COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000192
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 #:
4		2017004959

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

THE STATE OF NEW JERSEY
VS.
ELIZABETH M SALVITTI

ADDRESS: 338 RIDGEWAY ST
GLOUCESTER CITY NJ 08030-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 09/04/1993
DRIVER'S LIC. #: S[redacted] DL STATE: NJ
SOCIAL SECURITY #: 1[redacted]5 SBI #: 240254G
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001496

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 03/05/2017 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 OR SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY POSSESSING (2) 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, INGEST, INHALE, CONCEAL, AND/OR PREPARE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING LOOSE COPPER MESH, (1) EMPTY WAX FOLD CONTAINING SUSPECTED HEROIN RESIDUE, AND (2) GLASS SMOKING PIPES CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS

in violation of:

	1)	2)	3)
Original Charge	2C:36-6A	2C:36-2	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: 03/05/2017

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: GLOUCESTER COUNTY COURTS
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: 03/05/2017 Appearance Date: 05/11/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons PTLM T MCWAIN JR Date 03/05/2017

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

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

ORIGINAL

COMPLAINT - SUMMONS

COMPLAINT NUMBER				STATE V.
0820	S	2017	000192	ELIZABETH M SALVITTI
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (4) GLASSINE BAGS CONTAINING SUSPECTED COCAINE AND (1) PLASTIC VIAL CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY 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.

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

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2017	000192
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

ELIZABETH M SALVITTI

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: 05/11/2017	☐ 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	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:
WDJ005893 / WDJ005894 / WDJ005895

* 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	000192	ELIZABETH M SALVITTI
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: 05/11/2017	❑ 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	4) 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:
WDJ005893 / WDJ005894 / WDJ005895

* 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 - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000192
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.
ELIZABETH M SALVITTI

ADDRESS: 338 RIDGEWAY ST
GLOUCESTER CITY NJ 08030-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017004959

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 09/04/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 240254G
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001496

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 03/05/2017 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 OR SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY POSSESSING (2) 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, INGEST, INHALE, CONCEAL, AND/OR PREPARE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING LOOSE COPPER MESH, (1) EMPTY WAX FOLD CONTAINING SUSPECTED HEROIN RESIDUE, AND (2) GLASS SMOKING PIPES CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS

in violation of:

	1)	2)	3)
Original Charge	2C:36-6A	2C:36-2	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 willfuly false, Iam subject to punishment

Signed: PTLM T MCWAIN JR Data: 03/05/2017

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: GLOUCESTER COUNTY COURTS
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: 03/05/2017 Appearance Date: 05/11/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons _____ Date 03/05/2017

☐ **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)

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000192
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

ELIZABETH M SALVITTI

A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (4) GLASSINE BAGS CONTAINING SUSPECTED COCAINE AND (1) PLASTIC VIAL CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY 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.

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

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000192
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ELIZABETH M SALVITTI

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

ADDRESS:
338 RIDGEWAY ST
GLOUCESTER CITY NJ 08030-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017004959

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

DEFENDANT INFORMATION
SEX: **F** EYE COLOR: **BROWN** DOB: **09/04/1993**
DRIVER'S LIC. #: [redacted] DL STATE: **NJ**
SOCIAL SECURITY #: [redacted] SBI #: **240254G**
TELEPHONE: [redacted]
LIVESCAN PCN #: **082002001496**

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 **03/05/2017** 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 OR SYRINGE WITHOUT A VALID PRESCRIPTION OR AS A MEMBER OF THE SYRINGE ACCESS PROGRAM, SPECIFICALLY BY POSSESSING (2) 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, INGEST, INHALE, CONCEAL, AND/OR PREPARE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING LOOSE COPPER MESH, (1) EMPTY WAX FOLD CONTAINING SUSPECTED HEROIN RESIDUE, AND (2) GLASS SMOKING PIPES CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS

in violation of:

Original Charge	1) **2C:36-6A**	2) **2C:36-2**	3) **2C:35-10A(1)**

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: **03/05/2017**
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000192
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

ELIZABETH M SALVITTI

A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (4) GLASSINE BAGS CONTAINING SUSPECTED COCAINE AND (1) PLASTIC VIAL CONTAINING SUSPECTED COCAINE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY 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.

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

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000192
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 #:
4		2017004959

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

THE STATE OF NEW JERSEY
VS.
ELIZABETH M SALVITTI

ADDRESS: 338 RIDGEWAY ST
GLOUCESTER CITY NJ 08030-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 09/04/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 240254G
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001496

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, she was arrested on active municipal court warrants. Search incident to her arrest yielded (4) glassine bags containing suspected cocaine, (1) plastic vial containing suspected cocaine, (2) wax folds containing suspected heroin, and items of drug paraphernalia. The items were located in the bag that was in her possession at the time of her arrest.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000192
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
ELIZABETH M SALVITTI

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 personally observed the aforementioned facts. Defendant was verbally advised of her Miranda Rights, waived same, and admitted that the items found in her possession 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: 03/05/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000192
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.
ELIZABETH M SALVITTI

ADDRESS: 338 RIDGEWAY ST
GLOUCESTER CITY NJ 08030-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017004959

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 09/04/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 240254G
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001496

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 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, 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.

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:** 03/05/2017

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005893

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 12/15 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Elizabeth | Initial M | Last Salvitti (Please Print)

Address: 338 Ridgeway St

City: Gloucester City | State: NJ | Zip Code: 08030 | Telephone:

Birth Date: 9/4/93 | Eyes: 2 | Sex: F | Weight: 130 | Height: 5'00 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

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

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

Offense Date: Month 3 | Day 5 | Year 17 | Time Hour 8:44 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: Crown Point Rd

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Driving While Suspended

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 3 | Day 5 | Year 17

Signature of Complaining Witness: TM | Officer's ID. No. 416

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE: Month 5 | Day 11 | 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 005894

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 12/15 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Elizabeth | Initial M | Last Salvitti (Please Print)

Address: 338 Ridgeway St

City: Gloucester City | State: NJ | Zip Code: 08030 | Telephone:

Birth Date: 9/4/93 | Eyes: 2 | Sex: F | Weight: 130 | Height: 5'00 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

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

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

Offense Date: Month 3 | Day 5 | Year 17 | Time Hour 8:44 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: Crown Point Rd

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

EXP 2/15

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 3 | Day 5 | Year 17

Signature of Complaining Witness: TM | Officer's ID. No. 416

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE: Month 5 | Day 11 | 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. | PREFIX | TICKET NUMBER

0820 | WDJ | 005895

COMPLAINT-SUMMONS

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

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 12 15 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Initial Elizabeth M Last Smith (Please Print)

Address: 338 Ridgeview St

City: Gloucester City | State: NJ | Zip Code: 08030 | Telephone:

Birth Date: 9/4/93 | Eyes: BRO | Sex: F | Weight: | Height: 5'00 | Restrictions:

DID UNLAWFULLY (PARK) OPERATE A

Make of Vehicle: DOD | Year: 06 | Body Type: 4D | Color: BK | ☐ Commercial Vehicle ☐ Omnibus. ☐ Hazardous Material ☐ Out of Service

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

Offense Date: Month 3 | Day 5 | Year 17 | Time Hour 8:44 AM PM

LOCATION OF OFFENSE: C 8 D 2 | Describe Location: Crown Point Rd

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

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

IN EXCESS OF SPEED LIMIT BY:

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

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

COS 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 3 | Day 5 | Year 17

Signature of Complaining Witness: TM | Officer's ID. No. 41 46

NOTICE TO APPEAR

☑ COURT APPEARANCE REQUIRED | COURT DATE | Month 5 | Day 11 | 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

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000193
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		2017004972

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

THE STATE OF NEW JERSEY
VS.
PARRIS K WEDDINGTON

ADDRESS: 106 BLACK HORSE PIKE
WILLIAMSTOWN NJ 08094-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/05/1971
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted]0 SBI #: 380620G
TELEPHONE #:
LIVESCAN PCN #: 082002001497

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 03/06/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY, WITH PURPOSE TO HINDER HIS OWN APPREHENSION, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING PTL. MCWAIN THAT HIS NAME WAS MARKUE A JACKSON (5/27/73), KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS WANTED ON ACTIVE WARRANTS FOR HIS ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), 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, INGEST, AND/OR PREPARE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE 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:29-3B(4)	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:** 03/06/2017

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 Municipal Court in the county of: GLOUCESTER

at the following address: WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD THOROFARE NJ 08086-0000

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: 03/06/2017 **Appearance Date:** 03/06/2017 **Time:** 11:00AM **Phone:** 856-845-0120

Signature of Person Issuing Summons: PTLM T MCWAIN JR Date: 03/06/2017

☐ **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	000193	PARRIS K WEDDINGTON
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: 03/06/2017	☐ 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:29-3B(4)	2C:36-2	
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

Related Traffic Tickets and Complaints:
WDJ005896 / WDJ005897

* 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	000193
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.
PARRIS K WEDDINGTON

ADDRESS: 106 BLACK HORSE PIKE
WILLIAMSTOWN NJ 08094-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017004972

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/05/1971
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 380620G
TELEPHONE #:
LIVESCAN PCN #: 082002001497

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 03/06/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY, WITH PURPOSE TO HINDER HIS OWN APPREHENSION, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING PTL. MCWAIN THAT HIS NAME WAS MARKUE A JACKSON (5/27/73), KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS WANTED ON ACTIVE WARRANTS FOR HIS ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), 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, INGEST, AND/OR PREPARE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE 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:29-3B(4)	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 willfuly false, Iam subject to punishment

Signed: PTLM T MCWAIN JR **Data:** 03/06/2017

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 Municipal Court in the county of: GLOUCESTER

at the following address: WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD THOROFARE NJ 08086-0000

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: 03/06/2017 **Appearance Date:** 03/06/2017 **Time:** 11:00AM **Phone:** 856-845-0120

Signature of Person Issuing Summons _____ Date 03/06/2017

☐ **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	000193
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		2017004972

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

THE STATE OF NEW JERSEY
VS.
PARRIS K WEDDINGTON

ADDRESS:
106 BLACK HORSE PIKE
WILLIAMSTOWN NJ 08094-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/05/1971
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 380620G
TELEPHONE #:
LIVESCAN PCN #: 082002001497

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 03/06/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY, WITH PURPOSE TO HINDER HIS OWN APPREHENSION, VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING PTL. MCWAIN THAT HIS NAME WAS MARKUE A JACKSON (5/27/73), KNOWING THAT INFORMATION TO BE FALSE AND THAT HE WAS WANTED ON ACTIVE WARRANTS FOR HIS ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), 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, INGEST, AND/OR PREPARE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE 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:29-3B(4)	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: 03/06/2017
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000193
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		2017004972

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

THE STATE OF NEW JERSEY
VS.
PARRIS K WEDDINGTON

ADDRESS: 106 BLACK HORSE PIKE
WILLIAMSTOWN NJ 08094-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/05/1971
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 380620G
TELEPHONE #:
LIVESCAN PCN #: 082002001497

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, he provided law enforcement with false information and was arrested on active warrants. Investigation revealed that he was in possession of drug paraphernalia in his motor vehicle.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000193
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
PARRIS K WEDDINGTON

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 personally observed the aforementioned facts.

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: 03/06/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000193
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		2017004972

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

THE STATE OF NEW JERSEY
VS.
PARRIS K WEDDINGTON

ADDRESS: 106 BLACK HORSE PIKE
WILLIAMSTOWN NJ 08094-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/05/1971
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 380620G
TELEPHONE #:
LIVESCAN PCN #: 082002001497

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: Drug Paraphernalia.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Information from family/friends.

- 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:** 03/06/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000194
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.
KELLY A DOUGHERTY

ADDRESS: 1400 S BROADWAY
CAMDEN NJ 08103-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017004972

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 06/30/1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 639554D
TELEPHONE #:
LIVESCAN PCN #: 08200200149

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 03/06/2017 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, PREPARE, INHALE, AND/OR INGEST A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING NUMEROUS PIECES OF CUT STRAW CONTAINING SUSPECTED DRUG RESIDUE, LOOSE COPPER MESH, (2) GLASS PIPES CONTAINING SUSPECTED COCAINE RESIDUE, AND NUMEROUS EMPTY GLASSINE BAGS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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 (1.5) WAX FOLDS 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:36-2	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:** 03/06/2017

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: GLOUCESTER COUNTY COURTS
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: 03/06/2017 **Appearance Date:** 05/11/2017 **Time:** 11:00AM **Phone:** 856-686-7500

Signature of Person Issuing Summons: PTLM T MCWAIN JR Date: 03/06/2017

☐ **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	000194
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

KELLY A DOUGHERTY

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: 05/11/2017	☐ 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:36-2	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:
WDJ005896 / WDJ005897

* 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	000194
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.
KELLY A DOUGHERTY

ADDRESS: 1400 S BROADWAY
CAMDEN NJ 08103-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017004972

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 06/30/1976
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 639554D
TELEPHONE #:
LIVESCAN PCN #: 082002001498

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 03/06/2017 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, PREPARE, INHALE, AND/OR INGEST A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING NUMEROUS PIECES OF CUT STRAW CONTAINING SUSPECTED DRUG RESIDUE, LOOSE COPPER MESH, (2) GLASS PIPES CONTAINING SUSPECTED COCAINE RESIDUE, AND NUMEROUS EMPTY GLASSINE BAGS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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 (1.5) WAX FOLDS CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:36-2	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 willfuly false, Iam subject to punishment

Signed: PTLM T MCWAIN JR Data: 03/06/2017

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: GLOUCESTER COUNTY COURTS

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: 03/06/2017 Appearance Date: 05/11/2017 Time: 11:00AM Phone: 856-686-7500

Signature of Person Issuing Summons _____ Date 03/06/2017

☐ **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	000194
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		2017004972

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

THE STATE OF NEW JERSEY
VS.
KELLY A DOUGHERTY

ADDRESS:
1400 S BROADWAY
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 06/30/1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 639554D
TELEPHONE #:
LIVESCAN PCN #: 082002001498

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 03/06/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, PREPARE, INHALE, AND/OR INGEST A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING NUMEROUS PIECES OF CUT STRAW CONTAINING SUSPECTED DRUG RESIDUE, LOOSE COPPER MESH, (2) GLASS PIPES CONTAINING SUSPECTED COCAINE RESIDUE, AND NUMEROUS EMPTY GLASSINE BAGS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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 (1.5) WAX FOLDS 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:36-2	2) 2C:35-10A(1)	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: 03/06/2017
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000194
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		2017004972

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

THE STATE OF NEW JERSEY
VS.
KELLY A DOUGHERTY

ADDRESS: 1400 S BROADWAY
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 06/30/1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 639554D
TELEPHONE #:
LIVESCAN PCN #: 082002001498

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 an occupant, it was discovered that she was wanted on an active warrant for her arrest. Search incident to her arrest yielded drug paraphernalia and (1.5) wax folds containing suspected heroin.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000194
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
KELLY A DOUGHERTY

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 personally observed the aforementioned facts.

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: 03/06/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000194
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		2017004972

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

THE STATE OF NEW JERSEY
VS.
KELLY A DOUGHERTY

ADDRESS: 1400 S BROADWAY
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: GREEN DOB: 06/30/1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 639554D
TELEPHONE #:
LIVESCAN PCN #: 082002001498

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 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 defendant attempted to conceal, discard or destroy evidence, Summarize Threw item to ground.

- 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, Information from family/friends.

- 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:** 03/06/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000195
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.
TRAVIS T CLEMMONS

ADDRESS: 859 DANTE CT
WEST DEPTFORD NJ 08051-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017004972

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/18/1968
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 412567B
TELEPHONE #:
LIVESCAN PCN #: 082002001499

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 03/06/2017 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, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE 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:36-2	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:** 03/06/2017

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 Municipal Court in the county of: GLOUCESTER

at the following address: WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD THOROFARE NJ 08086-0000

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: 03/06/2017 **Appearance Date:** 03/06/2017 **Time:** 05:00AM **Phone:** 856-845-0120

Signature of Person Issuing Summons PTLM T MCWAIN JR Date 03/06/2017

☐ **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	000195
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

TRAVIS T CLEMMONS

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: 03/06/2017	☐ 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: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:
WDJ005896 / WDJ005897

* 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	000195
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.
TRAVIS T CLEMMONS

ADDRESS: 859 DANTE CT
WEST DEPTFORD NJ 08051-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017004972

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/18/1968
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted]0 SBI #: 412567B
TELEPHONE #:
LIVESCAN PCN #: 082002001499

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 03/06/2017 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, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE 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:36-2		
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 willfuly false, Iam subject to punishment

Signed: PTLM T MCWAIN JR Data: 03/06/2017

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 Municipal Court in the county of: GLOUCESTER
at the following address: WEST DEPTFORD JOINT MUN COURT
400 CROWN PT RD THOROFARE NJ 08086-0000
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: 03/06/2017 Appearance Date: 03/06/2017 Time: 05:00AM Phone: 856-845-0120

Signature of Person Issuing Summons _____ Date 03/06/2017

☐ **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	000195
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.
TRAVIS T CLEMMONS

ADDRESS :
859 DANTE CT
WEST DEPTFORD NJ 08051-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017004972

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/18/1968
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY # [redacted] SBI #: 412567B
TELEPHONE #:
LIVESCAN PCN #: 082002001499

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 03/06/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE 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:36-2	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: 03/06/2017
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000195
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		2017004972

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

THE STATE OF NEW JERSEY
VS.
TRAVIS T CLEMMONS

ADDRESS: 859 DANTE CT
WEST DEPTFORD NJ 08051-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/18/1968
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 412567B
TELEPHONE #:
LIVESCAN PCN #: 082002001499

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 an occupant, he was found to be in possession of drug paraphernalia in his boot.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000195
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
TRAVIS T CLEMMONS

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 personally observed the aforementioned facts.

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: 03/06/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000195
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.
TRAVIS T CLEMMONS

ADDRESS: 859 DANTE CT
WEST DEPTFORD NJ 08051-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017004972

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/18/1968
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: [redacted] SBI #: 412567B
TELEPHONE #:
LIVESCAN PCN #: 082002001499

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. T. McWain #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: Drug Paraphernalia.

- The defendant attempted to conceal, discard or destroy evidence, Summarize Hid in shoe.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Information from family/friends.

- 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: 03/06/2017

COURT I.D. | PREFIX | TICKET NUMBER

0820 | WDJ | 005896

COMPLAINT-SUMMONS

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

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 2/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Parris | Initial K | Last Weddington (Please Print)

Address: 601 Black Horse Pike Apt J8

City: Williamstown | State: NJ | Zip Code: 08094 | Telephone:

Birth Date: 9/3/71 | Eyes: 2 | Sex: M | Weight: | Height: 511 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: KIA | Year: 12 | Body Type: SUV | Color: BK

☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: J29FBA | State: NJ | Exp. Date: 2/17

Offense Date: Month 3 | Day 6 | Year 17 | Time Hour 1 56 AM PM

LOCATION OF OFFENSE: 0826 | Describe Location: Crown Point Rd

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [X] 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)

Rap 2/17

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 3 | Day 13 | Year 17

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

NOTICE TO APPEAR

[X] COURT APPEARANCE REQUIRED | COURT DATE: Month 5 | Day 11 | 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. | PREFIX | TICKET NUMBER

0820 | WDJ | 005897

COMPLAINT-SUMMONS

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

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 2/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Parris | Initial K | Last Weddington (Please Print)

Address: 601 Black Horse Pike Apt J8

City: Williamstown | State: NJ | Zip Code: 08094 | Telephone:

Birth Date: 9/3/71 | Eyes: 2 | Sex: M | Weight: | Height: 511 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: KIA | Year: 12 | Body Type: SUV | Color: BK

☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: J29FBA | State: NJ | Exp. Date: 2/17

Offense Date: Month 3 | Day 6 | Year 17 | Time Hour 1 56 AM PM

LOCATION OF OFFENSE: 0826 | Describe Location: Crown Point Rd

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
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- [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
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- [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 3 | Day 13 | Year 17

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

NOTICE TO APPEAR

[X] COURT APPEARANCE REQUIRED | COURT DATE: Month 5 | Day 11 | 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. | PREFIX | TICKET NUMBER

0820 | WDJ | 005898

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 2017 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Parris Initial K Last Weddington (Please Print)

Address: 601 Black Horse Pike Apt 38

City: Williamstown | State: NJ | Zip Code: 08094 | Telephone:

Birth Date: 9/3/71 | Eyes: 2 | Sex: M | Weight: | Height: 5'1" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: KIA | Year: 12 | Body Type: SW | Color: BRZ | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: J29FBA | State: NJ | Exp. Date: 2017

Offense Date: Month 3 | Day 6 | Year 17 | Time Hour 1:36 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: Crown Point Rd

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
- [2] 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS
- [3] 3-33 Unclear plates
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- [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)

Expired DC

Statute No.: 39:3-10a | 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 3 | Day 13 | Year 17

Signature of Complaining Witness: [signature] | Officer's ID. No. 416

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 5 | Day 11 | 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	000258
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		2017006879

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

THE STATE OF NEW JERSEY
VS.
JOHN W LANE

ADDRESS: 401 COOPER LNDG RD APT 520
CHERRY HILL NJ 08002-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 12/22/1949
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 247067E
TELEPHONE #:
LIVESCAN PCN #: 082002001564

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 03/29/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA INHALE A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING GLASS PIPE (CRACK PIPE) AND TWO GLASSINE BAGS CONTAINING SUSPECTED COCAINE RESIDUE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR BE UNDER THE INFLUENCE OF A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG FOR A PURPOSE OTHER THAN TREATMENT OR SICKNESS OR INJURY AS PRESCRIBED OR ADMINISTERED BY A PHYSICIAN, SPECIFICALLY BY EXHIBITING THE SIGNS AND SYMPTONS CONSISTANT WITH BEING UNDER THE OF A CONTROLLED DANGEROUS SUBSTANCE.

in violation of:

Original Charge	1) 2C:36-2	2) 2C:35-10B	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: 03/29/2017

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 Municipal Court in the county of: GLOUCESTER

at the following address: WEST DEPTFORD JOINT MUN COURT

400 CROWN PT RD THOROFARE NJ 08086-0000

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: 03/29/2017 Appearance Date: 03/30/2017 Time: 09:00AM Phone: 856-845-0120

Signature of Person Issuing Summons PTLM T MCWAIN JR Date 03/29/2017

☐ **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	000258
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

JOHN W LANE

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:36-2	2C:35-10B	
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
JENNIFER M. BUSH

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	000258
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.
JOHN W LANE

ADDRESS: 401 COOPER LNDG RD APT 520
CHERRY HILL NJ 08002-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017006879

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 12/22/1949
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 247067E
TELEPHONE #:
LIVESCAN PCN #: 082002001564

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 03/29/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA INHALE A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING GLASS PIPE (CRACK PIPE) AND TWO GLASSINE BAGS CONTAINING SUSPECTED COCAINE RESIDUE.

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in violation of:

	1)	2)	3)
Original Charge	2C:36-2	2C:35-10B	
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Data: 03/29/2017

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 Municipal Court in the county of: GLOUCESTER

at the following address: WEST DEPTFORD JOINT MUN COURT
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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: 03/29/2017 Appearance Date: 03/30/2017 Time: 09:00AM Phone: 856-845-0120

Signature of Person Issuing Summons _____ Date 03/29/2017

☐ **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	000258
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		2017006879

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

THE STATE OF NEW JERSEY
VS.
JOHN W LANE

ADDRESS:
401 COOPER LNDG RD APT 520
CHERRY HILL NJ 08002-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 12/22/1949
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 247067E
TELEPHONE #:
LIVESCAN PCN #: 082002001564

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 03/29/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA INHALE A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG, SPECIFICALLY BY POSSESSING GLASS PIPE (CRACK PIPE) AND TWO GLASSINE BAGS CONTAINING SUSPECTED COCAINE RESIDUE.

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in violation of:

Original Charge	1) 2C:36-2	2) 2C:35-10B	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: 03/29/2017
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000258
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		2017006879

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

THE STATE OF NEW JERSEY
VS.
JOHN W LANE

ADDRESS: 401 COOPER LNDG RD APT 520
CHERRY HILL NJ 08002-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 12/22/1949
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 247067E
TELEPHONE #:
LIVESCAN PCN #: 082002001564

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, the defendant was found to be in possession of the aforementioned items.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000258
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JOHN W LANE

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

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: 03/29/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000258
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.
JOHN W LANE

ADDRESS: 401 COOPER LNDG RD APT 520
CHERRY HILL NJ 08002-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017006879

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 12/22/1949
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 247067E
TELEPHONE #:
LIVESCAN PCN #: 082002001564

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- The complaining officer personally observed the offense.

- The defendant made statements/admissions. It was recorded using(Body-Worn Camera, Officer's written notes/Report).

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

- Physical evidence was seized/recovered: Drug Paraphernalia.

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

- 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:** 03/29/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000259
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 #:
4		2017006879

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

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #:
LIVESCAN PCN #: 082002001565

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 03/29/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS OR UTTER A WRITING IN WHICH SHE KNEW TO BE FORGED, SPECIFICALLY BY POSSESSING (1) $50.00, (8) $20.00, (2) $10.00 PURPORTED TO BE UNITED STATES CURRENCY THAT WERE FOUND TO BE COUNTERFEIT, CONTRARY TO AND IN VIOLATION OF NJSA 2C:21-1A(3), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HER NAME WAS BECKI L MCDADE (5/3/89) AND BOBBI A MCDADE (5/3/89), KNOWING THAT INFORMATION TO BE FALSE AND THAT SHE WAS WANTED ON MULTIPLE ACTIVE WARRANTS FOR HER ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

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

in violation of:

Original Charge	1) 2C:21-1A(3)	2) 2C:29-3B(4)	3) 2C:36-2
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR **Date:** 03/29/2017

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: GLOUCESTER COUNTY COURTS
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: 03/29/2017 **Appearance Date:** 06/01/2017 **Time:** 09:00AM **Phone:** 856-686-7500

Signature of Person Issuing Summons PTLM T MCWAIN JR Date 03/29/2017

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

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

ORIGINAL

COMPLAINT - SUMMONS

COMPLAINT NUMBER				STATE V.
0820	S	2017	000259	JENNIFER M BUSH
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, INHALE, AND/OR INGEST INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (3) GLASS PIPES, (1) PUSH ROD, AND LOOSE COPPER MESH ALL CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

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

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2017	000259	JENNIFER M BUSH
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: 06/01/2017	☐ 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:21-1A(3)	2C:29-3B(4)	2C:36-2
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
CODEF: JOHN W LANE

Related Traffic Tickets and Complaints:
S2017000258 / WDJ005899 / WDJ005900 / WDJ005901

* 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	000259	JENNIFER M BUSH
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: 06/01/2017	☐ 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	4) 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: JOHN W LANE

Related Traffic Tickets and Complaints:
S2017000258 / WDJ005899 / WDJ005900 / WDJ005901

* 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 - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000259
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.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017006879

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #:
LIVESCAN PCN #: 082002001565

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 03/29/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS OR UTTER A WRITING IN WHICH SHE KNEW TO BE FORGED, SPECIFICALLY BY POSSESSING (1) $50.00, (8) $20.00, (2) $10.00 PURPORTED TO BE UNITED STATES CURRENCY THAT WERE FOUND TO BE COUNTERFEIT, CONTRARY TO AND IN VIOLATION OF NJSA 2C:21-1A(3), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HER NAME WAS BECKI L MCDADE (5/3/89) AND BOBBI A MCDADE (5/3/89), KNOWING THAT INFORMATION TO BE FALSE AND THAT SHE WAS WANTED ON MULTIPLE ACTIVE WARRANTS FOR HER ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

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

in violation of:

Original Charge	1) 2C:21-1A(3)	2) 2C:29-3B(4)	3) 2C:36-2
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Data: 03/29/2017

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: GLOUCESTER COUNTY COURTS
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: 03/29/2017 Appearance Date: 06/01/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons _____ Date 03/29/2017

☐ **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)

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000259
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

JENNIFER M BUSH

DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, INHALE, AND/OR INGEST INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (3) GLASS PIPES, (1) PUSH ROD, AND LOOSE COPPER MESH ALL CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

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

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000259
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.
JENNIFER M BUSH

ADDRESS:
1484 PRINCESS AVE
CAMDEN NJ 08103-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017006879

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted]5 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #:
LIVESCAN PCN #: 082002001565

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 03/29/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS OR UTTER A WRITING IN WHICH SHE KNEW TO BE FORGED, SPECIFICALLY BY POSSESSING (1) $50.00, (8) $20.00, (2) $10.00 PURPORTED TO BE UNITED STATES CURRENCY THAT WERE FOUND TO BE COUNTERFEIT, CONTRARY TO AND IN VIOLATION OF NJSA 2C:21-1A(3), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HER NAME WAS BECKI L MCDADE (5/3/89) AND BOBBI A MCDADE (5/3/89), KNOWING THAT INFORMATION TO BE FALSE AND THAT SHE WAS WANTED ON MULTIPLE ACTIVE WARRANTS FOR HER ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

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

in violation of:

Original Charge	1) 2C:21-1A(3)	2) 2C:29-3B(4)	3) 2C:36-2

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: 03/29/2017

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				STATE V.
0820	S	2017	000259	JENNIFER M BUSH
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

DRUG PARAPHERNALIA TO STORE, CONTAIN, PREPARE, INHALE, AND/OR INGEST INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (3) GLASS PIPES, (1) PUSH ROD, AND LOOSE COPPER MESH ALL CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

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

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000259
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 #:
4		2017006879

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

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #:
LIVESCAN PCN #: 082002001565

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 an occupant, she provided false information to police and was arrested. Search incident to her arrest yielded drug paraphernalia, counterfeit currency, and suspected heroin.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000259
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

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.

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: 03/29/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000259
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.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017006879

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #:
LIVESCAN PCN #: 082002001565

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# Sgt. M. Pfeiffer #4102.

- 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 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.

- 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:** 03/29/2017

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005899

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

POLICE RECORD

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

Driver's Lic. No. [redacted] | EXP. DATE 11/19 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First John | Initial W | Last Lane (Please Print)

Address: 401 Cooper Landing Rd Apt 423 520

City: Cherry Hill | State NJ | Zip Code 08002 | Telephone

Birth Date 12/22/49 | Eyes 2 | Sex M | Weight | Height 511 | Restrictions

DID UNLAWFULLY (PARK) (OPERATE) A:

Make of Vehicle: Merc | Year 08 | Body Type 4D | Color GRN | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State NJ | Exp. Date 6/17

Offense Date: Month 3 | Day 29 | Year 17 | Time Hour 1:03 (AM) PM

LOCATION OF OFFENSE: 05 20 | Describe Location: Kingswick Apts

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

DWI

Statute No. 39:4-50 | Ordinance/Code No.

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

Month 3 | Day 29 | Year 17

Signature of Complaining Witness [signature] | Officer's ID. No. 411 6

NOTICE TO APPEAR

☑ COURT APPEARANCE REQUIRED | COURT DATE Month 4 | Day 4 | Year 17 | Time Hour 10:00 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 [signature] | Operator ID No. 411 6 | Unit Code [signature]

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005900

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

POLICE RECORD

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

Driver's Lic. No. [redacted] | EXP. DATE 11/19 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First John | Initial W | Last Lane (Please Print)

Address: 401 Cooper Landing Rd Apt 423 520

City: Cherry Hill | State NJ | Zip Code 08002 | Telephone

Birth Date 12/22/49 | Eyes 2 | Sex M | Weight | Height 511 | Restrictions

DID UNLAWFULLY (PARK) (OPERATE) A:

Make of Vehicle: Merc | Year 08 | Body Type 4D | Color GRN | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State NJ | Exp. Date 6/17

Offense Date: Month 3 | Day 29 | Year 17 | Time Hour 1:03 (AM) PM

LOCATION OF OFFENSE: 05 20 | Describe Location: Kingswick Apts

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Reckless Driving

Statute No. 39:4-96 | Ordinance/Code No.

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

Month 3 | Day 29 | Year 17

Signature of Complaining Witness [signature] | Officer's ID. No. 411 6

NOTICE TO APPEAR

☑ COURT APPEARANCE REQUIRED | COURT DATE Month 4 | Day 4 | Year 17 | Time Hour 10:00 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. | PREFIX | TICKET NUMBER

0820 | WDJ | 005901

WEST DEPTFORD JOINT MUNICIPAL COURT
400 Crown Point Road
West Deptford, NJ 08096

POLICE RECORD

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

Driver's Lic. No. [redacted] | EXP. DATE 1118 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First, Initial: John W | Last: Cone | (Please Print)

Address: 701 Cooper Landing Rd Apt 423

City: Cherry Hill | State: NJ | Zip Code: 08003 | Telephone: [redacted]-30

Birth Date: 12/22/49 | Eyes: BR | Sex: M | Weight: | Height: 5'11" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE)

Make of Vehicle: Mer | Year: 96 | Body Type: 4D | Color: GRY | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 5/17

Offense Date: Month 3 | Day 29 | Year 17 | Time Hour 1 61 AM PM

LOCATION OF OFFENSE: 68 20 | Describe Location: Kings Way Dr

Municipality: WD | County: GLOUCESTER | MuniCode (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)

Delaying Traffic

Statute No.: 39:4-56 | 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 3 | Day 29 | Year 17

Signature of Complaining Witness: [signature] | Officer's ID. No. 41 46

NOTICE TO APPEAR

☐ COURT APPEARANCE REQUIRED | COURT DATE: Month 4 | Day 4 | Year 17 | Time Hour 1 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 10-17-08 (rev. 1/9/07)

COURT I.D. | PREFIX | TICKET NUMBER

0820 | WDJ | 005902

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

POLICE RECORD

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

Driver's Lic. No. [redacted] EXP. DATE — STATE NJ ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name First Initial Last (Please Print): Jennifer M Bush

Address: 1484 Princess Ave

City: Camden | State: NJ | Zip Code: 08105 | Telephone:

Birth Date: 6/1/82 | Eyes: B | Sex: F | Weight: 1 | Height: — | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Merc | Year: 08 | Body Type: 4D | Color: GY

License Plate No. [redacted] | State: NJ | Exp. Date: 6/17

☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

Offense Date: Month 3 | Day 29 | Year 17 | Time Hour 1 05 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: Kingswick Apts

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Statute No. | Ordinance/Code No.

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

Month 3 | Day 29 | Year 17

Signature of Complaining Witness: [signature]

Officer's ID. No. 4146

NOTICE TO APPEAR

☑ COURT APPEARANCE REQUIRED | COURT DATE: Month 6 | Day 1 | 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 - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000268
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 #:
3		2017007114

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

THE STATE OF NEW JERSEY
VS.
AMY L MOTT

ADDRESS: 876 MAYS LANDING RD
HAMMONTON NJ 08037-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 04/02/1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001570

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 03/31/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS, IN VIOLATION OF NJSA 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE AND FAIL TO DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPEFICIALLY BY POSSESSING (1) WAX FOLD CONTAINING SUSPECTED HEROIN AND FAILING TO DELIVER THAT SUBSTANCE TO POLICE DURING A MOTOR VEHICLE STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

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

in violation of:

Original Charge	1) 2C:35-10C	2) 2C:36-2	3) 2C:35-10A(1)
AmendedCharge			

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

Signed: PTLM T MCWAIN JR **Date:** 04/01/2017

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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
Date of Arrest: 03/31/2017 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. JOAN ADAMS JUDICIAL OFFICER 04/01/2017
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

COMPLAINT NUMBER			
0820	W	2017	000268
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

AMY L MOTT

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 POSSESING (1) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

Original Charge			
Amended Charge			

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000268	AMY L MOTT
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:35-10C	2C:36-2	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 - JOSEPH A MOTT

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 _____

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000268	AMY L MOTT
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 - JOSEPH A MOTT

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 _____

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000268
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.
AMY L MOTT

ADDRESS: 876 MAYS LANDING RD
HAMMONTON NJ 08037-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2017007114

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 04/02/1978
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001570

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 03/31/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS, IN VIOLATION OF NJSA 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE AND FAIL TO DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPEFICIALLY BY POSSESSING (1) WAX FOLD CONTAINING SUSPECTED HEROIN AND FAILING TO DELIVER THAT SUBSTANCE TO POLICE DURING A MOTOR VEHICLE STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

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

in violation of:

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

Signed: PTLM T MCWAIN JR **Date:** 04/01/2017

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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
Date of Arrest: 03/31/2017 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. JOAN ADAMS JUDICIAL OFFICER 04/01/2017
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)

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000268
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

AMY L MOTT

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 POSSESING (1) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

Original Charge			
Amended Charge			

COMMITMENT

COMPLAINT NUMBER			
0820	W	2017	000268
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 #:
3		2017007114

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

THE STATE OF NEW JERSEY
VS.
AMY L MOTT

ADDRESS: 876 MAYS LANDING RD
HAMMONTON NJ 08037-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 04/02/1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001570

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:35-10C		29	D	POSS CDS-FAILS
2.	2C:36-2		29	D	USE/POSS W/INTE
3.	2C:35-10A(1)		29	3	POSS CDS/ANALOG
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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

Date of Arrest: 03/31/2017

Phone: 856-686-7500

JOAN ADAMS JUDICIAL OFFICER — 04/01/2017

Signature and Title of Judicial Officer Issuing Warrant — Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000268
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 #:
3		2017007114

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

THE STATE OF NEW JERSEY
VS.
AMY L MOTT

ADDRESS: 876 MAYS LANDING RD
HAMMONTON NJ 08037-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 04/02/1978
DRIVER'S LIC. #[redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001570

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 an occupant, probable cause was developed to search the vehicle. A search of the vehicle yielded drug paraphernalia and suspected heroin. Both occupants denied ownership of the items and were charged with constructively possessing same.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000268
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
AMY L MOTT

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

I conducted the motor vehicle stop in question and personally observed the aforementioned facts.

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: 04/01/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	W	2017	000268
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 #:
3		2017007114

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

THE STATE OF NEW JERSEY
VS.
AMY L MOTT

ADDRESS: 876 MAYS LANDING RD
HAMMONTON NJ 08037-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 04/02/1978
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #: [redacted]
LIVESCAN PCN #: 082002001570

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. N. Vergara #4129.

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

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

- 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:** 04/01/2017

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000270
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		2017-7114

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

THE STATE OF NEW JERSEY
VS.
JOSEPH A MOTT

ADDRESS: LKA 17 HOLLY DRIVE
BERLIN NJ 08009-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04/25/1977
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 264246C
TELEPHONE #:
LIVESCAN PCN #:

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 03/31/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER THE APPREHENSION OF ANOTHER, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY CONFIRMING THE IDENTITY OF THE PASSENGER IN HIS VEHICLE, KNOWING THAT INFORMATION TO BE FALSE AND THAT SHE WAS WANTED ON ACTIVE WARRANTS FOR HER ARREST, AND FAILING TO ADVISE OFFICERS THAT THE INFORMATION HIS PASSENGER HAD PROVIDED WAS NOT TRUE AND ACCURATE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3A(7), A DISORDERLY PERSONS OFFENSE.

in violation of:

Original Charge	1) 2C:29-3A(7)	2)	3)
AmendedCharge			

CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment
Signed: PTLM T MCWAIN JR **Date:** 04/01/2017

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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
Date of Arrest: 03/31/2017 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. JOAN ADAMS JUDICIAL OFFICER 04/01/2017
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	000270	JOSEPH A MOTT
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:29-3A(7)		
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

Related Traffic Tickets and Complaints:
WDJ005906

* 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	000270
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		2017-7114

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
JOSEPH A MOTT

ADDRESS: LKA 17 HOLLY DRIVE
BERLIN NJ 08009-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04/25/1977
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 264246C
TELEPHONE #:
LIVESCAN PCN #:

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 03/31/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER THE APPREHENSION OF ANOTHER, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY CONFIRMING THE IDENTITY OF THE PASSENGER IN HIS VEHICLE, KNOWING THAT INFORMATION TO BE FALSE AND THAT SHE WAS WANTED ON ACTIVE WARRANTS FOR HER ARREST, AND FAILING TO ADVISE OFFICERS THAT THE INFORMATION HIS PASSENGER HAD PROVIDED WAS NOT TRUE AND ACCURATE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3A(7), A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:29-3A(7)		
Amended Charge			

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

Signed: PTLM T MCWAIN JR **Date:** 04/01/2017

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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
Date of Arrest: 03/31/2017 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. JOAN ADAMS JUDICIAL OFFICER 04/01/2017
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	000270
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		2017-7114

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

THE STATE OF NEW JERSEY
VS.
JOSEPH A MOTT

ADDRESS: LKA 17 HOLLY DRIVE
BERLIN NJ 08009-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04/25/1977
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 264246C
TELEPHONE #:
LIVESCAN PCN #:

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:29-3A(7)			D	HINDERING-GIVE
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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

Date of Arrest: 03/31/2017 Phone: 856-686-7500

JOAN ADAMS JUDICIAL OFFICER 04/01/2017

Signature and Title of Judicial Officer Issuing Warrant Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000270
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		2017-7114

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

THE STATE OF NEW JERSEY
VS.
JOSEPH A MOTT

ADDRESS: LKA 17 HOLLY DRIVE
BERLIN NJ 08009-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04/25/1977
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 264246C
TELEPHONE #:
LIVESCAN PCN #:

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, both he and the front seat passenger were arrested for constructively possessing CDS and drug paraphernalia. During the arrest and processing, the front seat passenger provided police with false information for the entirety of the processing (including fingerprinting and charges). Defendant confirmed the passenger's identity and failed to correct the false impression that she had provided to police due to her being wanted on active warrants for her arrest.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000270
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JOSEPH A MOTT

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 in question and personally observed the aforementioned facts.

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: 04/01/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	W	2017	000270
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.
JOSEPH A MOTT

ADDRESS: LKA 17 HOLLY DRIVE
BERLIN NJ 08009-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017-7114

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04/25/1977
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 264246C
TELEPHONE #:
LIVESCAN PCN #:

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. N. Vergara #4129.

- 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 defendant attempted to conceal, discard or destroy evidence, Summarize Provided false info to LE.

- 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, Information from family/friends.

- 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:** 04/01/2017

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000271
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
TIFFANY M DUFFIN

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

ADDRESS: LKA 1192 CROWN POINT RD
ROOM 119
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017007114

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 10/12/1988
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #:
LIVESCAN PCN #: 082002001571

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 03/31/2017 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 (1) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER HER OWN APPREHENSION, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HER NAME WAS AMY L MOTTS WITH A DATE OF BIRTH OF 4/2/78, KNOWING THAT INFORMATION TO BE FALSE AND THAT SHE WAS WANTED ON ACTIVE WARRANTS FOR HER ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, AND/OR PACKAGE A CONTROLLED

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:29-3B(4)	3) 2C:36-2
AmendedCharge			

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

Signed: PTLM T MCWAIN JR **Date:** 04/01/2017

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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
Date of Arrest: 03/31/2017 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. JOAN ADAMS JUDICIAL OFFICER 04/01/2017
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

COMPLAINT NUMBER				STATE V.
0820	W	2017	000271	TIFFANY M DUFFIN
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING WAX FOLDS, GLASSINE BAGS, AND STRAW ALL CONTAINING SUSPECTED DRUG RESIDUE AND SEVERAL RUBBER BANDS COMMONLY USED TO PACKAGE HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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

Original Charge	4) 2C:35-10C		
Amended Charge			

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000271	TIFFANY M DUFFIN
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) 2C:35-10A(1)	2) 2C:29-3B(4)	3) 2C:36-2
Original Charge			
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
CODEF: JOSEPH MOTT JR

Related Traffic Tickets and Complaints:
WDJ005906

* 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 (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000271	TIFFANY M DUFFIN
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	4) 2C:35-10C		
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
CODEF: JOSEPH MOTT JR

Related Traffic Tickets and Complaints:
WDJ005906

* 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	000271
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 #:
4		2017007114

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
TIFFANY M DUFFIN

ADDRESS: LKA 1192 CROWN POINT RD
ROOM 119
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 10/12/1988
DRIVER'S LIC. #: [redacted]84 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #:
LIVESCAN PCN #: 082002001571

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 03/31/2017 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 (1) WAX FOLD CONTAINING SUSPECTED HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO HINDER HER OWN APPREHENSION, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO A LAW ENFORCEMENT OFFICER, SPECIFICALLY BY ADVISING POLICE THAT HER NAME WAS AMY L MOTTS WITH A DATE OF BIRTH OF 4/2/78, KNOWING THAT INFORMATION TO BE FALSE AND THAT SHE WAS WANTED ON ACTIVE WARRANTS FOR HER ARREST, CONTRARY TO AND IN VIOLATION OF NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, CONCEAL, AND/OR PACKAGE A CONTROLLED

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:29-3B(4)	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 willfully false, I am subject to punishment

Signed: PTLM T MCWAIN JR **Date:** 04/01/2017

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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000
Date of Arrest: 03/31/2017 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. JOAN ADAMS JUDICIAL OFFICER 04/01/2017
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)

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000271
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

TIFFANY M DUFFIN

DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING WAX FOLDS, GLASSINE BAGS, AND STRAW ALL CONTAINING SUSPECTED DRUG RESIDUE AND SEVERAL RUBBER BANDS COMMONLY USED TO PACKAGE HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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

Original Charge	4) **2C:35-10C**		
Amended Charge			

COMMITMENT

COMPLAINT NUMBER			
0820	W	2017	000271
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 #:
4		2017007114

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

THE STATE OF NEW JERSEY
VS.
TIFFANY M DUFFIN

ADDRESS: LKA 1192 CROWN POINT RD
ROOM 119
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 10/12/1988
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #:
LIVESCAN PCN #: 082002001571

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.	2C:29-3B(4)			D	HINDERING-GIVE
3.	2C:36-2		29	D	USE/POSS W/INTE
4.	2C:35-10C		29	D	POSS CDS-FAILS

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: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

Date of Arrest: 03/31/2017 Phone: 856-686-7500

JOAN ADAMS JUDICIAL OFFICER 04/01/2017

Signature and Title of Judicial Officer Issuing Warrant Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000271
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 #:
4		2017007114

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

THE STATE OF NEW JERSEY
VS.
TIFFANY M DUFFIN

ADDRESS:
LKA 1192 CROWN POINT RD
ROOM 119
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 10/12/1988
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #:
LIVESCAN PCN #: 082002001571

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 an occupant, probable cause was developed to search the vehicle. A search of the vehicle yielded suspected heroin and drug paraphernalia. The defendant provided false information to police as to her identity (up to and including being fingerprinted and processed) due to being wanted on active warrants for her arrest.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000271
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
TIFFANY M DUFFIN

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 in question and personally observed the aforementioned facts.

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: 04/01/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	W	2017	000271
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.
TIFFANY M DUFFIN

ADDRESS: LKA 1192 CROWN POINT RD
ROOM 119
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017007114

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 10/12/1988
DRIVER'S LIC. #: [redacted]4 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 622362D
TELEPHONE #:
LIVESCAN PCN #: 082002001571

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. N. Vergara #4129.

- 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 defendant attempted to conceal, discard or destroy evidence, Summarize False info to LE.

- 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:** 04/01/2017