06624

COMPLAINT - SUMMONS

COMPLAINT NUMBER
0820 S 2016 000164
COURT CODE | FREE TEXT | YEAR | SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
MICHAEL J MCKERNAN

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

ADDRESS: 639 BOISE ST
MANTUA NJ 08051

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-3025

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 10-25-1955
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 754791D
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 02-04-2016 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 (7) WHITE WAX FOLDS CONTAINING SUSPECTED HEROIN THAT WERE FOUND IN HIS VEHICLE SUSBSEQUENT TO THE EXECUTION OF A SEARCH WARRANT, 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: 02-08-2016

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: 02-16-2016 **TIME:** 11:00am PTLM T MCWAIN JR 02-08-2016
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

16-406

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER: 0820 | S | 2016 | 000164
(COURT CODE | PREFIX | YEAR | SEQUENCE NO.)

STATE V. MICHAEL J MCKERNAN

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: 02-16-2016 ☐ 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	000153
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.
MICHAEL J MCKERNAN

ADDRESS: 639 BOISE ST
MANTUA NJ 08051

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-3025

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 10-25-1955
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 754791D
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 02-04-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR BE UNDER THE INFLUENCE OF A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED SUBSTANCE ANALOG FOR A PURPOSE OTHER THAN TREATMENT OR SICKNESS OR INJURY AS PRESCRIBED OR ADMINISTERED BY A PHYSICIAN, SPECIFICALLY BY MANIFESTING PHYSICAL AND PHYSIOLOGICAL SIGNS AND SYMPTOMS CONSISTANT WITH BEING UNDER THE INFLUENCE OF A CONTROLLED DANGEROUS SUBSTANCE AND A DRUG RECOGNITION EXPERT CALLING A NARCOTIC ANALGESIC, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10B, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10B		
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: 02-04-2016

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: 02-16-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-04-2016 (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.
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	MICHAEL J MCKERNAN
0820	S	2016	000153	

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: 02-16-2016	☐ 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:35-10B		
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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 000222

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 10/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Michael | Initial J | Last McKeman (Please Print)

Address: 639 Boise St

City: Mantua | State: NJ | Zip Code: 08051 | Telephone:

Birth Date: 10/25/55 | Eyes: Hz | Sex: M | Weight: | Height: 5'6" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Chev | Year: 95 | Body Type: SUV | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 1116

Offense Date: Month 2 | Day 4 | Year 16 | Time Hour 7 ☒ AM ☐ PM

LOCATION OF OFFENSE: 0820 | Describe Location: Rt 45

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)

Exp 1/2016

Statute No. | Ordinance/Code No.

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. | Month 2 | Day 4 | Year 16

Signature of Complaining Witness | Officer's ID. No. 411

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE Month 2 | Day 16 | Year 16 | Time Hour 8:30 ☒ 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 000223

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 10/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Michael | Initial J | Last McKeman (Please Print)

Address: 639 Boise St

City: Mantua | State: NJ | Zip Code: 08051 | Telephone:

Birth Date: 10/25/55 | Eyes: Hz | Sex: M | Weight: | Height: 5'6" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Chev | Year: 95 | Body Type: SUV | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 1116

Offense Date: Month 2 | Day 4 | Year 16 | Time Hour 7:07 ☒ AM ☐ PM

LOCATION OF OFFENSE: 0820 | Describe Location: Rt 45

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)

Statute No. | Ordinance/Code No.

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. | Month 2 | Day 4 | Year 16

Signature of Complaining Witness | Officer's ID. No. 411

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE Month 3 | Day 16 | Year 16 | Time Hour 8:30 ☒ 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 000224

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 10/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name (First) Michael (Initial) J (Last) McKiernan (Please Print)

Address 639 Borse St

City Mantua | State NJ | Zip Code 08051 | Telephone

Birth Date 10/23/55 | Eyes G | Sex M | Weight | Height 5'06" | Restrictions

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle Chev | Year 95 | Body Type SUV | Color BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State NJ | Exp. Date 1116

Offense Date: Month 2 | Day 4 | Year 16 | Time Hour 7:05 AM PM

LOCATION OF OFFENSE 6801 | Describe Location Rt 45

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)

Fail to Maintain Lane

Statute No. 39:4-88b | 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 2 | Day 4 | Year 16

Signature of Complaining Witness | Officer's ID. No. 411

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE Month 2 | Day 16 | Year 16 | Time Hour 11:00 AM PM

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

CONDITIONS

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

Equipment ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 000225

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 10/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name (First) Michael (Initial) J (Last) McKiernan (Please Print)

Address 639 Borse St

City Mantua | State NJ | Zip Code 08051 | Telephone

Birth Date 10/23/55 | Eyes G | Sex M | Weight | Height 5'06" | Restrictions

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle Chev | Year 95 | Body Type SUV | Color BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State NJ | Exp. Date 1116

Offense Date: Month 2 | Day 4 | Year 16 | Time Hour 7:20 AM PM

LOCATION OF OFFENSE 6820 | Describe Location Rt 45

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)

DWI

Statute No. 3914-50 | 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 2 | Day 4 | Year 16

Signature of Complaining Witness | Officer's ID. No. 4116

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE Month 2 | Day 16 | Year 16 | Time Hour 11:00 AM PM

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

CONDITIONS

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

Equipment ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 000226

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 1 6 1 8 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Michael | Initial J | Last McKernan (Please Print)

Address: 639 Boise St

City: Marlton | State: NJ | Zip Code: 08053 | Telephone:

Birth Date: 10/25/55 | Eyes: BLU | Sex: M | Weight: 190 | Height: 506 | Restrictions: NONE

DID UNLAWFULLY (PARK) (OPERATE)

Make of Vehicle: CHEV | Year: 15 | Body Type: SUV | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

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

Offense Date: Month 2 | Day 4 | Year 16 | Time Hour 7 10 ☒ AM ☐ PM

LOCATION OF OFFENSE: 0 8 0 2 | Describe Location: RT 45

Municipality: WD | County: GLOUCESTER | Mun.Code (Offense): 0 8 2 0

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)

Reckless Driving

Statute No.: 39:4-96 | 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 2 | Day 4 | Year 16

Signature of Complaining Witness: [signature] | Officer's ID. No. 4 1 4 6

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 2 | Day 16 | 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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 000227

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 10/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Initial: J Last: McKernon (Please Print)

Address: 639 Boise St

City: Mantua | State: NJ | Zip Code: 08051 | Telephone:

Birth Date: 10/25/55 | Eyes: BL | Sex: M | Weight: 210 | Height: 5'08" | Restrictions: NONE

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Chev | Year: 95 | Body Type: SUV | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 1/16

Offense Date: Month 2 | Day 4 | Year 16 | Time Hour 7:00 AM PM

LOCATION OF OFFENSE: ☐ | ☐ | ☐ | ☐ | Describe Location: Rt 45

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)
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 2 | Day 8 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 4146

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 2 | Day 16 | 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

066275

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2016	000205
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JUAN E CRUZ

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

ADDRESS: 2715 CLEVELAND AVE
CAMDEN NJ 08105

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 08-02-1991
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 847634D
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 02-17-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, CONSPIRE WITH ANOTHER TO COMMIT A DISTRUBUTION OF A CONTROLLED DANGEROUS SUBSTANCE, BY, WITH THE PURPOSE OF PROMOTING OR FACILITATING COMMISSION OF THAT CRIME, AGREED WITH DERRICK HIGHTOWER THAT DEFENDANT WOULD AID HIM IN THE COMMSSION OF SUCH CRIME AND IN THE PURSUANCE OF THIS AGREEMENT, DEFENDANT COMMITTED AN OVERT ACT OF DRIVING DERRICK HIGHTOWER TO DISTRIBUTE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY DRIVING DERRICK HIGHTOWER THROUGH WEST DEPTFORD WHILE DERRICK HIGHTOWER WAS IN POSSESSION OF (28) BAGS OF SUSPECTED HEROIN PACKAGED FOR DISTRIBUTION, CONTRARY TO AND IN VIOLATION OF NJSA 2C:5-2A(1), A THIRD DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:5-2A(1) 2C:35-5B(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: 02-17-2016

DATE OF FIRST APPEARANCE 02-23-2016 TIME 11:00am DATE OF ARREST 02-17-2016

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☒ Probable cause **IS** found for the issuance of this complaint. Signature and Title of Judicial Officer issuing Warrant — Date 2/17/16

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

Bail Amount Set: 25,000.00 /FULL by: JMK Adams
(if different from judicial officer that issued warrant)

☐ Domestic Violence – Confidential ☒ Related Traffic Tickets or Other Complaints ☐ Serious Personal Injury/ Death Involved

Special conditions of release:
- ☐ No phone, mail or other personal contact w/victim
- ☐ No possession firearms/weapons
- ☐ Other (specify):

ORIGINAL

16-467

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2016	000205	JUAN E CRUZ
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: 02-23-2016	☐ 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:5-2A(1) 2C:35-5B(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	000204
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JUAN E CRUZ

ADDRESS: 2715 CLEVELAND AVE
CAMDEN NJ 08105

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		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 08-02-1991
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 847634D
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 02-17-2016 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 CONSTRUCTIVELY POSSESSING (1) SUSPECTED MARIJUANA CIGARETTE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO SURRENDER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSIN (1) SUSPECTED MARIJUANA CIGARETTE AND FAIL TO SURRENDER SAME TO POLICE DURING A CAR STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(4)	2C:35-10C	
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 02-17-2016

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: 02-23-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-17-2016 (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	000204	JUAN E CRUZ
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: 02-23-2016	☐ 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(4)			2) 2C:35-10C				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

INRL

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000208
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JUAN E CRUZ

ADDRESS: 2715 CLEVELAND AVE
CAMDEN NJ 08105

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		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 08-02-1991
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 847634D
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 02-17-2016 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 (1) SANDWICH BAG FULL OF SUSPECTED MARIJUANA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(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: 02-17-2016

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: 02-23-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-17-2016 (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	000208	JUAN E CRUZ
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: 02-23-2016	☐ 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(4)	2)	3)
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

* 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

066276

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2016	000207
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.
DERRICK C HIGHTOWER

ADDRESS: 506 STATE ST
CAMDEN NJ 08105

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-27-1993
DRIVER'S LIC. #: DL STATE:
SOCIAL SECURITY #: SBI #: 167833G
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 02-17-2016 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 (28) BAGS OF 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 WITH THE INTENT TO DISTRIBUTE HEROIN IN AN AMOUNT UNDER 1/2 OUNCE, SPECIFICALLY BY POSSESSING (28) BAGS OF SUSPECTED HEROIN AND ADMITTING THAT HE POSSESSED SAME IN AN EFFORT TO DELIVER THEM TO A CUSTOMER, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5B(3), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, CONSPIRE WITH ANOTHER TO COMMIT A DISTRUBUTION OF A CONTROLLED DANGEROUS SUBSTANCE, BY, WITH THE PURPOSE OF

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3) 2C:5-2A(1) 2C:35-5B(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: 02-17-2016

DATE OF FIRST APPEARANCE 02-23-2016 TIME 11:00am DATE OF ARREST 02-17-2016

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☑ Probable cause **IS** found for the issuance of this complaint. Signature and Title of Judicial Officer Issuing Warrant — Date 2/17/16

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

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

☐ **Domestic Violence – Confidential** ☑ **Related Traffic Tickets or Other Complaints** ☐ **Serious Personal Injury/ Death Involved**

Special conditions of release:
☐ No phone, mail or other personal contact w/victim
☐ No possession firearms/weapons
☐ Other (specify):

ORIGINAL

16-467

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2016	000207
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
DERRICK C HIGHTOWER

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

ADDRESS:
506 STATE ST
CAMDEN NJ 08105

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-27-1993
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 167833G
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 02-17-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
PROMOTING OR FACILITATING COMMISSION OF THAT CRIME, AGREED WITH JUAN CRUZ THAT DEFENDANT WOULD AID HIM IN THE COMMSSION OF SUCH CRIME AND IN THE PURSUANCE OF THIS AGREEMENT, DEFENDANT COMMITTED AN OVERT ACT OF POSSESSING (28) BAGS OF SUSPECTED HEROIN INTENDING TO DELIVER SAME TO A CUSTOMER, SPECIFICALLY BY RIDING IN JUAN CRUZ'S VEHICLE WEST DEPTFORD WHILE IN POSSESSION OF (28) BAGS OF SUSPECTED HEROIN PACKAGED FOR DISTRIBUTION, CONTRARY TO AND IN VIOLATION OF NJSA 2C:5-2A(1), 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: 02-17-2016

DATE OF FIRST APPEARANCE 02-23-2016 TIME 11:00am DATE OF ARREST 02-17-2016

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☐ Probable cause **IS** found for the issuance of this complaint. Signature and Title of Judicial Officer Issuing Warrant — Date

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

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

☐ **Domestic Violence – Confidential** | ☐ **Related Traffic Tickets or Other Complaints** | ☐ **Serious Personal Injury/ Death Involved**

Special conditions of release:
- ☐ **No phone, mail or other personal contact w/victim**
- ☐ **No possession firearms/weapons**
- ☐ **Other** (specify):

ORIGINAL

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2016	000207	DERRICK C HIGHTOWER
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: 02-23-2016	☐ 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:35-5B(3)	2C:5-2A(1) 2C:35-5B(3)
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2016	000207	DERRICK C HIGHTOWER
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: 02-23-2016 | ☐ 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

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000206
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.
DERRICK C HIGHTOWER
ADDRESS: 506 STATE ST
CAMDEN NJ 08105

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-27-1993
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: SBI #: 167833G
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 02-17-2016 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 OBATINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (1) SUSPECTED MARIJUANA CIGARETTE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO SURRENDER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (1) SUSPECTED MARIJUANA CIGARETTE AND (28) BAGS OF SUSPECTED HEROIN AND FAIL TO SURRENDER SAME TO POLICE DURING A CAR STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(4)	2C:35-10C	
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 02-17-2016

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: 02-23-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-17-2016 (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	000206	DERRICK C HIGHTOWER
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: 02-23-2016	☐ 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(4)			2) 2C:35-10C			3)		
Amended Charge									
Waiver Indt/Jury									
Plea/Date of Plea	Plea:	Date:		Plea:	Date:		Plea:	Date:	
Adjudication (* see code)	Finding Code:	Date:		Finding Code:	Date:		Finding Code:	Date:	
Jail Term		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp
Probation Term			Susp. Imp			Susp. Imp			Susp. Imp
Cond. Discharge Term									
Community Service									
D/L Suspension Term									
Fines/Costs	Fines:	Costs:		Fines:	Costs:		Fines:	Costs:	
VCCB/SNSF	VCCB:	SNSF:		VCCB:	SNSF:		VCCB:	SNSF:	
DEDR/Lab Fee	DEDR:	LAB:		DEDR:	LAB:		DEDR:	LAB:	
CD Fee/Drug Ed Fnd	CD:	DAEF:		CD:	DAEF:		CD:	DAEF:	
DV Surch/Other Fees	DV:	Other:		DV:	Other:		DV:	Other:	
Restitution Beneficiary:_____									

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COMPLAINT - WARRANT

COURT CODE	COURT TYPE	YEAR	SEQUENCE NO.
0820	W	2016	000205

COMPLAINT NUMBER

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		2016-4157

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

THE STATE OF NEW JERSEY
VS.
JUAN E CRUZ

ADDRESS: 2715 CLEVELAND AVE
CAMDEN NJ 08105

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 08-02-1991
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 847634D
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 02-17-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, CONSPIRE WITH ANOTHER TO COMMIT A DISTRUBUTION OF A CONTROLLED DANGEROUS SUBSTANCE, BY, WITH THE PURPOSE OF PROMOTING OR FACILITATING COMMISSION OF THAT CRIME, AGREED WITH DERRICK HIGHTOWER THAT DEFENDANT WOULD AID HIM IN THE COMMSSION OF SUCH CRIME AND IN THE PURSUANCE OF THIS AGREEMENT, DEFENDANT COMMITTED AN OVERT ACT OF DRIVING DERRICK HIGHTOWER TO DISTRIBUTE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY DRIVING DERRICK HIGHTOWER THROUGH WEST DEPTFORD WHILE DERRICK HIGHTOWER WAS IN POSSESSION OF (28) BAGS OF SUSPECTED HEROIN PACKAGED FOR DISTRIBUTION, CONTRARY TO AND IN VIOLATION OF NJSA 2C:5-2A(1), A THIRD DEGREE CRIME.

In violation of:

	1)	2)	3)
Original Charge	2C:5-2A(1) 2C:35-5B(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: 02-17-2016

DATE OF FIRST APPEARANCE 02-23-2016 TIME 11:00am DATE OF ARREST 02-17-2016

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☐ Probable cause IS found for the issuance of this complaint. Signature and Title of Judicial Officer Issuing Warrant — Date 2/17/16

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

Bail Amount Set: 25,000.00 /FULL by: (if different from judicial officer that issued warrant)

☐ Domestic Violence – Confidential ☒ Related Traffic Tickets or Other Complaints ☐ Serious Personal Injury/ Death Involved

Special conditions of release:
☐ No phone, mail or other personal contact w/victim
☐ No possession firearms/weapons
☐ Other (specify):

POLICE COPY

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000204
COURT CODE	FIRM ID	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

JUAN E CRUZ

ADDRESS: 2715 CLEVELAND AVE

CAMDEN NJ 08105

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		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 08-02-1991
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 847634D
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 02-17-2016 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 CONSTRUCTIVELY POSSESSING (1) SUSPECTED MARIJUANA CIGARETTE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO SURRENDER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSIN (1) SUSPECTED MARIJUANA CIGARETTE AND FAIL TO SURRENDER SAME TO POLICE DURING A CAR STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

in violation of:

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

Signed: PTLM T MCWAIN JR Date: 02-17-2016

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: 02-23-2016 TIME: 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons

02-17-2016 — 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

COURT CODE	COURT DIV.	YEAR	SEQUENCE NO.
0820	S	2016	000208

COMPLAINT NUMBER

THE STATE OF NEW JERSEY
VS.
JUAN E CRUZ

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

ADDRESS:
2715 CLEVELAND AVE
CAMDEN NJ 08105

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 08-02-1991
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 847634D
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 02-17-2016 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 (1) SANDWICH BAG FULL OF SUSPECTED MARIJUANA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

In violation of:

	1)	2)	3)
Original Charge	2C:35-10A(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: 02-17-2016

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: 02-23-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-17-2016 (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 - WARRANT

COMPLAINT NUMBER			
0820	W	2016	000207
COURT CODE	PROBLEM	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
DERRICK C HIGHTOWER

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

ADDRESS: 506 STATE ST
CAMDEN NJ 08105

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-27-1993
DRIVER'S LIC. #: DL STATE:
SOCIAL SECURITY #: SBI #: 167833G
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 02-17-2016 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 (28) BAGS OF 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 WITH THE INTENT TO DISTRIBUTE HEROIN IN AN AMOUNT UNDER 1/2 OUNCE, SPECIFICALLY BY POSSESSING (28) BAGS OF SUSPECTED HEROIN AND ADMITTING THAT HE POSSESSED SAME IN AN EFFORT TO DELIVER THEM TO A CUSTOMER, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5B(3), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, CONSPIRE WITH ANOTHER TO COMMIT A DISTRUBUTION OF A CONTROLLED DANGEROUS SUBSTANCE, BY, WITH THE PURPOSE OF

In violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:35-5B(3)	2C:5-2A(1) 2C:35-5B(3)
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 02-17-2016

DATE OF FIRST APPEARANCE 02-23-2016 TIME 11:00am DATE OF ARREST 02-17-2016

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☐ Probable cause IS found for the issuance of this complaint. [signature] 2/17/4
Signature and Title of Judicial Officer Issuing Warrant — Date

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

Bail Amount Set: 35,000.00 /FULL by: [signature]
(If different from judicial officer that issued warrant)

☐ Domestic Violence – Confidential ☒ Related Traffic Tickets or Other Complaints ☐ Serious Personal Injury/ Death Involved

Special conditions of release:
☐ No phone, mail or other personal contact w/victim
☐ No possession firearms/weapons
☐ Other (specify):

POLICE COPY

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2016	000207
COURT CODE	DEPT.	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
DERRICK C HIGHTOWER

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

ADDRESS: 506 STATE ST
CAMDEN NJ 08105

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-27-1993
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: SBI #: 167833G
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 02-17-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
PROMOTING OR FACILITATING COMMISSION OF THAT CRIME, AGREED WITH JUAN CRUZ THAT DEFENDANT WOULD AID HIM IN THE COMMSSION OF SUCH CRIME AND IN THE PURSUANCE OF THIS AGREEMENT, DEFENDANT COMMITTED AN OVERT ACT OF POSSESSING (28) BAGS OF SUSPECTED HEROIN INTENDING TO DELIVER SAME TO A CUSTOMER, SPECIFICALLY BY RIDING IN JUAN CRUZ'S VEHICLE WEST DEPTFORD WHILE IN POSSESSION OF (28) BAGS OF SUSPECTED HEROIN PACKAGED FOR DISTRIBUTION, CONTRARY TO AND IN VIOLATION OF NJSA 2C:5-2A(1), 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: 02-17-2016

DATE OF FIRST APPEARANCE 02-23-2016 TIME 11:00am DATE OF ARREST 02-17-2016

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☑ Probable cause IS found for the issuance of this complaint. Signature and Title of Judicial Officer Issuing Warrant — Date 2/17/16

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

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

☐ Domestic Violence – Confidential ☑ Related Traffic Tickets or Other Complaints ☐ Serious Personal Injury/ Death Involved

Special conditions of release:
☐ No phone, mail or other personal contact w/victim
☐ No possession firearms/weapons
☐ Other (specify):

POLICE COPY

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000206
COURT CODE	INITIAL	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.
DERRICK C HIGHTOWER
ADDRESS: 506 STATE ST
CAMDEN NJ 08105

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-4157

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 07-27-1993
DRIVER'S LIC. #: DL STATE:
SOCIAL SECURITY #: SBI #: 167833G
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 02-17-2016 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 OBATINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (1) SUSPECTED MARIJUANA CIGARETTE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS IN VIOLATION OF NJSA 2C:35-10A AND FAIL TO SURRENDER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (1) SUSPECTED MARIJUANA CIGARETTE AND (28) BAGS OF SUSPECTED HEROIN AND FAIL TO SURRENDER SAME TO POLICE DURING A CAR STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

In violation of:

	1)	2)	3)
Original Charge	2C:35-10A(4)	2C:35-10C	
Amended Charge			

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

Signed: PTLM T MCWAIN JR Date: 02-17-2016

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: 02-23-2016 TIME: 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-17-2016 (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

025991

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000188
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.
MICHAEL A CHICCINI

ADDRESS: 500 ORBANOUS DR
WILLIAMSTOWN NJ 08094

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-3891

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 02-15-1974
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 906885B
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 02-14-2016 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 (16) BLUE ROUND PILLS SUSPECTED TO BE 30MG OXYCODONE, 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: 02-14-2016

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: 02-16-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-14-2016 (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

16-477

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2016	000188	MICHAEL A CHICCINI
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: 02-16-2016 | ☐ 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

064786

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000183
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		2016-03822

COMPLAINANT NAME: PTLM W REICHERT
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

THE STATE OF NEW JERSEY
VS.
BRIAN K DAVIS

ADDRESS: 58 RAILROAD AVE
WOODBURY NJ 08096

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03-08-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 512030E
TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 02-13-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE, OR A CONTROLLED SUBSTANCE ANALOG THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION ISSUED BY A PRACTITIONER, SPECIFICALLY BY HAVING IN HIS POSSESSION, ONE (1) CRUSHED ORANGE PILL (SUSPECTED SUBOXONE) LOCATED IN AN OUTER JACKET POCKET.

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 W REICHERT Date: 02-13-2016

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: 02-16-2016 **TIME:** 11:00am PTLM W REICHERT (Signature of Person Issuing Summons) 02-13-2016 (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

16-503

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2016	000183	BRIAN K DAVIS
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: 02-16-2016	☐ 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

COMPLAINT NUMBER			
0820	S	2016	000185
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.
BRIAN K DAVIS
ADDRESS: 58 RAILROAD AVE
WOODBURY NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-03822

COMPLAINANT NAME: PTLM W REICHERT
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03-08-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 512030E
TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 02-13-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER HIS OWN APPREHENSION, PROSECUTION, CONVICTION, OR PUNISHMENT, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY IDENTIFYING HIMSELF TO ME AS MARCUS DAVIS (DOB: 03/30/1990), DURING THE COURSE OF AN INVESTIGATORY MOTOR VEHICLE STOP, KNOWING THAT INFORMATION WAS FALSE.

in violation of:

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

CERTIFICATION:

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

Signed: PTLM W REICHERT Date: 02-13-2016

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: 02-16-2016 **TIME:** 11:00am PTLM W REICHERT (Signature of Person Issuing Summons) 02-13-2016 (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	000185	BRIAN K DAVIS
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: 02-16-2016	☐ 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: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 _____

028006

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000186
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.
CHRISTINE L LYNCH

ADDRESS: 49 N MAIN ST
MULLICA HILL NJ 08062

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-3822

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12-04-1964
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 329158C
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 02-13-2016 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 PRESCRITION, SPECIFICALLY BY POSSESSING (1) SUSPECTED 2MG ALPRAZOLAM PILL AND (13) SUSPECTED VYVANSE 60MG PILLS, BOTH CONTROLLED DANGEROUS SUBSTANCES SUBJECT TO THE CONTROLLED SUBSTANCE ACT, 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: 02-13-2016

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: 02-16-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-13-2016 (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

16-503

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
COURT CODE: 0820	PREFIX: S	YEAR: 2016	SEQUENCE NO: 000186	CHRISTINE L LYNCH

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: 02-16-2016	☐ 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	000187
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.
CHRISTINE L LYNCH

ADDRESS: 49 N MAIN ST
MULLICA HILL NJ 08062

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-3822

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12-04-1964
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 329158C
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 02-13-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER THE APPREHENSION, PROSECUTION, CONVICTION, OR PUNISHMENT OF ANOTHER, KNOWINGLY PROVIDE FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY PROVIDING FALSE INFORMATION ABOUT A PASSENGER IN HER VEHICLE TO PTL. MCWAIN DURING AN INVESTIGATION, CONTARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

In violation of:

Original Charge	1) 2C:29-3A(7)	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: 02-13-2016

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: 02-16-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-13-2016 (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	000187
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

CHRISTINE L LYNCH

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: 02-16-2016	☐ 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:29-3A(7)			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

JWR

063182

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000184
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.
TANISHA L DENNY

ADDRESS: 509 HUBER AVE
WILLIAMSTOWN NJ 08094

# of CHARGES	CO-DEFTS	POLICE CASE #:
2	2	16-003822

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 01-08-1990
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 382910G
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 02-13-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER HER OWN APPREHENSION, PROSECUTION, CONVICTION OR PUNISHMENT, DID STATE THAT HER NAME WAS BRIANA COOK, KNOWING THAT IDENTITY TO BE FALSE TO AVOID ARREST FOR OUTSTANDING WARRANTS.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO INHALE OR INGEST A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING THREE CUT PIECES OF STRAW WITH CDS RESIDUE AND POSSESSING NUMEROUS EMPTY WAX FOLDS AND GLASSINE BAGS USED TO PACKAGE CDS.

In violation of:

Original Charge	1) 2C:29-3B(4)	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: 02-13-2016

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: 02-16-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-13-2016 (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

16-503

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2016	000184	TANISHA L DENNY
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: 02-16-2016	☐ 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:29-3B(4)	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

Q66324

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000223
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

RYAN A HOEHN

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

ADDRESS: 305 BLUE JAY ST
WEST DEPTFORD NJ 08066

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-4753

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04-16-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 792567D
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 02-23-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, WHILE OPERATING A MOTOR VEHICLE ON A STREET OR HIGHWAY OF THIS STATE, KNOWINGLY FLEE OR ATTEMPT TO ELUDE PTL. T. MCWAIN, A LAW ENFORCEMENT OFFICER, AFTER HAVING RECEIVED A SIGNAL FROM THIS OFFICER TO BRING THE VEHICLE TO A FULL STOP, SPECIFICALLY BY ACCELERATING AND DRIVING RECKLESSLY THROUGH NUMEROUS STREETS IN AN ATTEMPT TO ELUDE PTL. MCWAIN, WHO WAS IN A MARKED POLICE VEHICLE WITH ACTIVATED EMERGENCY LIGHTS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-2B, A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OPERATE A MOTOR VEHICLE IN VIOLATION OF NJSA 39:3-40 WHILE UNDER A PERIOD OF LICENSE SUSPENSION AFTER HAVING HAD HIS LICENSE SUSPENDED OR REVOKED FOR A SECOND OR SUBSEQUENT VIOLATION OF NJSA 39:4-50, CONTRARY TO AND IN VIOLATION OF NJSA 2C:40-26B, A FOURTH DEGREE CRIME.

in violation of:

Original Charge	1) 2C:29-2B	2) 2C:40-26B	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: 02-23-2016

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: 03-01-2016 **TIME:** 11:00am PTLM T MCWAIN JR 02-23-2016

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

16-550

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000223
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.
RYAN A HOEHN

ADDRESS: 305 BLUE JAY ST
WEST DEPTFORD NJ 08066

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2016-4753

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04-16-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 792567D
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 02-23-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
DWI CONVICTIONS: 6/25/2012 AND 1/5/2016

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: 02-23-2016

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: 03-01-2016 **TIME:** 11:00am PTLM T MCWAIN JR (Signature of Person Issuing Summons) 02-23-2016 (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	000223
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RYAN A HOEHN

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: 03-01-2016 ☐ 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:29-2B			2) 2C:40-26B				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 Action)

COMPLAINT NUMBER				STATE V.
0820	S	2016	000223	RYAN A HOEHN
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: 03-01-2016	☐ 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

066336

COMPLAINT - WARRANT

COMPLAINT NUMBER

COURT CODE	ERR PREFIX	YEAR	SEQUENCE NO.
0820	W	2016	000229

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

THE STATE OF NEW JERSEY
VS.
ALEXANDER RAMOS

ADDRESS: 1948 BROWNING ROAD
PENNSAUKEN NJ 08110

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		16-5137

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06-21-1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 192302C
TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 02-28-2016 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED SUBSTANCE ANALOG THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION ISSUED BY A PRACTITIONER, SPECIFICALLY BY HAVING ONE (1) BLUE WAX FOLD CONTAINING SUSPECTED HEROIN

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)		
Amended Charge			

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

Signed: PTLM T MCWAIN JR Date: 02-28-2016

DATE OF FIRST APPEARANCE ~~02-29-2016~~ TIME ~~11:00am~~ DATE OF ARREST 02-28-2016

TO BE SET **PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT**

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

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

☒ Probable cause IS found for the issuance of this complaint. Brenda Ellen MC# 2/29/16
Signature and Title of Judicial Officer Issuing Warrant — Date

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

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

☐ Domestic Violence – Confidential ☒ Related Traffic Tickets or Other Complaints ☐ Serious Personal Injury/ Death Involved

Special conditions of release:
☐ No phone, mail or other personal contact w/victim
☐ No possession firearms/weapons
☐ Other (specify):

ORIGINAL

16-563

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	W	2016	000229

STATE V.

ALEXANDER RAMOS

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: 02-28-2016	☐ 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

COMPLAINT NUMBER			
0820	S	2016	000230
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ALEXANDER RAMOS

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

ADDRESS: 1948 BROWNING ROAD
PENNSAUKEN NJ 08110

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		16-5137

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06-21-1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 02-28-2016 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO STORE A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY HAVING IN HIS POSSESSION TWO PINK TOP PLASTIC VIALS USED TO STORE CDS (MARIJUANA).

In violation of:

	1)	2)	3)
Original Charge	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: 02-28-2016

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: ~~02-28-2016~~ TO BE SET **TIME:** ~~11:00am~~

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02-28-2016 — 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	000230	ALEXANDER RAMOS
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: 02-28-2016	☐ 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:36-2			2)			3)		
Amended Charge									
Waiver Indt/Jury									
Plea/Date of Plea	Plea:	Date:		Plea:	Date:		Plea:	Date:	
Adjudication (* see code)	Finding Code:	Date:		Finding Code:	Date:		Finding Code:	Date:	
Jail Term		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp
Probation Term			Susp. Imp			Susp. Imp			Susp. Imp
Cond. Discharge Term									
Community Service									
D/L Suspension Term									
Fines/Costs	Fines:	Costs:		Fines:	Costs:		Fines:	Costs:	
VCCB/SNSF	VCCB:	SNSF:		VCCB:	SNSF:		VCCB:	SNSF:	
DEDR/Lab Fee	DEDR:	LAB:		DEDR:	LAB:		DEDR:	LAB:	
CD Fee/Drug Ed Fnd	CD:	DAEF:		CD:	DAEF:		CD:	DAEF:	
DV Surch/Other Fees	DV:	Other:		DV:	Other:		DV:	Other:	
Restitution Beneficiary:_____									

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

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

_____ _____
JUDGE'S SIGNATURE DATE

ORIGINAL – Court Action

COURT I.D. | PREFIX | TICKET NUMBER

0820 | WDJ | 001068

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 3/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Alexander | Initial | Last Ramos (Please Print)

Address: 1948 Browning Rd

City: Pennsauken | State: NJ | Zip Code: 08110 | Telephone:

Birth Date: 6/21/76 | Eyes: 2 | Sex: M | Weight: | Height: 504 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: SAT | Year: 01 | Body Type: 4D | Color: BLU | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 2/17

Offense Date: Month 2 | Day 28 | Year 16 | Time Hour 1 53 (AM) PM

LOCATION OF OFFENSE: 0820 | 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)

DWF

Statute No.: 39:4-50 | 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 2 | Day 28 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 4146

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE: Month 2 | Day 28 | 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 X EBTD

Equipment Operator's Name: McWain | Operator ID No.: 4196 | Unit Code: Hicotest

COURT I.D. | PREFIX | TICKET NUMBER

0820 | WDJ | 001069

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 3/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Alexander | Initial | Last Ramos (Please Print)

Address: 1948 Browning Rd

City: Pennsauken | State: NJ | Zip Code: 08110 | Telephone:

Birth Date: 6/21/76 | Eyes: 2 | Sex: M | Weight: | Height: 504 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: SAT | Year: 01 | Body Type: 4D | Color: BLU | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 2/17

Offense Date: Month 2 | Day 28 | Year 16 | Time Hour 1 53 (AM) PM

LOCATION OF OFFENSE: 0820 | 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)

Reckless Driving

Statute No.: 39:4-96 | 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 2 | Day 28 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 4146

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE: Month 2 | Day 28 | 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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 001070

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 3/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Alexander | Initial | Last Ramos (Please Print)

Address: 1948 Browning Rd

City: Pennsauken | State: NJ | Zip Code: 08110 | Telephone:

Birth Date: 6/21/76 | Eyes: 2 | Sex: M | Weight: | Height: 504 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: SAT | Year: 01 | Body Type: 4D | Color: BLU | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 2/17

Offense Date: Month 2 | Day 28 | Year 16 | Time Hour 1 53 (AM) PM

LOCATION OF OFFENSE: 0820 | 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)

CDS in Vehicle

Statute No.: 3914-49.1 | 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 2 | Day 28 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 4146

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE | Month 2 | Day 28 | 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

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 001071

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 3/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Alexander | Initial | Last Ramos (Please Print)

Address: 1948 Browning Rd

City: Pennsauken | State: NJ | Zip Code: 08110 | Telephone:

Birth Date: 6/21/76 | Eyes: 2 | Sex: M | Weight: | Height: 504 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: SAT | Year: 01 | Body Type: 4D | Color: BLU | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 2/17

Offense Date: Month 2 | Day 28 | Year 16 | Time Hour 1 53 (AM) PM

LOCATION OF OFFENSE: 0820 | 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.: 3913-40 | 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 2 | Day 28 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 4146

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE | Month 7 | Day 28 | 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

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 001072

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 3/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Alexander | Initial | Last Ramos (Please Print)

Address: 1948 Browning Rd

City: Pennsauken | State: NJ | Zip Code: 08110 | Telephone:

Birth Date: 6/21/76 | Eyes: 2 | Sex: M | Weight: 150 | Height: 5'0" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: SAT | Year: 01 | Body Type: 4D | Color: BLU | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 2/17

Offense Date: Month 2 | Day 28 | Year 16 | Time Hour 1:53 AM/PM

LOCATION OF OFFENSE: 0820 | 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)
Uninsured Vehicle

Statute No. 39:6B-2 | 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 2 | Day 28 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 41 | Date 4/6

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE Month 2 | Day 28 | 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)

VIN: 1G8ZH528821234712

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 001073

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 3/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Alexander | Initial | Last Ramos (Please Print)

Address: 1948 Browning Rd

City: Pennsauken | State: NJ | Zip Code: 08110 | Telephone:

Birth Date: 6/21/76 | Eyes: 2 | Sex: M | Weight: 150 | Height: 5'0" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: SAT | Year: 01 | Body Type: 4D | Color: BLU | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 2/17

Offense Date: Month 2 | Day 28 | Year 16 | Time Hour 1:53 AM/PM

LOCATION OF OFFENSE: 0820 | 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)
Wrong Way on Highway

Statute No. 39:4-85.1 | 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 2 | Day 28 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 41 | Date 4/6

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE Month 2 | Day 28 | 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)

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2016	000228
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
GREGORY L TUCKER JR

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

ADDRESS:
485 DEPTFORD AVE
APT 304
DEPTFORD NJ 08096

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2016-5057

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 11-26-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 606175D
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 02-27-2016 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) SUBOXONE STRIPS, 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: 02-27-2016

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: 03-01-2016 TIME: 11:00am

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02-27-2016 — 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 001065

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 6/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Gregory | Initial L | Last Tucker | Jr (Please Print)

Address: 485 Deptford Ave Apt 304

City: Deptford | State: NJ | Zip Code: 08096 | Telephone:

Birth Date: 11/26/89 | Eyes: 2 | Sex: M | Weight: | Height: 603 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

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

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

Offense Date: Month 2 | Day 27 | Year 16 | Time Hour 2:27 (AM) PM

LOCATION OF OFFENSE: 0820 | Describe Location: 295 NB

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

[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 2 | Day 27 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 4146

NOTICE TO APPEAR

[X] COURT APPEARANCE REQUIRED | COURT DATE: Month 3 | Day 1 | Year 16 | Time Hour 11:00 (AM) PM

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

CONDITIONS

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

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

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 001066

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 6/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Gregory | Initial L | Last Tucker | Jr (Please Print)

Address: 485 Deptford Ave Apt 304

City: Deptford | State: NJ | Zip Code: 08096 | Telephone:

Birth Date: 11/26/89 | Eyes: 2 | Sex: M | Weight: | Height: 603 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

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

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

Offense Date: Month 2 | Day 27 | Year 16 | Time Hour 2:27 (AM) PM

LOCATION OF OFFENSE: 0820 | Describe Location: 295 NB

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

[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)
Cell Phone

Statute No.: 39:4-97.3 | 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 2 | Day 27 | Year 16

Signature of Complaining Witness: TM | Officer's ID. No. 4146

NOTICE TO APPEAR

[X] COURT APPEARANCE REQUIRED | COURT DATE: Month 3 | Day 1 | Year 16 | Time Hour 11:00 (AM) PM

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

CONDITIONS

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

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

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

COURT I.D. | PREFIX | TICKET NUMBER

0820 - WDJ - 001067

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Address: 485 Deptford Ave Apt 304

City: Deptford | State: NJ | Zip Code: 08026 | Telephone:

Birth Date: 11/26/89 | Eyes: BRO 2 | Sex: M | Weight: | Height: 603 | Restrictions:

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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.:

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