064519

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000013
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
KEVIN M HOWELL

ADDRESS: 1522 S DELAWARE ST
PAULSBORO NJ 08066-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017000347

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04/20/1981
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 662473G
TELEPHONE #:
LIVESCAN PCN #: 082002001347

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/05/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (25) BLUE WAX FOLDS CONTAINING SUSPECTED HEROIN THAT HAD BEEN SECRETED IN THE HEADLINER OF THE VEHICLE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE THAT HAD BEEN SECRETED IN THE HEADLINER OF THE VEHICLE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

In violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 01/05/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 01/05/2017 Appearance Date: Time: Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01/05/2017 — 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

17-123

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2017	000013	KEVIN M HOWELL
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:	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:35-10A(1)	
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit: Susp. Imp:	Jail time credit: Susp. Imp:	Jail time credit: Susp. Imp:
Probation Term	Susp. Imp:	Susp. Imp:	Susp. Imp:
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

Related Traffic Tickets and Complaints:
WDJ005116

* 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

062610

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000014
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
BRIAN A HOSKINS

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 425 GLOVER ST
WOODBURY NJ 08096-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2017000347

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/18/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 602262E
TELEPHONE #:
LIVESCAN PCN #: 082002001348

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/05/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS WITH THE INTENT TO DISTRIBUTE HEROIN, A SCHEDULE I NARCOTIC DRUG, IN AN AMOUNT LESS THAN ONE HALF OUNCE SPECIFICALLY BY POSSESSING (25) BLUE WAX FOLDS CONTAINING SUSPECTED HEROIN AND ADMITTING THAT AT LEAST A PORTION OF THAT SUSPECTED HEROIN WAS GOING TO BE DELIVERED TO THE DRIVER OF THE VEHICLE HE WAS IN AND TO AN UNNAMED FRIEND IN THE LOCAL AREA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5B(3), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (25) BLUE WAX FOLDS CONTAINING SUSPECTED HEROIN THAT HAD BEEN SECRETED IN THE HEADLINER OF THE VEHICLE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

In violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 01/05/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 01/05/2017 Appearance Date: Time: Phone: 856-686-7500

PTLM T MCWAIN JR 01/05/2017

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

17-123

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000014
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

BRIAN A HOSKINS

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE THAT HAD BEEN SECRETED IN THE HEADLINER OF THE VEHICLE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

Original Charge			
Amended Charge			

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2017	000014	BRIAN A HOSKINS
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:	☐ 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:35-5B(3)	2C:35-10A(1)	3) 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:
CODEF - KEVIN HOWELL

Related Traffic Tickets and Complaints:
WDJ005116 WDJ005117

* 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	2017	000014	BRIAN A HOSKINS
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:	☐ 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									
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:
CODEF - KEVIN HOWELL

Related Traffic Tickets and Complaints:
WDJ005116 WDJ005117

* 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 _____

061362

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000017
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017000616

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

THE STATE OF NEW JERSEY
VS.
MELISSA A DONAHUE

ADDRESS: 407 E PENN BLVD
WOODBURY NJ 08096-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 11/13/1983
DRIVER'S LIC. #: 2[redacted] DL STATE: PA
SOCIAL SECURITY #: 1[redacted]4 SBI #: 140142G
TELEPHONE #:
LIVESCAN PCN #: 082002001352

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/09/2017 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 (2) WAX FOLDS CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

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

In violation of:

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

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

Signed: PTLM T MCWAIN JR Date: 01/09/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: 01/09/2017 Appearance Date: Time: Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01/09/2017 — 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

17-147

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2017	000017
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

MELISSA A DONAHUE

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:	☐ Advised of Rights by_____		Defendant Desires Counsel: ☐ Yes ☐ No

Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

	1) 2C:35-10A(1)	2) 2C:35-10A(1)	3)
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:

Related Traffic Tickets and Complaints:

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005116

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]2 | EXP. DATE 06/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First Kevin | Initial M | Last Howell (Please Print)

Address: 1522 S Delaware St

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

Birth Date: 4/20/81 | Eyes: 2 | Sex: M | Weight: | Height: 606 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A:

Make of Vehicle: ACU | Year: 94 | Body Type: 4D | Color: BRN | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 4/17

Offense Date: Month 1 | Day 5 | Year 17 | Time Hour 8:18 AM (PM)

LOCATION OF OFFENSE: C P D E | Describe Location: Crown Point Milton

Municipality: WD | County: GLOUCESTER | Mun.Code (Offense): 0 8 20

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
- [X] 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 1 | Day 5 | Year 17

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

NOTICE TO APPEAR

[X] COURT APPEARANCE REQUIRED | COURT DATE: Month 3 | Day 2 | Year 17 | Time Hour 9:00 AM PM

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

CONDITIONS

AREA	[X] Business	☐ School	☐ Residential	☐ Rural
ROAD	☐ Dry	[X] Wet	☐ Snow	☐ Ice
TRAFFIC	[X] Light	☐ Medium	☐ Heavy	
VISIBILITY	☐ Clear	☐ Rain	[X] 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 005117

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 06/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First Kevin | Initial M | Last Howell (Please Print)

Address: 1522 S Delaware St

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

Birth Date: 4/20/81 | Eyes: 2 | Sex: M | Weight: | Height: 606 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A:

Make of Vehicle: ACU | Year: 94 | Body Type: 4D | Color: BRN | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 4/17

Offense Date: Month 1 | Day 5 | Year 17 | Time Hour 8:18 AM (PM)

LOCATION OF OFFENSE: C P D E | Describe Location: Crown Point Milton

Municipality: WD | County: GLOUCESTER | Mun.Code (Offense): 0 8 20

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
- [2] 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS
- [3] 3-33 Unclear plates
- [4] 3-66 Maintenance of lamps
- [5] 3-76.2f Failure to wear seatbelt
- [6] 4-81 Failure to observe signal
- [7] 4-85 Improper passing
- [8] 4-97 Careless driving
- [9] 4-124 Failure to turn
- [10] 4-144 Failure to stop or yield
- [11] 8-1 Failure to inspect
- [12] 8-4 Failure to make repairs
- [13] 4-98 Speeding ____ MPH in a ____ MPH zone

IN EXCESS OF SPEED LIMIT BY:

☐1-9MPH ☐10-14MPH ☐15-19MPH ☐20-24MPH ☐25-29MPH ☐30-34MPH

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

CDS in Vehicle

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

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.

Month 1 | Day 5 | Year 17

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

NOTICE TO APPEAR

[X] COURT APPEARANCE REQUIRED | COURT DATE: Month 3 | Day 2 | Year 17 | Time Hour 9:00 AM PM

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

CONDITIONS

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

068187

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000039
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017001018

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

THE STATE OF NEW JERSEY
VS.
JAMIE MILLS

ADDRESS: 319 W BROAD ST
PAULSBORO NJ 08066-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/11/1980
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 246312C
TELEPHONE #:
LIVESCAN PCN #: 082002001374

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/14/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACITIONER, SPECIFICALLY BY POSSESSING (1) CLEAR VIAL CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

In violation of:

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

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

Signed: PTLM T MCWAIN JR Date: 01/14/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.
Date of Arrest: 01/14/2017 Appearance Date: Time: Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01/14/2017 — 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

17-194

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2017	000039
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V. JAMIE MILLS

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:	☐ 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:

Related Traffic Tickets and Complaints:
S2017000

* 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	2017	000040
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017001018

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

THE STATE OF NEW JERSEY
VS.
JAMIE MILLS

ADDRESS: 319 W BROAD ST
PAULSBORO NJ 08066-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/11/1980
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 246312C
TELEPHONE #:
LIVESCAN PCN #: 082002001374

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/14/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO , PACK, REPACK, STORE, CONTAIN A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING (2) PINK TOP VIALS CONTAINING SUSPECTED MARIJUANA RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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: 01/14/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 01/14/2017 Appearance Date: Time: Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
01/14/2017 — 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	2017	000040
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V. JAMIE MILLS

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:	☐ 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:

Related Traffic Tickets and Complaints:
S2017000039

* 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 005119

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 11/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Eduardo | Initial L | Last Osorio-Echavarria (Please Print)

Address: 715 York St

City: Camden | State: NJ | Zip Code: 08102 | Telephone:

Birth Date: 11/13/89 | Eyes: BL | Sex: M | Weight: | Height: 6.03 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: CHEV | Year: 00 | Body Type: 4D | Color: RED | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 10/17

Offense Date: Month 1 | Day 9 | Year 17 | Time Hour 10:58 AM PM

LOCATION OF OFFENSE: 0 8 D E | Describe Location: Crown Point Rd

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)

"No Left Turn"

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 1 | Day 9 | Year 17

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

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE | Month 3 | Day 9 | Year 17 | Time Hour 9:00 AM PM

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

CONDITIONS

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

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

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

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005120

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 11/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Eduardo | Initial L | Last Osorio-Echavarria (Please Print)

Address: 715 York St

City: Camden | State: NJ | Zip Code: 08102 | Telephone:

Birth Date: 11/13/89 | Eyes: BL | Sex: M | Weight: | Height: 6.03 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: CHEV | Year: 00 | Body Type: 4D | Color: RED | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 10/17

Offense Date: Month 1 | Day 9 | Year 17 | Time Hour 10:58 AM PM

LOCATION OF OFFENSE: 0 8 D E | Describe Location: Crown Point Rd

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)

Suspended DL

Statute No. 39:3-40 | Ordinance/Code No.

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. | Month 1 | Day 9 | Year 17

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

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE | Month 3 | Day 9 | Year 17 | Time Hour 9:00 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	2017	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003425

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

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 02/14/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMBER OF THE SYRINGE ACCESS PROGRAM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, INHALE, OR OTHERWISE INGEST INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE CONTAINING SUSPECTED COCAINE RESIDUE, (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE RESIDUE, EMPTY GLASSINE BAGS, (1) PUSH ROD, AND (1) PAIR OF SCISSORS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-6A	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: 02/14/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of **GLOUCESTER** at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/14/2017 Appearance Date: 04/20/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/14/2017 — 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	2017	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

WILLIAM D RICCI

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: 04/20/2017	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

	1)	2)	3)
Original Charge	2C:36-6A	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:

Related Traffic Tickets and Complaints:
WDJ005135 / WDJ005134 / W2017000111

* 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 (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003425

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

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 02/14/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMBER OF THE SYRINGE ACCESS PROGRAM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, INHALE, OR OTHERWISE INGEST INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE CONTAINING SUSPECTED COCAINE RESIDUE, (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE RESIDUE, EMPTY GLASSINE BAGS, (1) PUSH ROD, AND (1) PAIR OF SCISSORS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-6A	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: 02/14/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/14/2017 Appearance Date: 04/20/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR 02/14/2017
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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: **GLOUCESTER**

ADDRESS:
221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003425

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

DEFENDANT INFORMATION
SEX: **M** EYE COLOR: **BLUE** DOB: **09/25/1992**
DRIVER'S LIC. #: [redacted] DL STATE: **NJ**
SOCIAL SECURITY #: [redacted] SBI #: **205280E**
TELEPHONE #:
LIVESCAN PCN #: **082002001439**

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 **02/14/2017** in **WEST DEPTFORD TWP**, **GLOUCESTER County, NJ** did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMBER OF THE SYRINGE ACCESS PROGRAM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, INHALE, OR OTHERWISE INGEST INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE CONTAINING SUSPECTED COCAINE RESIDUE, (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE RESIDUE, EMPTY GLASSINE BAGS, (1) PUSH ROD, AND (1) PAIR OF SCISSORS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-6A	2) 2C:36-2	3)

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: **PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT** Date of Action: **02/14/2017**
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003425

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

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

During a pedestrian stop for failing to use a sidewalk and walking in traffic, the defendant kept putting his hands in his pockets. Fearing that the defendant was attempting to conceal or retrieve a weapon, I performed a pat down search of the defendant and located two folding knives clipped to his pants pockets and a plastic bag containing (3) hypodermic needles and syringes, (1) blue wax fold containing suspected heroin, (1) glass pip containing suspected cocaine residue, (1) glassine bag containing suspected cocaine residue, empty glassine bags, and (1) pair of scissors.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

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

During a pedestrian stop for failing to use a sidewalk and walking in traffic, the defendant kept putting his hands in his pockets. Fearing that the defendant was attempting to conceal or retrieve a weapon, I performed a pat down search of the defendant and located two folding knives clipped to his pants pockets and a plastic bag containing (3) hypodermic needles and syringes, (1) blue wax fold containing suspected heroin, (1) glass pip containing suspected cocaine residue, (1) glassine bag containing suspected cocaine residue, empty glassine bags, and (1) pair of scissors.

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

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 LAW ENFORCEMENT OFFICER Date: 02/14/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000112
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003425

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

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #. R[redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Heroin).

- The defendant appeared to be under the influence of drugs or alcohol at the time of the offense.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Previous encounter, Admission by the defendant, Information from family/friends.

- The case involves CDS and the evidence was recovered via Pedestrian Stop.

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 LAW ENFORCEMENT OFFICER **Date:** 02/14/2017

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000111
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003425

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

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 02/14/2017 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, SPECFICALLY BY POSSESSING (1) BLUE WAX FOLD STAMPED "ILLUMINATI" CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

CERTIFICATION:
I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to piunishment
Signed: PTLM T MCWAIN JR Date: 02/14/2017

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
Date of Arrest: 02/14/2017 Appearance Date: Time: Phone: 856-686-7500

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☑ Probable cause **IS** found for the issuance of this complaint. BRENDA ELLIS JUDICIAL OFFICER 02/14/2017
Signature and Title of Judicial Officer Issuing Warrant — Date

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

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

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

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

ORIGINAL

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000111	WILLIAM D RICCI
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: | ☐ 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:

Related Traffic Tickets and Complaints:
WDJ005134 / WDJ005135

* 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 _____

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000111
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003425

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

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 02/14/2017 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, SPECFICALLY BY POSSESSING (1) BLUE WAX FOLD STAMPED "ILLUMINATI" CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

CERTIFICATION:
I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to piunishment
Signed: PTLM T MCWAIN JR 02/14/2017

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

Date of Arrest: 02/14/2017 Appearance Date: Time: Phone: 856-686-7500

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

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

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

☑ Probable cause **IS** found for the issuance of this complaint. BRENDA ELLIS JUDICIAL OFFICER 02/14/2017
Signature and Title of Judicial Officer Issuing Warrant — Date

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

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

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

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

COMPLAINT - WARRANT (DEFENDANT'S COPY)

COMMITMENT

COMPLAINT NUMBER			
0820	W	2017	000111
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003425

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

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

To any Law Enforcement Official of New Jersey, You are commanded to transport this defendant to the Warden of this county who is required to keep the defendant in custody until a release or detention decision is made.

	Offense	Aux Offense	Drug Code	Degree	Offense Description
1.	2C:35-10A(1)		29	3	POSS CDS/ANALOG
2.					
3.					
4.					

Commitment Reason: Criminal Justice Reform

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of: GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

Date of Arrest: 02/14/2017 Phone: 856-686-7500

BRENDA ELLIS JUDICIAL OFFICER — Signature and Title of Judicial Officer Issuing Warrant

02/14/2017 — Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000111
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003425

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

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

During a pedestrian stop for failing to use a sidewalk and walking in traffic, the defendant kept putting his hands in his pockets. Fearing that the defendant was attempting to conceal or retrieve a weapon, I performed a pat down search of the defendant and located two folding knives clipped to his pants pockets and a plastic bag containing (3) hypodermic needles and syringes, (1) blue wax fold containing suspected heroin, (1) glass pip containing suspected cocaine residue, (1) glassine bag containing suspected cocaine residue, empty glassine bags, and (1) pair of scissors.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000111
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

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

During a pedestrian stop for failing to use a sidewalk and walking in traffic, the defendant kept putting his hands in his pockets. Fearing that the defendant was attempting to conceal or retrieve a weapon, I performed a pat down search of the defendant and located two folding knives clipped to his pants pockets and a plastic bag containing (3) hypodermic needles and syringes, (1) blue wax fold containing suspected heroin, (1) glass pip containing suspected cocaine residue, (1) glassine bag containing suspected cocaine residue, empty glassine bags, and (1) pair of scissors.

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

N/A

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 02/14/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	W	2017	000111
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003425

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

THE STATE OF NEW JERSEY
VS.
WILLIAM D RICCI

ADDRESS: 221 LAUREBA AVE
WEST DEPTFORD NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/25/1992
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 205280E
TELEPHONE #:
LIVESCAN PCN #: 082002001439

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Heroin).

- The defendant appeared to be under the influence of drugs or alcohol at the time of the offense.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Previous encounter, Admission by the defendant, Information from family/friends.

- The case involves CDS and the evidence was recovered via Pedestrian Stop.

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 LAW ENFORCEMENT OFFICER **Date:** 02/14/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000082
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS: 320 LECATO AVE
THOROFARE NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #: [redacted]2 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

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 02/04/2017 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, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 02/04/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of **GLOUCESTER** at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/04/2017 Appearance Date: 03/30/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/04/2017 — 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	2017	000082
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

DANIEL J CAPOBIANCO

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: 03/30/2017 | ☐ Advised of Rights by_____ | Defendant Desires Counsel: ☐ Yes ☐ No

Prosecuting Attorney Information			
State	County	Municipal	Other

Name:

Defense Counsel Information					
None	Retained	Public Def	Assigned	Waived	Other

Name:

	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:

Related Traffic Tickets and Complaints:

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000082
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS: 320 LECATO AVE
THOROFARE NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: 1[redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

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 02/04/2017 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, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

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

Signed: PTLM T MCWAIN JR Date: 02/04/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/04/2017 Appearance Date: 03/30/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR 02/04/2017
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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000082
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS :
320 LECATO AVE
THOROFARE NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant did: on or about 02/04/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (2) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 02/04/2017
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000082
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

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

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS: 320 LECATO AVE
THOROFARE NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

While on routine patrol, I observed two males make a hand to hand exchange. I was able to stop and identify one of the males (Defendant) and a search of his person revealed (2) glassine bags containing suspected cocaine. Post-Miranda, subject admitted to being in the area to obtain CDS.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000082
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

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

While on routine patrol, I observed two males make a hand to hand exchange. I was able to stop and identify one of the males (Defendant) and a search of his person revealed (2) glassine bags containing suspected cocaine. Post-Miranda, subject admitted to being in the area to obtain CDS.

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

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 LAW ENFORCEMENT OFFICER Date: 02/04/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000082
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS: 320 LECATO AVE
THOROFARE NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Cocaine).

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Previous encounter, Admission by the defendant.

- The case involves CDS and the evidence was recovered via Pedestrian Stop.

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 LAW ENFORCEMENT OFFICER **Date:** 02/04/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000083
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO
ADDRESS: 320 LECATO AVE
THOROFARE NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

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 02/04/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, WHILE IN A PUBLIC PLACE AND WITH THE PURPOSE OF OBTAINING OR DISTRIBUTING A CONTROLLED DANGEROUS SUBSTANCE CONTROLLED SUBSTANCE ANALOG, ENGAGE IN CONDUCT THAT EXHIBITED A PURPOSE TO OBTAIN OR DISTRIBUTE A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY WANDERING IN THE AREA OF RED BANK AVE AND FRANCES AVE AND ADMITTING THAT HE HAD BEEN IN THE AREA TO PURCHASE NARCOTICS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-2.1B, A DISORDERLY PERSONS OFFENSE.

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 02/05/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of **GLOUCESTER** at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/04/2017 Appearance Date: 03/30/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/05/2017 — 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	2017	000083	DANIEL J CAPOBIANCO
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: 03/30/2017	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

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

Related Traffic Tickets and Complaints:
S201700082

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000083
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS: 320 LECATO AVE
THOROFARE NJ 08086-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

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 02/04/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, WHILE IN A PUBLIC PLACE AND WITH THE PURPOSE OF OBTAINING OR DISTRIBUTING A CONTROLLED DANGEROUS SUBSTANCE CONTROLLED SUBSTANCE ANALOG, ENGAGE IN CONDUCT THAT EXHIBITED A PURPOSE TO OBTAIN OR DISTRIBUTE A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY WANDERING IN THE AREA OF RED BANK AVE AND FRANCES AVE AND ADMITTING THAT HE HAD BEEN IN THE AREA TO PURCHASE NARCOTICS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-2.1B, A DISORDERLY PERSONS OFFENSE.

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR **Date:** 02/05/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/04/2017 **Appearance Date:** 03/30/2017 **Time:** 09:00AM **Phone:** 856-686-7500

PTLM T MCWAIN JR 02/05/2017
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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000083
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

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

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS:
320 LECATO AVE
THOROFARE NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant did: on or about 02/04/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ WITHIN THE JURISDICTION OF THIS COURT, WHILE IN A PUBLIC PLACE AND WITH THE PURPOSE OF OBTAINING OR DISTRIBUTING A CONTROLLED DANGEROUS SUBSTANCE CONTROLLED SUBSTANCE ANALOG, ENGAGE IN CONDUCT THAT EXHIBITED A PURPOSE TO OBTAIN OR DISTRIBUTE A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY WANDERING IN THE AREA OF RED BANK AVE AND FRANCES AVE AND ADMITTING THAT HE HAD BEEN IN THE AREA TO PURCHASE NARCOTICS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:33-2.1B, A DISORDERLY PERSONS OFFENSE.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT
Name, Title and Department of Officer

Date of Action: 02/05/2017

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000083
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

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

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS: 320 LECATO AVE
THOROFARE NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

While on routine patrol, I observed two males make a hand to hand exchange. I was able to stop and identify one of the males (Defendant) and a search of his person revealed (2) glassine bags containing suspected cocaine. Post-Miranda, subject admitted to being in the area to obtain CDS.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000083
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

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

While on routine patrol, I observed two males make a hand to hand exchange. I was able to stop and identify one of the males (Defendant) and a search of his person revealed (2) glassine bags containing suspected cocaine. Post-Miranda, subject admitted to being in the area to obtain CDS.

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

n/a

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: **02/04/2017**

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000083
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002664

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

THE STATE OF NEW JERSEY
VS.
DANIEL J CAPOBIANCO

ADDRESS: 320 LECATO AVE
THOROFARE NJ 08086-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/22/1972
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: 1[redacted] SBI #: 867071B
TELEPHONE #:
LIVESCAN PCN #: 082002001414

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Cocaine).

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Previous encounter, Admission by the defendant.

- The case involves CDS and the evidence was recovered via Pedestrian Stop.

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 LAW ENFORCEMENT OFFICER **Date:** 02/04/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000080
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted]6 SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

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 02/04/2017 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 PRACITIONER, SPECIFICALLY BY POSSESSING (1) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

Original Charge	1) 2C:35-10A(1)	2)	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: 02/04/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/04/2017 Appearance Date: 03/30/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/04/2017 — 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	2017	000080	RICHELLE E VORMELKER
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: 03/30/2017	☐ 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:

Related Traffic Tickets and Complaints:

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000080
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

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 02/04/2017 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 PRACITIONER, SPECIFICALLY BY POSSESSING (1) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)		
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: 02/04/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/04/2017 Appearance Date: 03/30/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR 02/04/2017
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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000080
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

ADDRESS :
409 WOODBINE AVE
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named did: defendant on or about 02/04/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACITIONER, SPECIFICALLY BY POSSESSING (1) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 02/04/2017
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000080
COURT CODE	PREFIX	YEAR	SEQUENCE NO

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

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

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

While checking on the status of a subject who had overdosed earlier in the shift, I returned to the scene of the overdose at the Rainbow Motel Room 122. While speaking with the occupants of the room, I observed drug paraphernalia and suspected heroin in plain view. Defendant claimed same belonged to her.

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000080
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: V[redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Heroin), Drug Paraphernalia.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Previous encounter, Admission by the defendant.

- The case involves CDS and the evidence was recovered via Other/Explain Follow Up.

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 LAW ENFORCEMENT OFFICER Date: 02/04/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: V[redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted]5 SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

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 02/04/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) PIECES OF STRAW CONTAINING SUSPECTED HEROIN RESIDUE AND (1) EMPTY GLASSINE BAG, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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: 02/04/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/04/2017 Appearance Date: 03/30/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/04/2017 — 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	2017	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.
RICHELLE E VORMELKER

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: 03/30/2017 | ☐ Advised of Rights by_____ | Defendant Desires Counsel: ☐ Yes ☐ No

Prosecuting Attorney Information			
Name:			
State	County	Municipal	Other

Defense Counsel Information					
Name:					
None	Retained	Public Def	Assigned	Waived	Other

	1)	2)	3)
Original Charge	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:

Related Traffic Tickets and Complaints:
S2017000080

* 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 (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

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 02/04/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) PIECES OF STRAW CONTAINING SUSPECTED HEROIN RESIDUE AND (1) EMPTY GLASSINE BAG, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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:** 02/04/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/04/2017 **Appearance Date:** 03/30/2017 **Time:** 09:00AM **Phone:** 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/04/2017 — 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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS :
409 WOODBINE AVE
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

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 02/04/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) PIECES OF STRAW CONTAINING SUSPECTED HEROIN RESIDUE AND (1) EMPTY GLASSINE BAG, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-2	2)	3)

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 02/04/2017
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

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

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: 1[redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

While checking on the status of a subject who had overdosed earlier in the shift, I returned to the scene of the overdose at the Rainbow Motel Room 122. While speaking with the occupants of the room, I observed drug paraphernalia and suspected heroin in plain view. Defendant claimed same belonged to her.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

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

While checking on the status of a subject who had overdosed earlier in the shift, I returned to the scene of the overdose at the Rainbow Motel Room 122. While speaking with the occupants of the room, I observed drug paraphernalia and suspected heroin in plain view. Defendant claimed same belonged to her.

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

N/A

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 02/04/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017002605

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

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001413

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Heroin), Drug Paraphernalia.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Previous encounter, Admission by the defendant.

- The case involves CDS and the evidence was recovered via Other/Explain Follow Up.

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 LAW ENFORCEMENT OFFICER **Date:** 02/04/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000141
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

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

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted]24 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

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 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 02/19/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/19/2017 Appearance Date: 04/27/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR 02/19/2017
Signature of Person Issuing Summons Date

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

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

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2017	000141
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

BRIAN A WERTMAN

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: 04/27/2017	☐ 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:
CODEF - NATHAN A WERTMAN

Related Traffic Tickets and Complaints:

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000141
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

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 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR **Date:** 02/19/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/19/2017 **Appearance Date:** 04/27/2017 **Time:** 09:00AM **Phone:** 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/19/2017 — 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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000141
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS :
164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

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 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 02/19/2017
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000141
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

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

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

During a motor vehicle stop in which the defendant was the operator, reasonable suspicion to ask for consent to search the vehicle was developed. The defendant consented to a search of the vehicle and the search yielded (1) glassine bag containing suspected cocaine, hypodermic needles and syringes, and drug paraphernalia.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000141
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

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

I performed the motor vehicle stop and observed the aforementioned facts and circumstances.

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

N/A

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 02/19/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000141
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

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

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. J. Alexander #4154.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Cocaine).

- The case involves CDS and the evidence was recovered via Motor Vehicle Stop.

- The case involves a consent search.

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 LAW ENFORCEMENT OFFICER **Date:** 02/19/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000142
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

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 02/19/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMEBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (3) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING A CLOTH TOURNIQUET, COTTON SWABS, AND A BOTTLE CAP CONTAINING SUSPECTED COCAINE RESIDUE, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-6A	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: 02/19/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/19/2017 Appearance Date: 04/27/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/19/2017 — 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	2017	000142
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

BRIAN A WERTMAN

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: 04/27/2017	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

Prosecuting Attorney Information				**Defense Counsel Information**					
Name:				**Name:**					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

	1)	2)	3)
Original Charge	2C:36-6A	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:
CODEF: NATHAN A WERTMAN

Related Traffic Tickets and Complaints:

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000142
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

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 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMEBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (3) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING A CLOTH TOURNIQUET, COTTON SWABS, AND A BOTTLE CAP CONTAINING SUSPECTED COCAINE RESIDUE, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-6A	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: 02/19/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/19/2017 Appearance Date: 04/27/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/19/2017 — 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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000142
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

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

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS:
164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant did: on or about 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMEBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (3) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING A CLOTH TOURNIQUET, COTTON SWABS, AND A BOTTLE CAP CONTAINING SUSPECTED COCAINE RESIDUE, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-6A	2) 2C:36-2	3)

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 02/19/2017
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000142
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

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

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

During a motor vehicle stop in which the defendant was the operator, reasonable suspicion to ask for consent to search the vehicle was developed. The defendant consented to a search of the vehicle and the search yielded (1) glassine bag containing suspected cocaine, hypodermic needles and syringes, and drug paraphernalia.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000142
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

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

I performed the motor vehicle stop and observed the aforementioned facts and circumstances.

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

N/A

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 02/19/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000142
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

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

THE STATE OF NEW JERSEY
VS.
BRIAN A WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/28/1982
DRIVER'S LIC. #: W27740966104824 DL STATE: NJ
SOCIAL SECURITY #: 158-80-2994 SBI #: 681043G
TELEPHONE #:
LIVESCAN PCN #: 082002001456

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. J. Alexander #4154.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Cocaine), Drug Paraphernalia.

- The case involves CDS and the evidence was recovered via Motor Vehicle Stop.

- The case involves a consent search.

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 LAW ENFORCEMENT OFFICER **Date:** 02/19/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000143
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

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 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

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

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 02/19/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/19/2017 Appearance Date: 04/27/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/19/2017 — 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	2017	000143	NATHAN M WERTMAN
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: 04/27/2017	☐ 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:
CODEF: BRIAN A WERTMAN

Related Traffic Tickets and Complaints:
S2017000141 S2017000142

* 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 (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000143
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

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 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR **Date:** 02/19/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/19/2017 **Appearance Date:** 04/27/2017 **Time:** 09:00AM **Phone:** 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/19/2017 — 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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000143
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

ADDRESS:
164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant did: on or about 02/19/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT
Name, Title and Department of Officer
Date of Action: 02/19/2017

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000143
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

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

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: 1[redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

During a motor vehicle stop in which the defendant was the operator, reasonable suspicion to ask for consent to search the vehicle was developed. The defendant consented to a search of the vehicle and the search yielded (1) glassine bag containing suspected cocaine, hypodermic needles and syringes, and drug paraphernalia.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000143
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

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

I performed the motor vehicle stop and observed the aforementioned facts and circumstances.

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

N/A

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 02/20/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000143
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003805

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

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. J. Alexander #4154.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Cocaine), Drug Paraphernalia.

- The defendant appeared to be under the influence of drugs or alcohol at the time of the offense.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Admission by the defendant.

- The case involves CDS and the evidence was recovered via Motor Vehicle Stop.

- The case involves a consent search.

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 LAW ENFORCEMENT OFFICER **Date:** 02/20/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000144
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

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 02/19/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMEBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (3) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING A CLOTH TOURNIQUET COTTON SWABS, AND A BOTTLE CAP CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-6A	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: 02/19/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of **GLOUCESTER** at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/19/2017 Appearance Date: 04/27/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/19/2017 — 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	2017	000144	NATHAN M WERTMAN
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: 04/27/2017 | ☐ Advised of Rights by_____ | Defendant Desires Counsel: ☐ Yes ☐ No

Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

	1)	2)	3)
Original Charge	2C:36-6A	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:
CODEF - BRIAN A WERTMAN

Related Traffic Tickets and Complaints:
S2017000141 S2017000142 S2017000143

* 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 (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000144
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

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 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMEBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (3) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING A CLOTH TOURNIQUET COTTON SWABS, AND A BOTTLE CAP CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:36-6A	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: 02/19/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/19/2017 Appearance Date: 04/27/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR 02/19/2017
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):

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000144
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

ADDRESS:
164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

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 02/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMEBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING (3) HYPODERMIC NEEDLES AND SYRINGES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6A, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY CONSTRUCTIVELY POSSESSING A CLOTH TOURNIQUET COTTON SWABS, AND A BOTTLE CAP CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:36-6A	2) 2C:36-2	3)

Check √	Certification by Police Regarding Complaint-Summons	
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.	
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over	_____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address.	_____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf.	_____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____	
	I certify that I was unable to serve the complaint-summons.	

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 02/19/2017
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000144
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

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

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

During a motor vehicle stop in which the defendant was the operator, reasonable suspicion to ask for consent to search the vehicle was developed. The defendant consented to a search of the vehicle and the search yielded (1) glassine bag containing suspected cocaine, hypodermic needles and syringes, and drug paraphernalia.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000144
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

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

I performed the motor vehicle stop and observed the aforementioned facts and circumstances.

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

N/A

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 02/19/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000144
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
NATHAN M WERTMAN

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 164 FRIESBURG RD
ALLOWAY NJ 08001-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017003805

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/14/1987
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 691163D
TELEPHONE #:
LIVESCAN PCN #: 082002001457

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. J. Alexander #4154.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Cocaine), Drug Paraphernalia.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Admission by the defendant.

- The case involves CDS and the evidence was recovered via Motor Vehicle Stop.

- The case involves a consent search.

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 LAW ENFORCEMENT OFFICER **Date:** 02/19/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000131
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
SEAN G KEANE

ADDRESS: 51 CLEMATIS
BROWNS MILLS NJ 08015-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003661

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/30/1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 979404B
TELEPHONE #:
LIVESCAN PCN #: 082002001451

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 02/17/2017 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 (1) 8MG SUBOXONE SUBLINGUAL FILM, 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: 02/17/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/17/2017 Appearance Date: 04/20/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/17/2017 — 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	2017	000131	SEAN G KEANE
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: 04/20/2017	☐ 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:

Related Traffic Tickets and Complaints:
WDJ005136

* 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 (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000131
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
SEAN G KEANE

ADDRESS: 51 CLEMATIS
BROWNS MILLS NJ 08015-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003661

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/30/1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted]58 SBI #: 979404B
TELEPHONE #:
LIVESCAN PCN #: 082002001451

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 02/17/2017 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 (1) 8MG SUBOXONE SUBLINGUAL FILM, 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:** 02/17/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/17/2017 **Appearance Date:** 04/20/2017 **Time:** 09:00AM **Phone:** 856-686-7500

PTLM T MCWAIN JR 02/17/2017
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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000131
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
SEAN G KEANE

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

ADDRESS :
51 CLEMATIS
BROWNS MILLS NJ 08015-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003661

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/30/1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #[redacted] SBI #: 979404B
TELEPHONE #:
LIVESCAN PCN #: 082002001451

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant did: on or about 02/17/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ 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 (1) 8MG SUBOXONE SUBLINGUAL FILM, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 02/17/2017
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000131
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003661

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

THE STATE OF NEW JERSEY
VS.
SEAN G KEANE

ADDRESS: 51 CLEMATIS
BROWNS MILLS NJ 08015-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/30/1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 979404B
TELEPHONE #:
LIVESCAN PCN #: 082002001451

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

During a motor vehicle stop in which the defendant was the operator, the occupants provided various accounts of their travel plans and where they had been prior to being stopped by police, provided false information regarding their arrest record, and admitted that they had been in Camden (a known high drug and crime area) to obtain narcotics. A probable cause search was conducted and revealed (1) 8mg Suboxone sublingual film in the defendant's pocket.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000131
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
SEAN G KEANE

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

During a motor vehicle stop in which the defendant was the operator, the occupants provided various accounts of their travel plans and where they had been prior to being stopped by police, provided false information regarding their arrest record, and admitted that they had been in Camden (a known high drug and crime area) to obtain narcotics. A probable cause search was conducted and revealed (1) 8mg Suboxone sublingual film in the defendant's pocket.

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

N/A

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 02/17/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000131
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
SEAN G KEANE

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

ADDRESS: 51 CLEMATIS
BROWNS MILLS NJ 08015-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003661

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 09/30/1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 979404B
TELEPHONE #:
LIVESCAN PCN #: 082002001451

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. R. Layton #4157.

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Prescription Drugs).

- Child(ren) were present at the time of the offense and Other/Explain Not placed at risk.

- The defendant appeared to be under the influence of drugs or alcohol at the time of the offense.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Admission by the defendant.

- The case involves CDS and the evidence was recovered via Motor Vehicle Stop.

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 LAW ENFORCEMENT OFFICER **Date:** 02/17/2017

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005137

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

POLICE RECORD

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

Driver's Lic. No. [redacted] 14 | EXP. DATE 3/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Sean | Initial G | Last Keane (Please Print)

Address: 51 Clematis St

City: Browns Mills | State: NJ | Zip Code: 08015 | Telephone:

Birth Date: 9/30/78 | Eyes: G | Sex: M | Weight: | Height: 5'10" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

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

License Plate No.: F11GLK | State: NJ | Exp. Date: 4/17

Offense Date: Month 2 | Day 17 | Year 17 | Time Hour 2:05 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: 45 / Hessian

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)

OOS 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 17 | Year 17

Signature of Complaining Witness: TMA | Officer's ID. No. 9146

NOTICE TO APPEAR

☑ COURT APPEARANCE REQUIRED | COURT DATE: Month 4 | Day 20 | Year 17 | Time Hour 9:00 AM PM

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

CONDITIONS

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

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

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

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005136

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

POLICE RECORD

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

Driver's Lic. No. [redacted] 4 | EXP. DATE 3/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Sean | Initial G | Last Keane (Please Print)

Address: 51 Clematis St

City: Browns Mills | State: NJ | Zip Code: 08015 | Telephone:

Birth Date: 9/30/78 | Eyes: G | Sex: M | Weight: | Height: 5'10" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

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

License Plate No.: F11GLK | State: NJ | Exp. Date: 4/17

Offense Date: Month 2 | Day 17 | Year 17 | Time Hour 2:03 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: 45 / Hessian

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)

Obstructed View

Statute No.: 39:3-74 | 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 17 | Year 17

Signature of Complaining Witness: TMA | Officer's ID. No. 9146

NOTICE TO APPEAR

☑ COURT APPEARANCE REQUIRED | COURT DATE: Month 4 | Day 20 | Year 17 | Time Hour 9:00 AM PM

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

CONDITIONS

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

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

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

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

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000130
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
MICHAEL W HARDY

ADDRESS: 1346 VERGA AVE
WEST DEPTFORD NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003653

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 08/24/1968
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 547915B
TELEPHONE #:
LIVESCAN PCN #: 082002001450

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 02/17/2017 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 (3) WAX FOLDS STAMPED "HEAVY WEIGHT" EACH CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 02/17/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of **GLOUCESTER** at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/17/2017 Appearance Date: 04/20/2017 Time: 09:00AM Phone: 856-686-7500

PTLM T MCWAIN JR — Signature of Person Issuing Summons
02/17/2017 — 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	2017	000130
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

MICHAEL W HARDY

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: 04/20/2017	☐ 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:

Related Traffic Tickets and Complaints:

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000130
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
MICHAEL W HARDY

ADDRESS: 1346 VERGA AVE
WEST DEPTFORD NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003653

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 08/24/1968
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 547915B
TELEPHONE #:
LIVESCAN PCN #: 082002001450

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 02/17/2017 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 (3) WAX FOLDS STAMPED "HEAVY WEIGHT" EACH CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

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

Signed: PTLM T MCWAIN JR **Date:** 02/17/2017

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of GLOUCESTER at the following address:

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

Date of Arrest: 02/17/2017 **Appearance Date:** 04/20/2017 **Time:** 09:00AM **Phone:** 856-686-7500

PTLM T MCWAIN JR 02/17/2017
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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000130
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
MICHAEL W HARDY

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: **GLOUCESTER**

ADDRESS: **1346 VERGA AVE**
WEST DEPTFORD NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003653

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

DEFENDANT INFORMATION
SEX: **M** EYE COLOR: **HAZEL** DOB: **08/24/1968**
DRIVER'S LIC. #: [redacted] DL STATE: **NJ**
SOCIAL SECURITY #: [redacted] SBI #: **547915B**
TELEPHONE #:
LIVESCAN PCN #: **082002001450**

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 **02/17/2017** 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 (3) WAX FOLDS STAMPED "HEAVY WEIGHT" EACH CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons
✔	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: **PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT** Date of Action: **02/17/2017**
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000130
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003653

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

THE STATE OF NEW JERSEY
VS.
MICHAEL W HARDY

ADDRESS: 1346 VERGA AVE
WEST DEPTFORD NJ 08093-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 08/24/1968
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 547915B
TELEPHONE #:
LIVESCAN PCN #: 082002001450

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

During a consensual encounter with the defendant, consent to search his person and residence were obtained via a signed "Consent to Search" form. A search of his residence and person yielded (3) wax folds containing suspected heroin.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000130
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
MICHAEL W HARDY

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

During a consensual encounter with the defendant, consent to search his person and residence were obtained via a signed "Consent to Search" form. A search of his residence and person yielded (3) wax folds containing suspected heroin.

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

N/A

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 02/17/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000130
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD
THOROFARE NJ 08086-0000
856-845-0120 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
MICHAEL W HARDY

ADDRESS: 1346 VERGA AVE
WEST DEPTFORD NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017003653

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: HAZEL DOB: 08/24/1968
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 547915B
TELEPHONE #:
LIVESCAN PCN #: 082002001450

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is designed to be appended to, and is expressly incorporated by reference in, the Affidavit of Probable Cause. It is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# R. Layton #4157.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera).

- The offense/incident was recorded using electronic/surveillance via Body-Worn Camera.

- Physical evidence was seized/recovered: CDS:(Heroin).

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Previous encounter, Admission by the defendant.

- The case involves CDS and the evidence was recovered via Other/Explain Consent search of residen.

- The case involves a consent search.

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 LAW ENFORCEMENT OFFICER **Date:** 02/17/2017