042145

COMPLAINT - SUMMONS

COURT CODE	COMPLAINT NUMBER: PREFIX	YEAR	SEQUENCE NO.
0820	S	2016	000038

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
HEATHER A VANSCIVER

ADDRESS: 3 W PARK AVE
APT 6
OAKLYN NJ 08107

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-786

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 11-26-1981
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 399656D
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 01-09-2016 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 (6) WAX FOLDS CONTAINING SUSPECTED HEROIN, 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 A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED 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 A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:35-10A(1)	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: 01-09-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR 01-09-2016

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

16-156

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0820	S	2016	000038
COURT CODE	PREFIX	YEAR	DEFENDANT NO.

THE STATE OF NEW JERSEY
VS.
HEATHER A VANSCIVER

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS:
3 W PARK AVE
APT 6
OAKLYN NJ 08107

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-786

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 11-26-1981
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 399656D
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 01-09-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (2) FOIL WRAPPERS CONTAINING SUSPECTED SUBOXONE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

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: 01-09-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-09-2016 (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	2016	000038
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

HEATHER A VANSCIVER

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail		Place Committed:	Date Referred to County Prosecutor: _____
Date of First Appearance: 01-19-2016	☐ 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:35-10A(1)	2) 2C:35-10A(1)	3) 2C:35-10A(1)
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

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2016	000038
COURT CODE	BRANCH	YEAR	INSTRUMENT NO.

STATE V.

HEATHER A VANSCIVER

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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 - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000039
COURT CODE	DIVISION	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
HEATHER A VANSCIVER

ADDRESS:
3 W PARK AVE
APT 6
OAKLYN NJ 08107

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-786

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 11-26-1981
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 399656D
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 01-09-2016 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 INGEST, INHALE, PREPARE, STORE, AND/OR CONTAIN A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (7) WAX FOLDS CONTAINING SUSPECTED HEROIN RESIDUE, (1) METAL CAP WITH SUSPECTED HEROIN RESIDUE, AND (1) GLASS PIPE WITH BURNT COPPER MESH CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A SYRINGE ACCESS PROGRAM CARD OR PRESCRIPTION, SPECIFICALLY BY POSSESSING (5) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:36-2	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: 01-09-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-09-2016 (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

AGENCY CODE	DIVISION	YEAR	SEQUENCE NO.
0820	S	2016	000039

STATE V.

HEATHER A VANSCIVER

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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: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

066059

COMPLAINT - SUMMONS

COMPLAINT NUMBER

COURT NO.	FREE TEXT	YEAR	SEQUENCE NO.
0820	S	2016	000049

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
GIOVANY IRIZARRY
ADDRESS: 11 OAK WALK
CAMDEN NJ 08104

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2016-897

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 01-14-1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 786689C
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 01-11-2016 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 (2) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK 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 AN IMITATION CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK 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 A

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:35-11A(3)	2C:35-5A(2)
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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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

136

COMPLAINT-SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000049
COURT CODE	BREAK	YEAR	SEQUENCE NO

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
GIOVANY IRIZARRY
ADDRESS: 11 OAK WALK
CAMDEN NJ 08104

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2016-897

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 01-14-1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 786689C
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 01-11-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A WITH THE INTENT TO DISTRIBUTE SAME, SPECIFICALLY BE POSSESSING (2) GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK COCAINE AND ADMITTING TO BEING IN THE AREA TO SELL THEM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5A(2), A THIRD DEGREE CRIME.

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) BOTTLE CONTAINING A GREEN LIQUID SUSPECTED TO BE METHADONE, 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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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	2016	000049
COUNTY/SIDE	PREFIX	YEAR	SEQUENCE NO

STATE V.

GIOVANY IRIZARRY

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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:35-10A(1)	2) 2C:35-11A(3)	3) 2C:35-5A(2)
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

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER: 0820 - S - 2016 - 000049
COURT CODE – PREFIX – YEAR – SEQUENCE NO

STATE V. GIOVANY IRIZARRY

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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:35-10A(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

COMPLAINT - SUMMONS

COMPLAINT NUMBER

COURT	PREFIX	YEAR	SEQUENTIAL NO.
0820	S	2016	000050

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
GIOVANY IRIZARRY

ADDRESS: 11 OAK WALK
CAMDEN NJ 08104

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-897

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 01-14-1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 786689C
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 01-11-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY WANDER, REMAIN, AND/OR PROWL A PUBLIC AREA WITH THE PURPOSE OF OBTAINING OR DISTRUBUTING A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED DANGEROUS SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK COCAINE AND ADMITTING TO BEING IN THE AREA TO SELL THEM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-2.1B, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER HIS OWN APPREHENSION OR PUNISHMENT, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HIS FIRST NAME WAS WILLIAM AND KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS WANTED ON ACTIVE WARRANTS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:33-2.1B	2C:29-3B(4)	
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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.
0820	S	2016	000050	GIOVANY IRIZARRY
SECURITY ID	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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:33-2.1B	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

033950

COMPLAINT - SUMMONS

COMPLAINT NUMBER

COUNTY	PREFIX	YEAR	SEQUENCE NO.
0820	S	2016	000047

THE STATE OF NEW JERSEY
VS.
MEGAN MALONE

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 504 PARIS AVE
BROOKLAWN NJ 08030

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-897

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-06-1980
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 465846C
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 01-11-2016 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 (2) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK 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 AN IMITATION CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK 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 A

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:35-11A(3)	2C:35-5A(2)
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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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

16-136

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0820	S	2016	000047
COURT DIST CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
MEGAN MALONE

ADDRESS: 504 PARIS AVE
BROOKLAWN NJ 08030

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-897

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-06-1980
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 465846C
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 01-11-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A WITH THE INTENT TO DISTRIBUTE SAME, SPECIFICALLY BE POSSESSING (2) GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK COCAINE AND ADMITTING TO BEING IN THE AREA TO SELL THEM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5A(2), A THIRD DEGREE CRIME.

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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR 01-11-2016

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

NJ CDR-1 8/1/2006

COMPLAINT – SUMMONS (Court Action)

COURT ORI	COURT DIV	COMPLAINT NUMBER YEAR	SEQUENCE NO.
0820	S	2016	000047

STATE V.

MEGAN MALONE

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail	Place Committed:		Date Referred to County Prosecutor: _____
Date of First Appearance: 01-19-2016	☐ 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:35-10A(1)	2) 2C:35-11A(3)	3) 2C:35-5A(2)
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

COMPLAINT – SUMMONS (Court Action)

COURT ORI/DEPT	COMPLAINT NUMBER: TYPE	YEAR	SEQUENCE NO.
0820	S	2016	000047

STATE V.

MEGAN MALONE

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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

NJ/CDR1 3/1/2006

COMPLAINT - SUMMONS

COMPLAINT NUMBER

COURT	DIV.	YEAR	SEQUENCE
0820	S	2016	000048

THE STATE OF NEW JERSEY

VS.

MEGAN MALONE

ADDRESS: 504 PARIS AVE

BROOKLAWN NJ 08030

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-897

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-06-1980
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 786689C
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 01-11-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY WANDER, REMAIN, AND/OR PROWL A PUBLIC AREA WITH THE PURPOSE OF OBTAINING OR DISTRUBUTING A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED DANGEROUS SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-2.1B, A DISORDERLY PERSONS OFFENSE.

In violation of:

	1)	2)	3)
Original Charge	2C:33-2.1B		
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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR 01-11-2016

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)

COMPLAINT NUMBER: 0820 – S – 2015 – 000048

COURT CODE | PRETN | YEAR | SEQUENCE NO.

STATE V.

MEGAN MALONE

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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:33-2.1B	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	2016	000047
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
MEGAN MALONE

ADDRESS: 504 PARIS AVE
BROOKLAWN NJ 08030

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-897

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-06-1980
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 465846C
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 01-11-2016 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 (2) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK 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 AN IMITATION CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK 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 A

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:35-11A(3)	3) 2C:35-5A(2)
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: 01-11-2016

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: 01-19-2016 TIME: 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01-11-2016 — 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	2016	000047
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
MEGAN MALONE

ADDRESS: 504 PARIS AVE
BROOKLAWN NJ 08030

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-897

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-06-1980
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 465846C
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 01-11-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A WITH THE INTENT TO DISTRIBUTE SAME, SPECIFICALLY BE POSSESSING (2) GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK COCAINE AND ADMITTING TO BEING IN THE AREA TO SELL THEM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5A(2), A THIRD DEGREE CRIME.

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: 01-11-2016

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: 01-19-2016 TIME: 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01-11-2016 — 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	2016	000048
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
MEGAN MALONE

ADDRESS: 504 PARIS AVE
BROOKLAWN NJ 08030

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-897

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-06-1980
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 786689C
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 01-11-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY WANDER, REMAIN, AND/OR PROWL A PUBLIC AREA WITH THE PURPOSE OF OBTAINING OR DISTRUBUTING A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED DANGEROUS SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-2.1B, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:33-2.1B		
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: 01-11-2016

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: 01-19-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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	2016	000049
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

GIOVANY IRIZARRY

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 11 OAK WALK
CAMDEN NJ 08104

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2016-897

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 01-14-1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 786689C
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 01-11-2016 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 (2) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK 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 AN IMITATION CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK 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 A

In violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:35-11A(3)	3) 2C:35-5A(2)
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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons

01-11-2016 — 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	2016	000049
COURT CODE	PREFIX	YEAR	SEQUENCE NO

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2016-897

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

THE STATE OF NEW JERSEY
VS.
GIOVANY IRIZARRY

ADDRESS: 11 OAK WALK
CAMDEN NJ 08104

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 01-14-1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 786689C
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 01-11-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A WITH THE INTENT TO DISTRIBUTE SAME, SPECIFICALLY BE POSSESSING (2) GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK COCAINE AND ADMITTING TO BEING IN THE AREA TO SELL THEM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5A(2), A THIRD DEGREE CRIME.

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) BOTTLE CONTAINING A GREEN LIQUID SUSPECTED TO BE METHADONE, 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: 01-11-2016

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: 01-19-2016 TIME: 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01-11-2016 — 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	2016	000050
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
GIOVANY IRIZARRY

ADDRESS: 11 OAK WALK
CAMDEN NJ 08104

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-897

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 01-14-1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 786689C
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 01-11-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY WANDER, REMAIN, AND/OR PROWL A PUBLIC AREA WITH THE PURPOSE OF OBTAINING OR DISTRUBUTING A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED DANGEROUS SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE CONSISTENT IN SIZE, SHAPE, AND PACKAGING AS CRACK COCAINE AND ADMITTING TO BEING IN THE AREA TO SELL THEM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-2.1B, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER HIS OWN APPREHENSION OR PUNISHMENT, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HIS FIRST NAME WAS WILLIAM AND KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS WANTED ON ACTIVE WARRANTS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

In violation of:

	1)	2)	3)
Original Charge	2C:33-2.1B	2C:29-3B(4)	
Amended Charge			

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

Signed: PTLM T MCWAIN JR Date: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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 WDJ | TICKET NUMBER 000213

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

POLICE RECORD

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 1/19 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Giovany | Initial | Last Irizarry (Please Print)

Address: 11 Oak Walk

City: Camden | State: NJ | Zip Code: 08104 | Telephone:

Birth Date: 1/14/87 | Eyes: | Sex: M | Weight: | Height: | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Chev | Year: 03 | Body Type: 4D | Code: 1606 | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 8/16

Offense Date: Month 1 | Day 11 | Year 16 | Time Hour 5: AM/PM

LOCATION OF OFFENSE: CODE | Describe Location: Crown Point Rd

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

Statute No. 39:3-40 | 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 1 | Day 11 | Year 16

Signature of Complaining Witness | Officer's ID. No. 4114

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 1 | Day 19 | Year 16 | Time Hour 11 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

POLICE RECORD UTT-1 10-17-05 (rev. 1/9/07)

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000041
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
RUTH A BROWN

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 302 SENECCA TRL
BROWNS MILLS NJ 08015

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-875

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08-11-1974
DRIVER'S LIC. #: [redacted] DL STATE: BC
SOCIAL SECURITY #: [redacted] SBI #: 806767D
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 01-10-2016 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 (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

Original Charge	1) 2C:35-10A(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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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	2016	000042
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

RUTH A BROWN

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 302 SENECCA TRL
BROWNS MILLS NJ 08015

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-875

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08-11-1974
DRIVER'S LIC. #: [redacted] DL STATE: BC
SOCIAL SECURITY #: [redacted] SBI #: 806767D
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 01-10-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (5) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

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

in violation of:

Original Charge	1) 2C:36-6	2) 2C:36-2	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: 01-11-2016

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: 01-19-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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	2016	000043
COURT CODE	PREFIX	YEAR	SEQUENCE NO

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-875

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

THE STATE OF NEW JERSEY
VS.
TROY L ROBERTS

ADDRESS: 236 LACASCATA
CLEMENTON NJ 08021

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-06-1970
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 357408C
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 01-10-2016 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 PRACITITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, 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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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	2016	000044
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
TROY L ROBERTS

ADDRESS: 236 LACASCATA
CLEMENTON NJ 08021

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-875

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-06-1970
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted]0 SBI #: 357408C
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 01-10-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (5) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

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

in violation of:

Original Charge	1) 2C:36-6	2) 2C:36-2	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: 01-11-2016

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: 01-19-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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	2016	000045
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ASHLEY M GIARDINELLI

ADDRESS: 772 CLAYTON AVE
BURLINGTON NJ 08016

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-875

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 10-08-1985
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 296316D
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 01-10-2016 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 (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

Original Charge	1) 2C:35-10A(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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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	2016	000046
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ASHLEY M GIARDINELLI

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 772 CLAYTON AVE
BURLINGTON NJ 08016

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-875

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 10-08-1985
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 296316D
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 01-10-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (5) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

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 NUMEROUS WAX FOLDS AND GLASSINE BAGS CONTAINING SUSPECTED DRUG RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

In violation of:

Original Charge	1) 2C:36-6	2) 2C:36-2	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: 01-11-2016

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: 01-19-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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 WDJ | TICKET NUMBER 000211

WEST DEPTFORD JOINT MUNICIPAL COURT
400 Crown Point Road
West Deptford, NJ 08066

POLICE RECORD

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 [redacted] | ST NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Troy | Initial L | Last Roberts (Please Print)

Address: 236 Lagasetta

City: Clementon | State: NJ | Zip Code: 0821 | Telephone:

Birth Date: 11/70 | Eyes: BL | Sex: M | Weight: 180 | Height: 5'11" | Restrictions: NONE

DID UNLAWFULLY (PARK) (OPERATE)

Make of Vehicle: Hyunda | Year: 15 | Body Type: SDN | Color: Red | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: PA | Exp. Date: 9/16

Offense Date: Month 1 | Day 10 | Year 16 | Time Hour 10:27 AM (PM)

LOCATION OF OFFENSE: CODE | Describe Location: Mitton Ave

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

Suspended DC

Statute No.: 39:3-40 | 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 1 | Day 10 | Year 16

Signature of Complaining Witness: [signature] | Officer's ID. No. 411

NOTICE TO APPEAR

A COURT APPEARANCE REQUIRED | COURT DATE | Month 1 | Day 19 | Year 16 | 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

POLICE RECORD UTT-1 10-17-06 (rev. 1/9/07)

065810

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000041
COURT CODE	PREFIX	YEAR	SEQUENCE

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
RUTH A BROWN

ADDRESS: 302 SENECCA TRL
BROWNS MILLS NJ 08015

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-875

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08-11-1974
DRIVER'S LIC. #: [redacted]2 DL STATE: BC
SOCIAL SECURITY #: [redacted]7 SBI #: 806767D
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 01-10-2016 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 (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, 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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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

16-148

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2016	000041
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RUTH A BROWN

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail	Place Committed:		Date Referred to County Prosecutor: _____
Date of First Appearance: 01-19-2016	☐ 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	S	YEAR	SEQUENCE NO.
0820	S	2016	000042

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
RUTH A BROWN

ADDRESS: 302 SENECCA TRL
BROWNS MILLS NJ 08015

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-875

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08-11-1974
DRIVER'S LIC. #: [redacted] DL STATE: BC
SOCIAL SECURITY #: [redacted] SBI #: 806767D
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 01-10-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (5) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

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

in violation of:

Original Charge	1) 2C:36-6	2) 2C:36-2	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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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				
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	
0820	S	2016	000042	STATE V. RUTH A BROWN

FTA Bail Information	Date Bail Set:	Amount Bail Set: $____ by:____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail	Place Committed:		Date Referred to County Prosecutor: ____
Date of First Appearance: 01-19-2016	☐ 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	1) 2C:36-6	2) 2C:36-2	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

066062

COMPLAINT - SUMMONS

COURT CODE	COURT DIV.	COMPLAINT NUMBER	DEFENDANT NO.
0820	S	2016	000045

THE STATE OF NEW JERSEY
VS.
ASHLEY M GIARDINELLI

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 772 CLAYTON AVE
BURLINGTON NJ 08016

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-875

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 10-08-1985
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 296316D
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 01-10-2016 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 (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, 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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-11-2016 (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

16-148

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				
0820	S	2016	000045	STATE V. ASHLEY M GIARDINELLI
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $	by:	❑ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail	Place Committed:			Date Referred to County Prosecutor:
Date of First Appearance: 01-19-2016	❑ 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	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
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2 – Not Guilty
3 – Dismissed – Other
4 – Guilty but Merged
5 – Dismissed-Rule
6 – Dismissed Lack of Prosecution
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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	DEPT	YEAR	SEQUENCE NO.
0820	S	2016	000046

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
ASHLEY M GIARDINELLI

ADDRESS: 772 CLAYTON AVE
BURLINGTON NJ 08016

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-875

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 10-08-1985
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 296316D
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 01-10-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (5) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

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 NUMEROUS WAX FOLDS AND GLASSINE BAGS CONTAINING SUSPECTED DRUG RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

In violation of:

Original Charge	1) 2C:36-6	2) 2C:36-2	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.

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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	2016	000046
COUNTY CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

ASHLEY M GIARDINELLI

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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:36-6	2C:36-2	
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

066063

COMPLAINT - SUMMONS

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	S	2016	000043

COMPLAINT NUMBER

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
TROY L ROBERTS

ADDRESS: 236 LACASCATA
CLEMENTON NJ 08021

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-875

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-06-1970
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 357408C
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 01-10-2016 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 PRACITITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, 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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01-11-2016 — 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

NJ/CDR1 8/1/2005

16-148

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2016	000043
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

TROY L ROBERTS

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016 ☐ 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	2016	000044

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
TROY L ROBERTS

ADDRESS: 236 LACASCATA
CLEMENTON NJ 08021

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-875

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-06-1970
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 357408C
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 01-10-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (5) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

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

in violation of:

Original Charge	1) 2C:36-6	2) 2C:36-2	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: 01-11-2016

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: 01-19-2016 **TIME:** 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01-11-2016 — 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

NJ/CERT/8/1/2005

COMPLAINT — SUMMONS (Court Action)

COMPLAINT NUMBER: 0820 (COURT CODE) S (PREFIX) 2016 (YEAR) 000044 (SEQUENCE NO.)

STATE V.

TROY L ROBERTS

FTA Bail Information	Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
					Place Committed:		Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016 ☐ 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:36-6			2) 2C:36-2			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

052949

COMPLAINT - SUMMONS

COMPLAINT NUMBER

COURT CODE	S/PREV	YEAR	SEQUENCE NO
0820	S	2016	000018

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
STEPHEN W JENKINS JR

ADDRESS:
41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 08-31-1984
DRIVER'S LIC. #: [redacted]5 DL STATE: NJ
SOCIAL SECURITY #: [redacted]73 SBI #: 899891C
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 01-06-2016 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 DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (17) WHITE WAX FOLDS CONTAINING SUSPECTED HEROIN AND (9) BLUE WAX FOLDS CONTAINING SUSPECTED HEROIN, 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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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

16-103

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2016	000018
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

STEPHEN W JENKINS JR

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail		Place Committed:	Date Referred to County Prosecutor: _____
Date of First Appearance: 01-19-2016	☐ 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

0820	S	2016	000019
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
STEPHEN W JENKINS JR

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

ADDRESS:
41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 08-31-1984
DRIVER'S LIC. #: [redacted]5 DL STATE: NJ
SOCIAL SECURITY #: [redacted]3 SBI #: 899891C
TELEPHONE #: ([redacted]5

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01-06-2016 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 AND/OR CONTAIN A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (8) EMPTY GLASSINE BAGS USED FOR PACKAGING HEROIN, 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 (26) WAX FOLDS CONTAINING SUSPECTED HEROIN AND FAILING 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:36-2	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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR 01-06-2016

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)

COMPLAINT NUMBER			
0820	S	2016	000019
COURT CODE	FREE IN	YEAR	SEQUENCE NO.

STATE V.

STEPHEN W JENKINS JR

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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:35-10C	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

054065

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000016
COURT CODE	PREFIX	YEAR	SEQUENCE #

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
ROBERT J MARKEGENE
ADDRESS: 1114 FITZGERALD ST
PHILADELPHIA PA 19148

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 05-31-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 517304E
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 01-06-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY CONSTRUCTIVELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (17) WHITE WAX FOLDS AND (9) BLUE WAX FOLDS ALL CONTAINING SUSPECTED HEROIN, 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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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

NJ/CDR1 8/1/2005

16-103

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2016	000016	ROBERT J MARKEGENE
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail	Place Committed:		Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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			
0820	S	2016	000017
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
ROBERT J MARKEGENE

ADDRESS: 1114 FITZGERALD ST
PHILADELPHIA PA 19148

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 05-31-1989
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 517304E
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 01-06-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2CL35-10A AND FAIL TO DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (26) WAX FOLDS CONTAINING SUSPECTED HEROIN AND FAILING 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.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, AND/OR PREPARE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (8) EMPTY GLASSINE BAGS CONTAINING SUSPECTED HEROIN AND ACTIVELY POSSESSING (1) BOTTLE CAP CONTAINING SUSPECTED HEROIN RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR 01-06-2016

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

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	S	2016	000017

THE STATE OF NEW JERSEY

VS.

ROBERT J MARKEGENE

ADDRESS: 1114 FITZGERALD ST

PHILADELPHIA PA 19148

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 05-31-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 517304E
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 01-06-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (1) HYPODERMIC NEEDLE AND SYRINGE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR 01-06-2016

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)

COMPLAINT NUMBER			
0820	S	2016	000017
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.
ROBERT J MARKEGENE

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail	Place Committed:		Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016 ☐ 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:35-10C	2) 2C:36-2	3) 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	2016	000017
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

ROBERT J MARKEGENE

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-19-2016	☐ 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

066044

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000020
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
ALYSSA S SALVATORE

ADDRESS:
41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-437

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04-15-1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 951725D
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 01-06-2016 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 DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (17) WHITE WAX FOLDS CONTAINING SUSPECTED HEROIN AND (9) BLUE WAX FOLDS CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY ACTIVELY POSSESSING (1) BLUE WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:35-10A(1)	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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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

16-103

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2016	000020
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

ALYSSA S SALVATORE

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail		Place Committed:	Date Referred to County Prosecutor: _____
Date of First Appearance: 01-19-2016	☐ 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)	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			
0820	S	2016	000021
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
ALYSSA S SALVATORE

ADDRESS: 41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-437

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04-15-1993
DRIVER'S LIC. #: [redacted]2 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 951725D
TELEPHONE #: ([redacted]5

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01-06-2016 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 DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING AN AMOUNT OF SUSPECTED MARIJUANA UNDER 50 GRAMS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY 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 (26) WAX FOLDS CONTAINING SUSPECTED HEROIN AND (1) PLASTIC VIAL CONTAINING SUSPECTED MARIJUANA AND FAILING 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.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(4)	2C:35-10C	2C:36-2
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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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			
0820	S	2016	000021
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ALYSSA S SALVATORE

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

ADDRESS:
41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-437

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04-15-1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 951725D
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 01-06-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
PARAPHERNALIA TO STORE, CONTAIN, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (8) EMPTY GLASSINE BAGS USED TO PACKAGE HEROIN AND ACTIVELY POSSESSING (8) ADDITIONAL GLASSINE BAGS USED TO PACKAGE HEROIN AND (3) CUT STRAWS CONTAINING DRUG RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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	2016	000021
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

ALYSSA S SALVATORE

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail		Place Committed:	Date Referred to County Prosecutor: _____
Date of First Appearance: 01-19-2016	☐ 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:35-10A(4)			2) 2C:35-10C			3) 2C:36-2		
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

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2016	000021	ALYSSA S SALVATORE
JURISDICTION CODE	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail		Place Committed:	Date Referred to County Prosecutor: _____
Date of First Appearance: 01-19-2016	☐ 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

NJ/CDR1 8/1/2005

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 000203

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

POLICE RECORD

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

Driver's Lic. No. [redacted] | EXA DATE 5/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Robert Initial J Last Markegene Sr (Please Print)

Address: 1114 Fitzgerald St

City: Phila | State: PA | Zip Code: 19148 | Telephone:

Birth Date: 5/31/89 | Eyes: 2 | Sex: M | Weight: | Height: 600 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

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

License Plate No. [redacted] | State: NJ | Exp. Date: 5/18

Offense Date: Month 1 | Day 6 | Year 16 | Time Hour 2330 AM PM

LOCATION OF OFFENSE: CODE | Describe Location: Crown Point Rd

Municipality | County: GLOUCESTER | Mun. Code (Offense): 0 8

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

Tinted Windows

Statute No. 39:3-75 | 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 1 | Day 6 | Year 16

Signature of Complaining Witness | Officer's ID No. 1 1 4 6

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE Month 1 | Day 19 | Year 16 | 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

POLICE RECORD

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

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000016
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

ROBERT J MARKEGENE

ADDRESS: 1114 FITZGERALD ST

PHILADELPHIA PA 19148

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 05-31-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted]6 SBI #: 517304E
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 01-06-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY CONSTRUCTIVELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (17) WHITE WAX FOLDS AND (9) BLUE WAX FOLDS ALL CONTAINING SUSPECTED HEROIN, 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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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	2016	000017
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
ROBERT J MARKEGENE

ADDRESS: 1114 FITZGERALD ST
PHILADELPHIA PA 19148

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 05-31-1989
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #[redacted] SBI #: 517304E
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 01-06-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2CL35-10A AND FAIL TO DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (26) WAX FOLDS CONTAINING SUSPECTED HEROIN AND FAILING 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.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, AND/OR PREPARE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (8) EMPTY GLASSINE BAGS CONTAINING SUSPECTED HEROIN AND ACTIVELY POSSESSING (1) BOTTLE CAP CONTAINING SUSPECTED HEROIN RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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: 01-06-2016

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: 01-19-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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	2016	000017
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ROBERT J MARKEGENE

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 1114 FITZGERALD ST
PHILADELPHIA PA 19148

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 05-31-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 517304E
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 01-06-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (1) HYPODERMIC NEEDLE AND SYRINGE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 01-06-2016

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: 01-19-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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	2016	000018
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

STEPHEN W JENKINS JR

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS:
41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 08-31-1984
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 899891C
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 01-06-2016 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 DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (17) WHITE WAX FOLDS CONTAINING SUSPECTED HEROIN AND (9) BLUE WAX FOLDS CONTAINING SUSPECTED HEROIN, 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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons

01-06-2016 — 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	2016	000019
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

STEPHEN W JENKINS JR

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS:
41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-437

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 08-31-1984
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 899891C
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 01-06-2016 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 AND/OR CONTAIN A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (8) EMPTY GLASSINE BAGS USED FOR PACKAGING HEROIN, 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 (26) WAX FOLDS CONTAINING SUSPECTED HEROIN AND FAILING 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:

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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons

01-06-2016 — 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	2016	000020
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-437

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

THE STATE OF NEW JERSEY
VS.
ALYSSA S SALVATORE

ADDRESS: 41 CHESTNUT ST
APT A
WOODBURY NJ 08096

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04-15-1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 951725D
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 01-06-2016 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 DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (17) WHITE WAX FOLDS CONTAINING SUSPECTED HEROIN AND (9) BLUE WAX FOLDS CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY ACTIVELY POSSESSING (1) BLUE WAX FOLD CONTAINING SUSPECTED HEROIN, 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)	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: 01-06-2016

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: 01-19-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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	2016	000021
COURT CODE	PREFIX	YEAR	SEQUENCE NO

THE STATE OF NEW JERSEY
VS.
ALYSSA S SALVATORE

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-437

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04-15-1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 951725D
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 01-06-2016 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 DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING AN AMOUNT OF SUSPECTED MARIJUANA UNDER 50 GRAMS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY 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 (26) WAX FOLDS CONTAINING SUSPECTED HEROIN AND (1) PLASTIC VIAL CONTAINING SUSPECTED MARIJUANA AND FAILING 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.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG

in violation of:

Original Charge	1) 2C:35-10A(4)	2) 2C:35-10C	3) 2C:36-2
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: 01-06-2016

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: 01-19-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-06-2016 (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	2016	000021
COURT CODE	PREFIX	YEAR	SEQUENCE NO

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
ALYSSA S SALVATORE

ADDRESS: 41 CHESTNUT ST
APT A
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-437

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04-15-1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 951725D
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 01-06-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did: PARAPHERNALIA TO STORE, CONTAIN, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (8) EMPTY GLASSINE BAGS USED TO PACKAGE HEROIN AND ACTIVELY POSSESSING (8) ADDITIONAL GLASSINE BAGS USED TO PACKAGE HEROIN AND (3) CUT STRAWS CONTAINING DRUG RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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 wilfully false, I am subject to punishment.

Signed: PTLM T MCWAIN JR Date: 01-06-2016

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: 01-19-2016 TIME: 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01-06-2016 — 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

049945

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000111
COURT CODE	PREFIX	YEAR	SEQUENCE NO

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
KELLYMAE HEMPHILL
ADDRESS: 201 N FIFTH ST
NATIONAL PARK NJ 08063

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-0272

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-09-1990
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 891823D
TELEPHONE #: ([redacted]238

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01-25-2016 in NATIONAL PARK BORO , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (8) CLEAR GLASSNE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECTED TO BE CRACK COCAINE, 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: 01-25-2016

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: 01-26-2016 **TIME:** 11:00am PTLM T MCWAIN JR 01-25-2016

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

16-293

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2016	000111	KELLYMAE HEMPHILL
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached
Released on Bail / R.O.R. / Committed Default / Committed w/o Bail		Place Committed:	Date Referred to County Prosecutor: _____
Date of First Appearance: 01-26-2016	☐ 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			
0820	S	2016	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
KELLYMAE HEMPHILL

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 201 N FIFTH ST
NATIONAL PARK NJ 08063

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-2072

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-09-1990
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 891823D
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 01-25-2016 in NATIONAL PARK BORO , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO VOLUNTARILY SURRENDER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (8) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECTED TO BE CRACK COCAINE AND FAILING TO DELIVER THAT SUBSTANCE TOPOLICE DURING A MOTOR VEHICLE STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, WANDER, REMAIN, OR PROWL IN A PUBLIC PLACE WITH THE PURPOSE OF UNLAWFULLY OBTAINING OR DISTRIBUTING A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY BEING PARKED IN THE AREA OF N FIFTH ST AND HESSIAN AVE UNDER CIRCUMSTANCES THAT MANIFESTED A PURPOSE TO OBTAIN OR DISTRIBUTE (8) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECTED TO CRACK COCAINE LOCATED IN A VEHICLE SHE WAS OCCUPYING, CONTRARY TO AND IN VIOLATION OF NJSA

in violation of:

	1)	2)	3)
Original Charge	2C:35-10C	2C:33-2.1B	
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: 01-26-2016

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: 01-26-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-26-2016 (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			
0820	S	2016	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

KELLYMAE HEMPHILL

ADDRESS: 201 N FIFTH ST

NATIONAL PARK NJ 08063

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-2072

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 06-09-1990
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 891823D
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 01-25-2016 in NATIONAL PARK BORO , GLOUCESTER County, NJ did:
2C:33-2.1B, A DISORDERLY PERSONS OFFENSE.

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: 01-26-2016

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: 01-26-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-26-2016 (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

NJ/CDR1 8/1/2005

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	S	2016	000112

STATE V.

KELLYMAE HEMPHILL

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-26-2016	☐ 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:33-2.1B	
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	2016	000112
COUNTY CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V. KELLYMAE HEMPHILL

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-26-2016	☐ 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

NJ/CDR 8/1/2005

066168

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000109
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
CORY J SAMPSON
ADDRESS: 7 W MONROE ST
PAULSBORO NJ 08066

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-2072

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 02-19-1988
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: B98426C
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 01-25-2016 in NATIONAL PARK BORO , 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 (8) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECTED TO BE CRACK COCAINE, 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: 01-25-2016

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: 01-26-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-25-2016 (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

NJ/CDR1 8/1/2005

16-293

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2016	000109
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

CORY J SAMPSON

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-26-2016 ☐ 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

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	S	2016	000110

COMPLAINT NUMBER

THE STATE OF NEW JERSEY
VS.
CORY J SAMPSON

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 7 W MONROE ST
PAULSBORO NJ 08066

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-2072

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 02-19-1988
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 898426C
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 01-25-2016 in NATIONAL PARK BORO , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO VOLUNTARILY SURRENDER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (8) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECTED TO BE CRACK COCAINE AND FAILING 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.

WITHIN THE JURISDICTION OF THIS COURT, WANDER, REMAIN, OR PROWL IN A PUBLIC PLACE WITH YJR PURPOSE OF UNLAWFULLY OBTAINING OR DISTRIBUTING A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY BEING PARKED IN THE AREA OF N FIFTH ST AND HESSIAN AVE UNDER CIRCUMSTANCES THAT MANIFESTED A PURPOSE TO OBTAIN OR DISTRIBUTE (8) CLEAR GLASSINE BAGS CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECTED TO BE CRACK COCAINE LOCATED IN HIS VEHICLE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-2.1B,

in violation of:

	1)	2)	3)
Original Charge	2C:35-10C	2C:33-2.1B	
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: 01-25-2016

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: 01-26-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 01-25-2016 (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			
0820	S	2016	000110
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
CORY J SAMPSON

ADDRESS: 7 W MONROE ST
PAULSBORO NJ 08066

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-2072

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 02-19-1988
DRIVER'S LIC. #: S0371140710288 2 DL STATE: NJ
SOCIAL SECURITY #: 142-84-9629 SBI #: 898426C
TELEPHONE #: (856) 540-5339

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01-25-2016 in NATIONAL PARK BORO , GLOUCESTER County, NJ did:
A DISORDERLY PERSONS OFFENSE.

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: 01-25-2016

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: 01-26-2016 **TIME:** 11:00am PTLM T MCWAIN JR 01-25-2016

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)

COMPLAINT NUMBER				STATE V.
0820	S	2016	000110	CORY J SAMPSON
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-26-2016	☐ 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:33-2.1B	
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	2016	000110
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

CORY J SAMPSON

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ Bail Recog. Attached

Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Place Committed:	Date Referred to County Prosecutor: _____

Date of First Appearance: 01-26-2016	☐ 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:

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1 – Guilty
2 – Not Guilty
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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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 000215

WEST DEPTFORD JOINT 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 Cory | Initial J | Last Sampson (Please Print)

Address: 7 W Monroe St

City: Paulsboro | State: NJ | Zip Code: 08066 | Telephone:

Birth Date: 2/19/88 | Eyes: Z | Sex: M | Weight: 180 | Height: 507 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Mazda | Year: 05 | Body Type: 4D | Color: BLU | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 11/16

Offense Date: Month 1 | Day 25 | Year 16 | Time Hour 9:44 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: Nat'l Park Ave 5th St

Municipality: Nat'l Park | County: GLOUCESTER | Mun.Code (Offense): 0812

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
- [2] 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS
- [3] 3-33 Unclear plates
- [4] 3-66 Maintenance of lamps
- [5] 3-76.2f Failure to wear seatbelt
- [6] 4-81 Failure to observe signal
- [7] 4-85 Improper passing
- [8] 4-97 Careless driving
- [9] 4-124 Failure to turn
- [10] 4-144 Failure to stop or yield
- [11] 8-1 Failure to inspect
- [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 1 | Day 25 | Year 16

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 1 | Day 26 | Year 16 | 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 WDJ | TICKET NUMBER 000214

WEST DEPTFORD JOINT 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 Cory | Initial J | Last Sampson (Please Print)

Address: 7 W Monroe St

City: Paulsboro | State: NJ | Zip Code: 08066 | Telephone:

Birth Date: 2/19/88 | Eyes: Z | Sex: M | Weight: 180 | Height: 507 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Mazda | Year: 05 | Body Type: 4D | Color: BLU | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 11/16

Offense Date: Month 1 | Day 25 | Year 16 | Time Hour 9:44 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: National Park Ave 5th St

Municipality: National Park | County: GLOUCESTER | Mun.Code (Offense): 0812

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

Statute No.: 39:3-75 | 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 1 | Day 25 | Year 16

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 1 | Day 26 | Year 16 | Time Hour 12:00 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)