE OR BASELESS REPORT OR WARNING OF AN IMPENDING EMERGENCY TO AN OFFICIAL EMERGENCY SERVICE ORGANIZATION KNOWING THAT THE REPORT OR WARNING WAS FALSE OR BASELESS, SPECIFICALLY BY DIALING 9-1-1 AND REPORTING A MOTOR VEHICLE CRASH WITH MULTIPLE INJURIES KNOWING THAT SUCH CRASH DID NOT OCCUR AND THAT MEDICAL AND POLICE SERVICES WOULD BE DISPATCHED TO THE AREA DUE TO THE FALSE EMERGENCY, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-3A, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, PURPOSELY ATTEMPT TO PREVENT A PUBLIC SERVANT FROM LAWFULLY PERFORMING AN OFFICIAL FUNCTION BY MEANS OF PHYSICAL INTERFERENCE, SPECIFICALLY BY UNPLUGGING A COMPUTER POLICE WERE USING TO INVESTIGATE A CRIME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-1A, A FOURTH DEGREE CRIME.

In violation of:

	1)	2)	3)
Original Charge	2C:33-3A	2C:29-1A	2C:33-3E
Amended Charge			

OATH:
Subscribed and sworn to me this 6 day of Sep, yr 2015

Signed: PTLM T MCWAIN JR
(Signature of Complaining Witness)

Signed: Brenda Ellis MCA
(Signature of Person Administering Oath and Title)

DATE OF FIRST APPEARANCE 09-15-2015 TIME 11:00am DATE OF ARREST

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☒ Probable cause **IS** found for the issuance of this complaint. Brenda Ellis MCA — 9/6/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 2,500.00 /FULL by: JMC Adams
(If different from judicial officer that issued warrant)

☐ **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

15-2240

COMPLAINT - WARRANT

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	W	2015	000621

THE STATE OF NEW JERSEY

VS.

JEVRON G JESSIE-GARMON

ADDRESS: 40 BEECHWOOD AVE

MALVERN PA 19355

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 10-17-1990
DRIVER'S LIC. #: [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: ([redacted]

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 09-06-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TRANSMIT A FALSE OR BASELESS REPORT OR WARNING OF AN IMPENDING EMERGENCY TO AN OFFICIAL EMERGENCY SERVICE ORGANIZATION KNOWING THAT THE REPORT OR WARNING WAS FALSE OR BASELESS, SPECIFICALLY BY DIALING 9-1-1 AND REPORTING A MOTOR VEHICLE CRASH THAT DID NOT OCCUR, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-3E, A FOURTH DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge			
Amended Charge			

OATH:
Subscribed and sworn to me this 6th day of Sept, yr 2015

Signed: PTLM T MCWAIN JR
(Signature of ~~Complaining~~ Witness)

Signed: Brenda Ellis MCA
(Signature of Person Administering Oath and Title)

DATE OF FIRST APPEARANCE 09-15-2015 TIME 11:00am DATE OF ARREST

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☒ Probable cause **IS** found for the issuance of this complaint. Brenda Ellis MCA 9/6/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 2,500.00 /FULL by: JMC Adams
(if different from judicial officer that issued warrant)

☐ **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 – WARRANT (Court Action)

COMPLAINT NUMBER			
0820	W	2015	000621
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

JEVRON G JESSIE-GARMON

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: 09-15-2015 ☐ 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:33-3A	2C:29-1A	2C:33-3E
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

_____ _____
JUDGE'S SIGNATURE DATE

ORIGINAL – Court Action

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2015	000621	JEVRON G JESSIE-GARMON
COURT CODE	BREEK	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: 09-15-2015	☐ 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)			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

_____ _____
JUDGE'S SIGNATURE DATE

ORIGINAL – Court Action

COMPLAINT - WARRANT

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	W	2015	000622

COMPLAINT NUMBER

THE STATE OF NEW JERSEY
VS.
JEVRON G JESSIE-GARMON

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

ADDRESS: 40 BEECHWOOD AVE
MALVERN PA 19355

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 10-17-1990
DRIVER'S LIC. #: [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted]

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 09-06-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, REPORT TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH AN OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY CALLING 9-1-1 AND REPORTING THAT A MOTOR VEHICLE CRASH WITH MULTIPLE INJURIES OCCURRED IN WEST DEPTFORD TWP AND KNOWING THAT THERE WAS NO SUCH CRASH, CONTRARY TO AND IN VIOLATION OF NJSA 2C:28-4B(1), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, (WITH PURPOSE TO HINDER HIS OWN APPREHENSION, PROSECUTION, CONVICTION, OR PUNISHMENT, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HIS NAME WAS EARL BURRELL WITH A DATE OF BIRTH OF 7/24/78, KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS A FUGITIVE FROM JUSTICE OUT OF PENNSYLVANIA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:28-4B(1)	2C:29-3B(4)	2C:29-3B(4)
Amended Charge			

OATH:
Subscribed and sworn to me this 6 day of Sep, yr 2015

Signed: _____ PTLM T MCWAIN JR
(Signature of Complaining Witness)

Signed: Brenda Ellis MCA
(Signature of Person Administering Oath and Title)

DATE OF FIRST APPEARANCE 09-15-2015 TIME 11:00am DATE OF ARREST 09-06-2015

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☒ Probable cause **IS** found for the issuance of this complaint. Brenda Ellis MCA 9/6/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 2,500.00 /FULL **by:** JMC Adams
(if different from judicial officer that issued warrant)

☐ **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 - WARRANT

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	W	2015	000622

COMPLAINT NUMBER

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
JEVRON G JESSIE-GARMON

ADDRESS: 40 BEECHWOOD AVE
MALVERN PA 19355

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 10-17-1990
DRIVER'S LIC. #: [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: ([redacted)

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 09-06-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, (WITH PURPOSE TO HINDER HIS OWN APPREHENSION, PROSECUTION, CONVICTION, OR PUNISHMENT, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HIS NAME WAS RICHARD N LOWE WITH A DATE OF BIRTH OF 10/23/93, KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS A FUGITIVE FROM JUSTICE OUT OF PENNSYLVANIA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge			
Amended Charge			

OATH:
Subscribed and sworn to me this 6th day of Sept, yr 2015

Signed: PTLM T MCWAIN JR
(Signature of Complaining Witness)

Signed: Brenda Ellis MCA
(Signature of Person Administering Oath and Title)

DATE OF FIRST APPEARANCE 09-15-2015 **TIME** 11:00am **DATE OF ARREST** 09-06-2015

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☒ Probable cause **IS** found for the issuance of this complaint. Brenda Ellis MCA 9/6/
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 2,500.00 /FULL **by:** JMC Adams
(If different from judicial officer that issued warrant)

☐ **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 – WARRANT (Court Action)

COMPLAINT NUMBER: 0820 (COURT CODE) W (PREFIX) 2015 (YEAR) 000622 (SEQUENCE)

STATE V.

JEVRON G JESSIE-GARMON

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: 09-15-2015	☐ 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:28-4B(1)	2C:29-3B(4)	2C:29-3B(4)
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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2015	000622	JEVRON G JESSIE-GARMON
COUNTY 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: 09-15-2015	☐ 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			
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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

065434

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2015	000618
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
KIMBERLY D BOBROFSKY

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-4004 COUNTY OF: GLOUCESTER

ADDRESS:
331 W FRONT ST
APT 3
FLORENCE NJ 08518

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 05-12-1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #:

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 09-06-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, PURPOSELY OBSTRUCT, IMPAIR, OR PERVERT THE ADMINISTRATION OF LAW OR A GOVERNMENTAL FUNCTION BY MEANS OF FORCE OR VIOLENCE, SPECIFICALLY BY KNOWING THAT AN OCCUPANT OF HER VEHICLE CALLED 911 TO FALSELY REPORT A MOTOR VEHICLE CRASH USING HER PERSONAL CELL PHONE, DURING THE COURSE OF A LAWFUL MOTOR VEHICLE STOP, AND FAIL TO ADVISE ME OF SAME, IN AN ATTEMPT TO HAVE ME PREMATURELY TERMINATE THE MOTOR VEHICLE STOP. IN VIOLATION OF N.J.S.A 2C:29-1A, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:29-1A		
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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-06-2015

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

DATE TO APPEAR: 10-06-2015 **TIME:** 11:00am PTLM T MCWAIN JR 09-06-2015

Signature of Person Issuing Summons Date

☐ 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

15-2240

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2015	000618
LOCATION CODE	TYPE	YEAR	SEQUENCE NO.

STATE V.

KIMBERLY D BOBROFSKY

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: 10-06-2015	☐ 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:29-1A			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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COMPLAINT - SUMMONS

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	S	2015	000623

THE STATE OF NEW JERSEY
VS.
KIMBERLY D BOBROFSKY

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

ADDRESS:
331 W FRONT ST
APT 3
FLORENCE NJ 08518

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 05-12-1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #:

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 09-06-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER THE APPREHENSION, PROSECUTION, CONVICTION, OR PUNISHMENT OF ANOTHER FOR AN OFFENSE, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT THE OCCUPANT OF HER VEHICLE WAS NAMED "JOHN" AND THAT SHE KNEW NO OTHER INFORMATION ABOUT HIM WHILE ACTUALLY KNOWING THE OCCUPANT'S TRUE IDENTITY, HAVING KNOWN HIM FOR OVER 6 MONTHS, AND KNOWING THAT HE WAS A WANTED FUGITIVE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3A(7), A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:29-3A(7)		
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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 09-06-2015

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

DATE TO APPEAR: 10-06-2015 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 09-06-2015 (Date)

☐ 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.
0320	S	2015	000623	KIMBERLY D BOBROFSKY
COURT CODE	PREFIX	YEAR	DEFENDANT 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: 10-06-2015 | ☐ 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:29-3A(7)		
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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2015	000619
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

JEVRON G JESSIE-GARMON

ADDRESS:
40 BEECHWOOD AVE

MALVERN PA 19355

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 10-17-1990
DRIVER'S LIC. #: 2[redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: ([redacted])

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 09-06-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, REMAIN A FUGITIVE FROM JUSTICE FROM THE COMMONWEALTH OF PENNSYLVANIA, DISTRICT ATTORNEY'S OFFICER OF WEST CHESTER, IN VIOLATION OF NJSA 2A:160-21, FUGITIVE FROM JUSTICE FOUND IN THIS STATE.

PROBABLE CAUSE: TAMMY WRIGHT REEVES OF THE WEST CHESTER ON CALL WARRANTS DIVISION CONFIRMED THAT PENNSYLVANIA WILL EXTRADITE THE DEFENDANT. THE COMMONWEALTH OF PENNSYLVANIA HAS PENDING CHARGES FOR THE DEFENDANT FOR FORGERY, THEFT, RECEIVING STOLEN PROPERTY, AND BAD CHECKS.

NO BAIL - BAIL TO BE SET BY SUPERIOR COURT JUDGE.

in violation of:

Original Charge	2A:160-21	2)	3)
Amended Charge			

OATH:
Subscribed and sworn to me this 6th day of Sep, yr 2015

Signed: PTLM T MCWAIN JR
(Signature of Complaining Witness)

Signed: Brenda Ellis MCA
(Signature of Person Administering Oath and Title)

DATE OF FIRST APPEARANCE 09-06-2015 TIME 3:00pm DATE OF ARREST 09-06-2015

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☒ Probable cause **IS** found for the issuance of this complaint. Brenda Ellis MCA 9/6/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: / **by:**
(if different from judicial officer that issued warrant)

☐ **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):

POLICE COPY

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2015	000621
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

JEVRON G JESSIE-GARMON

ADDRESS:
40 BEECHWOOD AVE

MALVERN PA 19355

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 10-17-1990
DRIVER'S LIC. #. [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: ([redacted)

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 09-06-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TRANSMIT A FALSE OR BASELESS REPORT OR WARNING OF AN IMPENDING EMERGENCY TO AN OFFICIAL EMERGENCY SERVICE ORGANIZATION KNOWING THAT THE REPORT OR WARNING WAS FALSE OR BASELESS, SPECIFICALLY BY DIALING 9-1-1 AND REPORTING A MOTOR VEHICLE CRASH THAT DID NOT OCCUR, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-3E, A FOURTH DEGREE CRIME.

in violation of:

		2)	3)
Original Charge			
Amended Charge			

OATH:
Subscribed and sworn to me this 6 day of Sept, yr 2015

Signed: PTLM T MCWAIN JR
(Signature of Complaining Witness)

Signed: Brenda Ellis MCA
(Signature of Person Administering Oath and Title)

DATE OF FIRST APPEARANCE 09-15-2015 TIME 11:00am DATE OF ARREST

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause IS NOT found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☑ Probable cause IS found for the issuance of this complaint. Brenda Ellis MCA 9/16/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 2,500.00 /FULL by: JMC Adams
(if different from judicial officer that issued warrant)

☐ 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):

POLICE COPY

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2015	000622
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

JEVRON G JESSIE-GARMON

ADDRESS:
40 BEECHWOOD AVE

MALVERN PA 19355

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 10-17-1990
DRIVER'S LIC. #. [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #: [redacted]

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 09-06-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, REPORT TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH AN OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY CALLING 9-1-1 AND REPORTING THAT A MOTOR VEHICLE CRASH WITH MULTIPLE INJURIES OCCURRED IN WEST DEPTFORD TWP AND KNOWING THAT THERE WAS NO SUCH CRASH, CONTRARY TO AND IN VIOLATION OF NJSA 2C:28-4B(1), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, (WITH PURPOSE TO HINDER HIS OWN APPREHENSION, PROSECUTION, CONVICTION, OR PUNISHMENT, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HIS NAME WAS EARL BURRELL WITH A DATE OF BIRTH OF 7/24/78, KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS A FUGITIVE FROM JUSTICE OUT OF PENNSYLVANIA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

In violation of:

Original Charge	2C:28-4B(1)	2) 2C:29-3B(4)	3) 2C:29-3B(4)
Amended Charge			

OATH:
Subscribed and sworn to me this 6th day of Sept, yr 2015

Signed: PTLM T MCWAIN JR
(Signature of Complaining Witness)

Signed: Brenda Ellis MCA
(Signature of Person Administering Oath and Title)

DATE OF FIRST APPEARANCE 09-15-2015 TIME 11:00am DATE OF ARREST 09-06-2015

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☒ Probable cause **IS** found for the issuance of this complaint. Brenda Ellis MCA 9/6/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 2,500.00 /FULL by: JMC Adams
(if different from judicial officer that issued warrant)

☐ 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):

POLICE COPY

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2015	000622
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

JEVRON G JESSIE-GARMON

ADDRESS:
40 BEECHWOOD AVE

MALVERN PA 19355

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-17780

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 10-17-1990
DRIVER'S LIC. #. [redacted] DL STATE: PA
SOCIAL SECURITY #[redacted] SBI #:
TELEPHONE #: ([redacted])

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 09-06-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, (WITH PURPOSE TO HINDER HIS OWN APPREHENSION, PROSECUTION, CONVICTION, OR PUNISHMENT, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HIS NAME WAS RICHARD N LOWE WITH A DATE OF BIRTH OF 10/23/93, KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS A FUGITIVE FROM JUSTICE OUT OF PENNSYLVANIA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

In violation of:

Original Charge		2)	3)
Amended Charge			

OATH:
Subscribed and sworn to me this 6th day of Sept, yr 2015

Signed: PTLM T MCWAIN JR
(Signature of Complaining Witness)

Signed: Brenda Ellis MCA
(Signature of Person Administering Oath and Title)

DATE OF FIRST APPEARANCE 09-15-2015 TIME 11:00am DATE OF ARREST 09-06-2015

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☑ Probable cause **IS** found for the issuance of this complaint. Brenda Ellis MCA 9/6/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 2,500.00 /FULL by: JMC Adams
(if different from judicial officer that issued warrant)

☐ 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):

POLICE COPY

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2015	000816
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JUSTIN V RIZZO

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 146 HARVARD RD
PENNSVILLE NJ 08070

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2015-21168

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04-27-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 907525D
TELEPHONE #: ([redacted]

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 10-26-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED BY A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (1) BLUE PILL MARKED "A 215" SUSPECTED TO BE 30MG OXYCODONE, CONTRARY TO AND IN VIOLATION NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 10-26-2015

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

DATE TO APPEAR: 10-27-2015 TIME: 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons
10-26-2015 — Date

☐ 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):

POLICE COPY

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2015	000817
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JUSTIN V RIZZO

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 146 HARVARD RD
PENNSVILLE NJ 08070

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2015-21168

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04-27-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 907525D
TELEPHONE #: [redacted]

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 10-26-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, INGEST, PREPARE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS VIAL CONTAINING PRESCRIPTION MEDICATION, (1) STRAW CONTAINING SUSPECTED CDS RESIDUE, AND (1) RAZOR BLADE CONTAINING SUSPECTED CDS RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (1) BLUE PILL MARKED "A 215" SUSPECTED TO BE 30MG OXYCODONE AND FAILED TO DELIVER SAME TO PTL. MCWAIN DURING A MOTOR VEHICLE STOP, CONTRARY TO AND IN VIOLATION NJSA 2C:35-10A(1), A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-2	2) 2C:35-10C	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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 10-26-2015

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

DATE TO APPEAR: 10-27-2015 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 10-26-2015 (Date)

☐ 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):

POLICE COPY

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2015	000834
ORI	PREFIX	YEAR	INCIDENT NO.

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
JAMAL G JOHNSON

ADDRESS: 401 FAIRVIEW AVE
SOMERDALE NJ 08083

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-21625

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04-06-1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI#: 357778C
TELEPHONE #: [redacted]

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 10-31-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITTONER OR UNDER VALID PRESCRIPTION, SPECTFICALLY BY POSSESSING (12) BLUE GLASSINE BAGS EACH CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECTED TO BE COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS WITH THE INTENT TO DISTRUBUTE OR DISPENSE COCAINE, A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (12) BLUE GLASSINE BAGS EACH CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECTED TO BE COCAINE PACKAGED IN A MANNER CONSISTANT WITH DRUG SALES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, PURPOSELY PREVENT A LAW ENFORCEMENT OFFICER FROM EFFECTING A LAWFUL ARREST BY USING PHYSICAL FORCE AGAINST PTL.

In violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:35-5B(3)	2C:29-2A(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: PTLM T MCWAIN JR Date: 10-31-2015

DATE OF FIRST APPEARANCE 10-31-2015 TIME 5:00pm DATE OF ARREST 10-31-2015

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause IS NOT found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☒ Probable cause IS found for the issuance of this complaint. Brenda Eller MCA 10/31/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 35,000.00 /FULL by: Adams
(if different from judicial officer that issued warrant)

☐ 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 - WARRANT

COMPLAINT NUMBER			
0820	W	2015	000834
COUNTY	PART	YEAR	SEQUENCE NO

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2015-21625

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

THE STATE OF NEW JERSEY
VS.
JAMAAL G JOHNSON

ADDRESS: 401 FAIRVIEW AVE
SOMERDALE NJ 08083

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04-06-1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI#: 2577780
TELEPHONE #: ([redacted]

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 10-31-2015 in WEST DEPTFORD TWP GLOUCESTER County, NJ did: MCWAIN, SPECIFICALLY BY FAILING TO REMOVE HIS HANDS FROM HAS WAISTBAND AREA AND REFUSING TO SUBMIT TO ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-2A(3), A THIRD DEGREE CRIME.

JUSTIFICATION FOR WARRANT: SERIOUSNESS OF OFFENSE / PRIOR FTA / DANGER TO OTHERS

In violation of:

	1)	2)	3)
Original Charge			
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: PTLM T MCWAIN JR Date: 10-31-2015

DATE OF FIRST APPEARANCE 10-31-2015 TIME 5:00pm DATE OF ARREST 10-31-2015

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause IS NOT found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator — Date — Signature of Judge — Date

☒ Probable cause IS found for the issuance of this complaint. Brenda Eldridge MCJA 10/31/15
Signature and Title of Judicial Officer Issuing Warrant — Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: 35,000.00 /FULL by: JMc Adams
(if different from judicial officer that issued warrant)

☐ 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/CDR2 8/1/2005

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2015	000835
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2015-21625

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

THE STATE OF NEW JERSEY
VS.
JAMAAL G JOHNSON

ADDRESS: 401 FAIRVIEW AVE
SOMERDALE NJ 08083

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04-06-1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 257778C
TELEPHONE #: [redacted]

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 10-31-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (1) PLASTIC JAR CONTAINING SUSPECTED MARIJUANA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (12) GLASSINE BAGS CONTAINING SUSPECTED COCAINE AND (1) PLASTIC JAR CONTAINING SUSPECTED MARIJUANA AND FAIL TO DELIVER THAT SUBSTANCE TO POLICE DURING A MOTOR VEHICLE STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

In violation of:

	1)	2)	3)
Original Charge	2C:35-10A(4)	2C:35-10C	
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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 10-31-2015

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

DATE TO APPEAR: 10-31-2015 **TIME:** 5:00pm

PTLM T MCWAIN JR — Signature of Person Issuing Summons
10-31-2015 — Date

☐ 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):

POLICE COPY

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2015	000912
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JAMES R HEENAN

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 1224 EDGEMERE AVE
FORKED RIVER NJ 08731

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2015-24697

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 08-26-1984
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 813406C
TELEPHONE #: [redacted]

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 12-13-2015 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (3) GLASSINE BAGS CONTAINING SUSPECTED HEROIN AND (2) PLASTIC VIALS CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 12-13-2015

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

DATE TO APPEAR: 12-15-2015 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 12-13-2015 (Date)

☐ 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):

POLICE COPY

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2015	000913
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

JAMES R HEENAN

ADDRESS: 1224 EDGEMERE AVE

FORKED RIVER NJ 08731

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2015-24697

COMPLAINANT NAME: PTLM T MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 08-26-1984
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 813406C
TELEPHONE #: [redacted]

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 12-13-2015 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, AND/OR CONCEAL A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) BLUE WAX FOLD CONTAINING SUSPECTED HEROIN RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (3) WAX FOLDS CONTAINING SUSPECTED HEROIN AND (2) VIALS CONTAINING SUSPECTED COCAINE AND FAIL TO DELIVER THAT SUBSTANCE TO POLICE DURING A MOTOR VEHICLE STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:36-2	2C:25-10C	
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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 12-13-2015

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

DATE TO APPEAR: 12-15-2015 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 12-13-2015 (Date)

☐ 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):

POLICE COPY

COURT I.D. 0820 | PREFIX WD | TICKET NUMBER 066888

WEST DEPTFORD TOWNSHIP MUNICIPAL COURT
400 Crown Point Road
West Deptford, NJ 08086

COMPLAINT-SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED.

Driver's Lic. No. [redacted] | EXP. DATE 8/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name — First: James | Initial: R | Last: Heenan (Please Print)

Address: 1224 Edgemere Ave

City: Forked River | State: NJ | Zip Code: 08731 | Telephone:

Birth Date: 8/26/84 | Eyes: 2 | Sex: M | Weight: | Height: 506 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Nis | Year: 06 | Body Type: 4D | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 12/15

Offense Date — Month: 12 | Day: 13 | Year: 15 | Time Hour: 6:55 AM PM

LOCATION OF OFFENSE | Describe Location: Hessian by Crown Point

Municipality: WEST DEPTFORD | County: GLOUCESTER | Mun.Code (Offense): 0820

AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

[1] 3-4	Unregistered vehicle	[7] 4-85	Improper passing
[2] 3-29	Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS	[8] 4-97	Careless driving
[3] 3-33	Unclear plates	[9] 4-124	Failure to turn
[4] 3-66	Maintenance of lamps	[10] 4-144	Failure to stop or yield
[5] 3-76.2f	Failure to wear seatbelt	[11] 8-1	Failure to inspect
[6] 4-81	Failure to observe signal	[12] 8-4	Failure to make repairs

[13] 4-98 Speeding _____ MPH in a _____ MPH zone

IN EXCESS OF SPEED LIMIT BY:

☐1-9MPH ☐10-14MPH ☐15-19MPH ☐20-24MPH ☐25-29MPH ☐30-34MPH
☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Head Light

Statute No. | Ordinance/Code No.

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. | Month: 12 | Day: 13 | Year: 15

Signature of Complaining Witness: [signature] | Officer's ID. No.: 4146

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE — Month: 12 | Day: 15 | Year: 15 | Time Hour: 11:00 AM PM

☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury

CONDITIONS

AREA	☐ Business	☐ School	☒ Residential	☐ Rural
ROAD	☒ Dry	☐ Wet	☐ Snow	☐ Ice
TRAFFIC	☒ Light	☐ Medium	☐ Heavy	
VISIBILITY	☒ Clear	☐ Rain	☐ Snow	☐ Fog

Equipment | ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

Equipment Operator's Name | Operator ID No. | Unit Code

COMPLAINT-SUMMONS UTT-1 10-17-06 (rev. 1/9/07)

COURT I.D. 0820 | PREFIX WD | TICKET NUMBER 066889

WEST DEPTFORD TOWNSHIP MUNICIPAL COURT
400 Crown Point Road
West Deptford, NJ 08086

COMPLAINT-SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED.

Driver's Lic. No. [redacted] | EXP. DATE 8/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name — First: James | Initial: R | Last: Heenan (Please Print)

Address: 1224 Edgemere Ave

City: Forked River | State: NJ | Zip Code: 08731 | Telephone:

Birth Date: 8/26/84 | Eyes: 2 | Sex: M | Weight: | Height: 506 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Nis | Year: 06 | Body Type: 4D | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 12/15

Offense Date — Month: 12 | Day: 13 | Year: 15 | Time Hour: 6:55 AM PM

LOCATION OF OFFENSE | Describe Location: Hessian by Crown Point

Municipality: WEST DEPTFORD | County: GLOUCESTER | Mun.Code (Offense): 0820

AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

[1] 3-4	Unregistered vehicle	[7] 4-85	Improper passing
[2] 3-29	Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS	[8] 4-97	Careless driving
[3] 3-33	Unclear plates	[9] 4-124	Failure to turn
[4] 3-66	Maintenance of lamps	[10] 4-144	Failure to stop or yield
[5] 3-76.2f	Failure to wear seatbelt	[11] 8-1	Failure to inspect
[6] 4-81	Failure to observe signal	[12] 8-4	Failure to make repairs

[13] 4-98 Speeding _____ MPH in a _____ MPH zone

IN EXCESS OF SPEED LIMIT BY:

☐1-9MPH ☐10-14MPH ☐15-19MPH ☐20-24MPH ☐25-29MPH ☐30-34MPH
☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

CDS in Vehicle

Statute No.: 39:4-49.1 | Ordinance/Code No.

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. | Month: 12 | Day: 13 | Year: 15

Signature of Complaining Witness: [signature] | Officer's ID. No.: 4146

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE — Month: 12 | Day: 15 | Year: 15 | Time Hour: 11:00 AM PM

☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury

CONDITIONS

AREA	☐ Business	☐ School	☒ Residential	☐ Rural
ROAD	☒ Dry	☐ Wet	☐ Snow	☐ Ice
TRAFFIC	☒ Light	☐ Medium	☐ Heavy	
VISIBILITY	☒ Clear	☐ Rain	☐ Snow	☐ Fog

Equipment | ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

Equipment Operator's Name | Operator ID No. | Unit Code

COMPLAINT-SUMMONS UTT-1 10-17-06 (rev. 1/9/07)