COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000300
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.
YASIN Y KNIGHT

ADDRESS: 26 WARD ST
SALEM NJ 08079-0000

# of CHARGES	CO-DEFTS	POLICE CASE #
4		2017007939

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/25/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 948975B
TELEPHONE #:
LIVESCAN PCN #: 082002001600

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 04/10/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

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

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTIONER, SPECIFICALLY BY POSSESSING (1) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, 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 HIS OWN APPREHENSION OR PUNISHMENT, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO POLICE, SPECIFICALLY BY ADVISING POLICE THAT HIS NAME WAS "YASIN GOLDBERG" AND THAT HE WAS 34 YEARS OLD, KNOWING THAT INFORMATION TO BE FALSE AND THAT HE

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(1)	2C:35-10A(1)	2C:29-3B(4)
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: 04/10/2017

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: 04/10/2017 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 04/10/2017
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	000300
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

YASIN Y KNIGHT

HAD A SUSPENDED DRIVER'S LICENSE, CONTRARY TO AND IN VIOLATION NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

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

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

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER			
0820	W	2017	000300
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

YASIN Y KNIGHT

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

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

Date of First Appearance: | ☐ Advised of Rights by_____ | Defendant Desires Counsel: ☐ Yes ☐ No

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

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

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
CODEF - TROY P VANMETER

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	000300	YASIN Y KNIGHT
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 - TROY P VANMETER

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	000300
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.
YASIN Y KNIGHT

ADDRESS: 26 WARD ST
SALEM NJ 08079-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017007939

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/25/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 948975B
TELEPHONE #:
LIVESCAN PCN #: 082002001600

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 04/10/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

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

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTIONER, SPECIFICALLY BY POSSESSING (1) GLASSINE BAGS CONTAINING SUSPECTED COCAINE, 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 HIS OWN APPREHENSION OR PUNISHMENT, KNOWINGLY OR PURPOSELY VOLUNTEER FALSE INFORMATION TO POLICE, SPECIFICALLY BY ADVISING POLICE THAT HIS NAME WAS "YASIN GOLDBERG" AND THAT HE WAS 34 YEARS OLD, KNOWING THAT INFORMATION TO BE FALSE AND THAT HE

in violation of:

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

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

Signed: PTLM T MCWAIN JR Date: 04/10/2017

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: 04/10/2017 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 04/10/2017
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				STATE V.
0820	W	2017	000300	YASIN Y KNIGHT
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

HAD A SUSPENDED DRIVER'S LICENSE, CONTRARY TO AND IN VIOLATION NJSA 2C:29-3B(4), A DISORDERLY PERSONS OFFENSE.

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

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

COMMITMENT

COMPLAINT NUMBER			
0820	W	2017	000300
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		2017007939

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

THE STATE OF NEW JERSEY
VS.
YASIN Y KNIGHT

ADDRESS: 26 WARD ST
SALEM NJ 08079-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/25/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 948975B
TELEPHONE #:
LIVESCAN PCN #: 082002001600

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:35-10A(1)		09	3	POSS CDS/ANALOG
3.	2C:29-3B(4)			D	HINDERING-GIVE
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: 04/10/2017 Phone: 856-686-7500

JOAN ADAMS JUDICIAL OFFICER 04/10/2017

Signature and Title of Judicial Officer Issuing Warrant Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000300
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		2017007939

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

THE STATE OF NEW JERSEY
VS.
YASIN Y KNIGHT

ADDRESS: 26 WARD ST
SALEM NJ 08079-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/25/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 948975B
TELEPHONE #:
LIVESCAN PCN #: 082002001600

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, defendant was arrested for hindering apprehension. Search incident to his arrest yielded suspected heroin and cocaine.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000300
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
YASIN Y KNIGHT

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 aforementioned 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: 04/10/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	W	2017	000300
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		2017007939

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

THE STATE OF NEW JERSEY
VS.
YASIN Y KNIGHT

ADDRESS: 26 WARD ST
SALEM NJ 08079-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 06/25/1975
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 948975B
TELEPHONE #:
LIVESCAN PCN #: 082002001600

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.

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

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

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

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: 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:** 04/10/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000301
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.
TROY P VANMETER

ADDRESS: 29 EATON RD
PENNSVILLE NJ 08070-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
2		2017007939

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/02/1964
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 281983C
TELEPHONE #:
LIVESCAN PCN #: 082002001599

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 04/10/2017 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

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

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, INGEST, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE CONTAINING SUSPECTED COCAINE RESIDUE.

in violation of:

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

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: 04/10/2017 Appearance Date: 06/08/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons: PTLM T MCWAIN JR Date: 04/10/2017

☐ **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	000301	TROY P VANMETER
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: 06/08/2017	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

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

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

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

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	000301
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		2017007939

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
TROY P VANMETER

ADDRESS: 29 EATON RD
PENNSVILLE NJ 08070-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/02/1964
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 281983C
TELEPHONE #:
LIVESCAN PCN #: 082002001599

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 04/10/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

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

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, INGEST, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE CONTAINING SUSPECTED COCAINE RESIDUE.

in violation of:

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

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: 04/10/2017 Appearance Date: 06/08/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons JOAN ADAMS JUDICIAL OFFICER Date 04/10/2017

☐ **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	000301
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		2017007939

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

THE STATE OF NEW JERSEY
VS.
TROY P VANMETER

ADDRESS:
29 EATON RD
PENNSVILLE NJ 08070-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/02/1964
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 281983C
TELEPHONE #:
LIVESCAN PCN #: 082002001599

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 04/10/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

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

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, INGEST, AND/OR INHALE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) GLASS PIPE CONTAINING SUSPECTED COCAINE RESIDUE.

in violation of:

Original Charge	1) 2C:35-10A(1)	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: _____ Date of Action: _____
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000301
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		2017007939

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

THE STATE OF NEW JERSEY
VS.
TROY P VANMETER

ADDRESS: 29 EATON RD
PENNSVILLE NJ 08070-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/02/1964
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 281983C
TELEPHONE #:
LIVESCAN PCN #: 082002001599

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 surrendered (2) glassine bags containing suspected cocaine and drug paraphernalia.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000301
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
TROY P VANMETER

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: 04/10/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000301
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		2017007939

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

THE STATE OF NEW JERSEY
VS.
TROY P VANMETER

ADDRESS: 29 EATON RD
PENNSVILLE NJ 08070-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLUE DOB: 04/02/1964
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 281983C
TELEPHONE #:
LIVESCAN PCN #: 082002001599

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:(Cocaine), Drug Paraphernalia.

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: 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:** 04/10/2017

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005915

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 5/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Yasin | Initial Y | Last Knight (Please Print)

Address: 26 Ward St

City: Salem | State: NJ | Zip Code: 08079 | Telephone:

Birth Date: 6/25/75 | Eyes: Br | Sex: M | Weight: | Height: 6'03 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Chev | Year: 06 | Body Type: Truck | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

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

Offense Date: Month 4 | Day 10 | Year 17 | Time Hour 2:18 AM/PM

LOCATION OF OFFENSE: 0820 | Describe Location: Rt 295

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)

Tinted Windows

Statute No.: 39:3-75 | Ordinance/Code No.:

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. Month 4 | Day 10 | Year 17

Signature of Complaining Witness: [signature] | Officer's ID. No. 411496

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 6 | Day 8 | Year 17 | Time Hour 9:00 AM/PM

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

CONDITIONS

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

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

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

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005916

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 5/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Yasin | Initial Y | Last Knight (Please Print)

Address: 26 Ward St

City: Salem | State: NJ | Zip Code: 08079 | Telephone:

Birth Date: 6/25/75 | Eyes: Br | Sex: M | Weight: | Height: 6'03 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Chev | Year: 06 | Body Type: Truck | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

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

Offense Date: Month 4 | Day 10 | Year 17 | Time Hour 2:10 AM/PM

LOCATION OF OFFENSE: 0820 | Describe Location: Rt 295

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Suspended DC

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

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. Month 4 | Day 10 | Year 17

Signature of Complaining Witness: [signature] | Officer's ID. No. 411496

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 6 | Day 8 | Year 17 | Time Hour 9:00 AM/PM

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

CONDITIONS

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

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

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

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005917

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 5/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Yasin | Initial Y | Last Knight (Please Print)

Address: 26 Ward St

City: Salem | State: NJ | Zip Code: 08079 | Telephone:

Birth Date: 6/25/75 | Eyes: BR | Sex: M | Weight: | Height: 603 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A:

Make of Vehicle: Chev | Year: 06 | Body Type: Truck | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

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

Offense Date: Month 4 | Day 10 | Year 17 | Time Hour 2:15 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: Rt 295

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

CDS in Vehicle

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

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. | Month 4 | Day 10 | Year 17

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 6 | Day 8 | 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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005918

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 5/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Yasin | Initial Y | Last Knight (Please Print)

Address: 26 Ward St

City: Salem | State: NJ | Zip Code: 08079 | Telephone:

Birth Date: 6/25/75 | Eyes: BR | Sex: M | Weight: | Height: 603 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A:

Make of Vehicle: Chev | Year: 06 | Body Type: Truck | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

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

Offense Date: Month 4 | Day 10 | Year 17 | Time Hour 2:18 AM PM

LOCATION OF OFFENSE: 0820 | Describe Location: Rt 295

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Exp 3/2017

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 4 | Day 10 | Year 17

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 6 | Day 8 | 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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005919

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 5/18 | State NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First Tasin Initial Y Last Knight (Please Print)

Address: 26 Ward St

City: Salem | State: NJ | Zip Code: 08079 | Telephone:

Birth Date: 6/25/75 | Eyes: Br | Sex: M | Weight: | Height: 6'03 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Chev | Year: 06 | Body Type: Truck | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License [redacted] | State: NJ | Exp. Date: 4/17

Offense Date: Month 4 | Day 10 | Year 17 | Time Hour 2:15 AM PM

LOCATION OF OFFENSE: 08 20 | Describe Location: Rt 295

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE
☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)
Torn in Half

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 4 | Day 10 | Year 17

Signature of Complaining Witness: TM | Officer's ID. No. 411 46

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE Month 6 Day 15 Year 17 | Time Hour 9:00 AM PM

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

CONDITIONS

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

Equipment ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

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

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

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 005920

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 5/18 | State NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First Tasin Initial Y Last Knight (Please Print)

Address: 26 Ward St

City: Salem | State: NJ | Zip Code: 08079 | Telephone:

Birth Date: 6/25/75 | Eyes: Br | Sex: M | Weight: | Height: 6'03 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: Chev | Year: 06 | Body Type: Truck | Color: BLK | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

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

Offense Date: Month 4 | Day 16 | Year 17 | Time Hour 2:18 AM PM

LOCATION OF OFFENSE: 08 20 | Describe Location: Rt 295

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE
☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

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 4 | Day 10 | Year 17

Signature of Complaining Witness: TM | Officer's ID. No. 411 46

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE Month 6 Day 15 Year 17 | Time Hour 9:00 AM PM

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

CONDITIONS

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

Equipment ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

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

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

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000318
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		2017008374

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

THE STATE OF NEW JERSEY
VS.
TRISTAN L RABB

ADDRESS: 237 COLGATE AVE
PEMBERTON NJ 08068-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04/20/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 180337D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001615

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 04/14/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OBTAIN OR POSSESS IN VIOLATION OF N.J.S. 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG AND FAIL TO VOLUNTARILY DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (1) VIAL CONTAINING SUSPECTED MARIJUANA AND (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, 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 INGEST, INHALE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) SMALL STRAW CONTAINING SUSPECTED DRUF 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:35-10C	2C:36-2	2C:35-10A(4)
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 04/14/2017

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

SUMMONS

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

at the following address: 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: 04/14/2017 Appearance Date: 06/15/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons _____ Date _____

☐ **Domestic Violence – Confidential**

☐ **Related Traffic Tickets or Other Complaints**

☐ **Serious Personal Injury/ Death Involved**

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

ORIGINAL

COMPLAINT - SUMMONS

COMPLAINT NUMBER				STATE V.
0820	S	2017	000318	TRISTAN L RABB
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (1) VIAL CONTAINING SUSPECTED MARIJUANA IN AN AMOUNT UNDER 50 GRAMS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, 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	000318	TRISTAN L RABB
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: 06/15/2017 | ☐ 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) 2C:35-10C	2) 2C:36-2	3) 2C:35-10A(4)
Original Charge			
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

Related Traffic Tickets and Complaints:

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2017	000318	TRISTAN L RABB
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: 06/15/2017	☐ 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:

* 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	000318
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		2017008374

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
TRISTAN L RABB

ADDRESS: 237 COLGATE AVE
PEMBERTON NJ 08068-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04/20/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 180337D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001615

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 04/14/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OBTAIN OR POSSESS IN VIOLATION OF N.J.S. 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG AND FAIL TO VOLUNTARILY DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (1) VIAL CONTAINING SUSPECTED MARIJUANA AND (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, 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 INGEST, INHALE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) SMALL STRAW CONTAINING SUSPECTED DRUF 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:35-10C	2) 2C:36-2	3) 2C:35-10A(4)
Amended Charge			

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Data: 04/14/2017

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

SUMMONS

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

at the following address: 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: 04/14/2017 Appearance Date: 06/15/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons _____ Date _____

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

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

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000318
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

TRISTAN L RABB

A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (1) VIAL CONTAINING SUSPECTED MARIJUANA IN AN AMOUNT UNDER 50 GRAMS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, 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	000318
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		2017008374

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

THE STATE OF NEW JERSEY
VS.
TRISTAN L RABB

ADDRESS :
237 COLGATE AVE
PEMBERTON NJ 08068-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04/20/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #: 180337D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001615

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 04/14/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OBTAIN OR POSSESS IN VIOLATION OF N.J.S. 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE OR CONTROLLED SUBSTANCE ANALOG AND FAIL TO VOLUNTARILY DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (1) VIAL CONTAINING SUSPECTED MARIJUANA AND (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, 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 INGEST, INHALE, OR OTHERWISE INTRODUCE INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) SMALL STRAW CONTAINING SUSPECTED DRUF 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:35-10C	2) 2C:36-2	3) 2C:35-10A(4)

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: 04/14/2017

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				STATE V.
0820	S	2017	000318	TRISTAN L RABB
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (1) VIAL CONTAINING SUSPECTED MARIJUANA IN AN AMOUNT UNDER 50 GRAMS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (1) GLASSINE BAG CONTAINING SUSPECTED COCAINE, 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	000318
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		2017008374

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

THE STATE OF NEW JERSEY
VS.
TRISTAN L RABB

ADDRESS: 237 COLGATE AVE
PEMBERTON NJ 08068-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04/20/1983
DRIVER'S LIC. #: [redacted]82 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 180337D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001615

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

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

During a motor vehicle stop in which the defendant was the operator, the odor of marijuana was detected coming from the vehicle. A probable cause search of the vehicle yielded suspected marijuana and suspected cocaine.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000318
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
TRISTAN L RABB

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: 04/14/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000318
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		2017008374

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

THE STATE OF NEW JERSEY
VS.
TRISTAN L RABB

ADDRESS: 237 COLGATE AVE
PEMBERTON NJ 08068-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 04/20/1983
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 180337D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001615

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

- The complaining officer personally observed the offense.

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

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

- Physical evidence was seized/recovered: CDS:(Cocaine), 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:** 04/14/2017

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000338
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.
RICO A CINTRON

ADDRESS: 847 LOIS AVENUE
CAMDEN NJ 08105-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
7		2017008950

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: GREEN DOB: 06/09/1993
DRIVER'S LIC. #: [redacted]6 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 854884E
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001637

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 04/20/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE WITH THE INTENT TO DELIVER SAME, SPECIFICALLY BY POSSEESSING (41) WAX FOLDS CONTAINING SUSPECTED HEROIN AND APPROXIMATELY 0.2OZ OF SUSPECTED RAW HEROIN WITH A COMBINED WEIGHT OF APPROXIMATELY 0.53OZ PACKAGED IN A MANNER CONSISTENT WITH DISTRIBUTION, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5B(2), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TRANSPORT A LARGE CAPACITY AMMUNITION MAGAZINE WHICH WAS INTENDED TO BE USED FOR SOME PURPOSE OTHER THAN AUTHORIZED MILITARY OR LAW ENFORCEMENT PURPOSES, SPECIFICALLY BY POSSESSING (1) MAGAZINE FOR A SPRINGFIELD XD9 WITH A CAPACITY OF SIXTEEN ROUNDS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-9H, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, HAVING BEEN CONVICTED OF A CERTAIN

in violation of:

	1)	2)	3)
Original Charge	2C:35-5B(2)	2C:39-9H	2C:39-7B(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:** 04/20/2017

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: 04/20/2017 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 04/20/2017
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	000338
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RICO A CINTRON

CRIMES, POSSESS OR CONTROL A FIREARM, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN AFTER HAVING BEEN CONVICTED IN THIS STATE OF CERTAIN CRIMES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-7B(1), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A FIREARM WHILE IN THE COURSE OF COMMITTING A VIOLATION OF NJSA 2C:35-5, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 WHILE IN POSSESSING OF APPROXIMATELY .053OZ OF SUSPECTED HEROIN WITH THE INTENT TO DISTRIBUTE SAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-4.1A, A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A FIREARM WHICH HAS BEEN DEFACED, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN WITH A DEFACED SERIAL NUMBER ON THE FRAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-3D, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY HAVE IN HIS POSSESSION A HANDGUN WITHOUT HAVING FIRST OBTAINED A PERMIT TO CARRY THE SAME, SPECFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN WITHOUT HAVING A FIREARMS ID CARD OR CONCEALED CARRY PERMIT, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-5B(1), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (41) WAX FOLDS CONTAINING SUSPECTED HEROIN AND APPROXIMATELY 0.2OZ OF SUSPECTED RAW HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

Original Charge	4) 2C:39-4.1A	5) 2C:39-3D	6) 2C:39-5B(1)
Amended Charge			

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000338
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RICO A CINTRON

Original Charge	7) 2C:35-10A(1)		
Amended Charge			

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000338	RICO A CINTRON
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

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

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

Date of First Appearance: | ☐ Advised of Rights by_____ | Defendant Desires Counsel: ☐ Yes ☐ No

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

	1)	2)	3)
Original Charge	2C:35-5B(2)	2C:39-9H	2C:39-7B(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: JOSE L FELICIANO 2ND

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	000338	RICO A CINTRON
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

	4) 2C:39-4.1A	5) 2C:39-3D	6) 2C:39-5B(1)
Original Charge			
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
CODEF: JOSE L FELICIANO 2ND

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			
0820	W	2017	000338
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RICO A CINTRON

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	7) 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: JOSE L FELICIANO 2ND

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	000338
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 #:
7		2017008950

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
RICO A CINTRON

ADDRESS: 847 LOIS AVENUE
CAMDEN NJ 08105-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: GREEN DOB: 06/09/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 854884E
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001637

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 04/20/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE WITH THE INTENT TO DELIVER SAME, SPECIFICALLY BY POSSEESSING (41) WAX FOLDS CONTAINING SUSPECTED HEROIN AND APPROXIMATELY 0.2OZ OF SUSPECTED RAW HEROIN WITH A COMBINED WEIGHT OF APPROXIMATELY 0.53OZ PACKAGED IN A MANNER CONSISTENT WITH DISTRIBUTION, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5B(2), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TRANSPORT A LARGE CAPACITY AMMUNITION MAGAZINE WHICH WAS INTENDED TO BE USED FOR SOME PURPOSE OTHER THAN AUTHORIZED MILITARY OR LAW ENFORCEMENT PURPOSES, SPECIFICALLY BY POSSESSING (1) MAGAZINE FOR A SPRINGFIELD XD9 WITH A CAPACITY OF SIXTEEN ROUNDS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-9H, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, HAVING BEEN CONVICTED OF A CERTAIN

in violation of:

	1)	2)	3)
Original Charge	2C:35-5B(2)	2C:39-9H	2C:39-7B(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: 04/20/2017

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: 04/20/2017 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 04/20/2017
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				STATE V.
0820	W	2017	000338	RICO A CINTRON
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

CRIMES, POSSESS OR CONTROL A FIREARM, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN AFTER HAVING BEEN CONVICTED IN THIS STATE OF CERTAIN CRIMES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-7B(1), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A FIREARM WHILE IN THE COURSE OF COMMITTING A VIOLATION OF NJSA 2C:35-5, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 WHILE IN POSSESSING OF APPROXIMATELY .053OZ OF SUSPECTED HEROIN WITH THE INTENT TO DISTRIBUTE SAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-4.1A, A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A FIREARM WHICH HAS BEEN DEFACED, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN WITH A DEFACED SERIAL NUMBER ON THE FRAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-3D, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY HAVE IN HIS POSSESSION A HANDGUN WITHOUT HAVING FIRST OBTAINED A PERMIT TO CARRY THE SAME, SPECFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN WITHOUT HAVING A FIREARMS ID CARD OR CONCEALED CARRY PERMIT, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-5B(1), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (41) WAX FOLDS CONTAINING SUSPECTED HEROIN AND APPROXIMATELY 0.2OZ OF SUSPECTED RAW HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

Original Charge	4) 2C:39-4.1A	5) 2C:39-3D	6) 2C:39-5B(1)
Amended Charge			

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000338
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RICO A CINTRON

Original Charge	7) 2C:35-10A(1)		
Amended Charge			

COMMITMENT

COMPLAINT NUMBER			
0820	W	2017	000338
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 #:
7		2017008950

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

THE STATE OF NEW JERSEY
VS.
RICO A CINTRON

ADDRESS: 847 LOIS AVENUE
CAMDEN NJ 08105-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: GREEN DOB: 06/09/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 854884E
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001637

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:35-5B(2)		29	2	CDS - MANU/DIST
2.	2C:39-9H			4	WEAPONS-MANU/TR
3.	2C:39-7B(1)			2	CERT PERSON NOT
4.	2C:39-4.1A			2	POSSESSION OF F

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: 04/20/2017

Phone: 856-686-7500

JOAN ADAMS JUDICIAL OFFICER — 04/20/2017

Signature and Title of Judicial Officer Issuing Warrant — Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000338
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 #:
7		2017008950

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

THE STATE OF NEW JERSEY
VS.
RICO A CINTRON

ADDRESS: 847 LOIS AVENUE
CAMDEN NJ 08105-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: GREEN DOB: 06/09/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 854884E
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001637

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, the operator was arrested on active warrants. Search incident to the operator's arrest yielded suspected Oxycodone located in his front pocket. The front seat passenger was also arrested on active warrants. A probable cause search of the vehicle was conducted. While searching the vehicle, I observed the vehicle's glove box to be a different color than the rest of the interior trim. Through my training and experience, I knew that same could be an indicator that the trim had been replaced. A thorough search of that area yielded suspected heroin and a handgun located in a compartment behind the glove box.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000338
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
RICO A CINTRON

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: 04/20/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	W	2017	000338
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 #:
7		2017008950

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

THE STATE OF NEW JERSEY
VS.
RICO A CINTRON

ADDRESS: 847 LOIS AVENUE
CAMDEN NJ 08105-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: GREEN DOB: 06/09/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 854884E
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001637

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. F. Teti #4136.

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

- A weapon was involved in the incident: Handgun.

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

- The defendant attempted to conceal, discard or destroy evidence, Summarize Hidden compartment.

- 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: 04/20/2017

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000339
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.
JOSE L FELICIANO

ADDRESS: 850 LOIS AVE
CAMDEN NJ 08105-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
8		2017008950

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/22/1990
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 776029D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001638

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 **04/20/2017** in **WEST DEPTFORD TWP**, **GLOUCESTER County,NJ** did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE WITH THE INTENT TO DELIVER SAME, SPECIFICALLY BY POSSEESSING (41) WAX FOLDS CONTAINING SUSPECTED HEROIN AND APPROXIMATELY 0.2OZ OF SUSPECTED RAW HEROIN WITH A COMBINED WEIGHT OF APPROXIMATELY 0.53OZ PACKAGED IN A MANNER CONSISTENT WITH DISTRIBUTION, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5B(2), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TRANSPORT A LARGE CAPACITY AMMUNITION MAGAZINE WHICH WAS INTENDED TO BE USED FOR SOME PURPOSE OTHER THAN AUTHORIZED MILITARY OR LAW ENFORCEMENT PURPOSES, SPECIFICALLY BY POSSESSING (1) MAGAZINE FOR A SPRINGFIELD XD9 WITH A CAPACITY OF SIXTEEN ROUNDS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-9H, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, HAVING BEEN CONVICTED OF A CERTAIN

in violation of:

Original Charge	1) 2C:35-5B(2)	2) 2C:39-9H	3) 2C:39-7B(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:** 04/20/2017

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: 04/20/2017 **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 04/20/2017
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	000339	JOSE L FELICIANO
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

CRIMES, POSSESS OR CONTROL A FIREARM, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN AFTER HAVING BEEN CONVICTED IN THIS STATE OF CERTAIN CRIMES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-7B(1), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A FIREARM WHILE IN THE COURSE OF COMMITTING A VIOLATION OF NJSA 2C:35-5, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 WHILE IN POSSESSING OF APPROXIMATELY .053OZ OF SUSPECTED HEROIN WITH THE INTENT TO DISTRIBUTE SAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-4.1A, A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A FIREARM WHICH HAS BEEN DEFACED, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN WITH A DEFACED SERIAL NUMBER ON THE FRAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-3D, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY HAVE IN HIS POSSESSION A HANDGUN WITHOUT HAVING FIRST OBTAINED A PERMIT TO CARRY THE SAME, SPECFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN WITHOUT HAVING A FIREARMS ID CARD OR CONCEALED CARRY PERMIT, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-5B(1), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (41) WAX FOLDS CONTAINING SUSPECTED HEROIN AND APPROXIMATELY 0.2OZ OF SUSPECTED RAW HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (1) GREEN PILL SUSPECTED TO BE 15MG OXYCODONE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

Original Charge	4) 2C:39-4.1A	5) 2C:39-3D	6) 2C:39-5B(1)
Amended Charge			

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000339
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

JOSE L FELICIANO

Original Charge	7) 2C:35-10A(1)	8) 2C:35-10A(1)	
Amended Charge			

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000339	JOSE L FELICIANO
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

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

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

Date of First Appearance: | ☐ Advised of Rights by_____ | Defendant Desires Counsel: ☐ Yes ☐ No

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

	1)	2)	3)
Original Charge	2C:35-5B(2)	2C:39-9H	2C:39-7B(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: RICO A CINTRON

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	000339	JOSE L FELICIANO
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

	4) 2C:39-4.1A	5) 2C:39-3D	6) 2C:39-5B(1)
Original Charge			
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
CODEF: RICO A CINTRON

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	000339	JOSE L FELICIANO
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	7) 2C:35-10A(1)	8) 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: RICO A CINTRON

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	000339
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 #:
8		2017008950

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
JOSE L FELICIANO

ADDRESS: 850 LOIS AVE
CAMDEN NJ 08105-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/22/1990
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 776029D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001638

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 04/20/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE WITH THE INTENT TO DELIVER SAME, SPECIFICALLY BY POSSEESSING (41) WAX FOLDS CONTAINING SUSPECTED HEROIN AND APPROXIMATELY 0.2OZ OF SUSPECTED RAW HEROIN WITH A COMBINED WEIGHT OF APPROXIMATELY 0.53OZ PACKAGED IN A MANNER CONSISTENT WITH DISTRIBUTION, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-5B(2), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TRANSPORT A LARGE CAPACITY AMMUNITION MAGAZINE WHICH WAS INTENDED TO BE USED FOR SOME PURPOSE OTHER THAN AUTHORIZED MILITARY OR LAW ENFORCEMENT PURPOSES, SPECIFICALLY BY POSSESSING (1) MAGAZINE FOR A SPRINGFIELD XD9 WITH A CAPACITY OF SIXTEEN ROUNDS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-9H, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, HAVING BEEN CONVICTED OF A CERTAIN

in violation of:

	1)	2)	3)
Original Charge	2C:35-5B(2)	2C:39-9H	2C:39-7B(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: 04/20/2017

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: 04/20/2017 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 04/20/2017
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				STATE V.
0820	W	2017	000339	JOSE L FELICIANO
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

CRIMES, POSSESS OR CONTROL A FIREARM, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN AFTER HAVING BEEN CONVICTED IN THIS STATE OF CERTAIN CRIMES, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-7B(1), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A FIREARM WHILE IN THE COURSE OF COMMITTING A VIOLATION OF NJSA 2C:35-5, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 WHILE IN POSSESSING OF APPROXIMATELY .053OZ OF SUSPECTED HEROIN WITH THE INTENT TO DISTRIBUTE SAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-4.1A, A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A FIREARM WHICH HAS BEEN DEFACED, SPECIFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN WITH A DEFACED SERIAL NUMBER ON THE FRAME, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-3D, A FOURTH DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY HAVE IN HIS POSSESSION A HANDGUN WITHOUT HAVING FIRST OBTAINED A PERMIT TO CARRY THE SAME, SPECFICALLY BY POSSESSING A SPRINGFIELD XD9 HANDGUN WITHOUT HAVING A FIREARMS ID CARD OR CONCEALED CARRY PERMIT, CONTRARY TO AND IN VIOLATION OF NJSA 2C:39-5B(1), A SECOND DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (41) WAX FOLDS CONTAINING SUSPECTED HEROIN AND APPROXIMATELY 0.2OZ OF SUSPECTED RAW HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING (1) GREEN PILL SUSPECTED TO BE 15MG OXYCODONE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

Original Charge	4) 2C:39-4.1A	5) 2C:39-3D	6) 2C:39-5B(1)
Amended Charge			

COMPLAINT - WARRANT

COMPLAINT NUMBER				STATE V.
0820	W	2017	000339	JOSE L FELICIANO
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

Original Charge	7) 2C:35-10A(1)	8) 2C:35-10A(1)	
Amended Charge			

COMMITMENT

COMPLAINT NUMBER			
0820	W	2017	000339
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 #:
8		2017008950

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

THE STATE OF NEW JERSEY
VS.
JOSE L FELICIANO

ADDRESS: 850 LOIS AVE
CAMDEN NJ 08105-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/22/1990
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 776029D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001638

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:35-5B(2)		29	2	CDS - MANU/DIST
2.	2C:39-9H			4	WEAPONS-MANU/TR
3.	2C:39-7B(1)			2	CERT PERSON NOT
4.	2C:39-4.1A			2	POSSESSION OF F

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

Phone: 856-686-7500

Date of Arrest: 04/20/2017

JOAN ADAMS JUDICIAL OFFICER — 04/20/2017

Signature and Title of Judicial Officer Issuing Warrant — Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000339
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 #:
8		2017008950

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

THE STATE OF NEW JERSEY
VS.
JOSE L FELICIANO

ADDRESS: 850 LOIS AVE
CAMDEN NJ 08105-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/22/1990
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 776029D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001638

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 was arrested on active warrants. Search incident to the defendant's arrest yielded suspected Oxycodone located in his front pocket. The front seat passenger was also arrested on active warrants. A probable cause search of the vehicle was conducted. While searching the vehicle, I observed the vehicle's glove box to be a different color than the rest of the interior trim. Through my training and experience, I knew that same could be an indicator that the trim had been replaced. A thorough search of that area yielded suspected heroin and a handgun located in a compartment behind the glove box.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000339
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JOSE L FELICIANO

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: 04/20/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	W	2017	000339
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 #:
8		2017008950

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

THE STATE OF NEW JERSEY
VS.
JOSE L FELICIANO

ADDRESS: 850 LOIS AVE
CAMDEN NJ 08105-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03/22/1990
DRIVER'S LIC. #: [redacted]7 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 776029D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001638

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. F. Teti #4136.

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

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

- A weapon was involved in the incident: Handgun.

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

- The defendant attempted to conceal, discard or destroy evidence, Summarize Hidden Compartment.

- 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: 04/20/2017

COURT I.D. | PREFIX | TICKET NUMBER: 0820 | WDJ | 006647

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.: F [redacted] 7 | EXP. DATE: 12/18 | STATE: NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name (First / Initial / Last / Please Print): Jose L Feliciano 2nd

Address: 850 Lois Ave

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

Birth Date: 3/29/90 | Eyes: BR | Sex: M | Weight: | Height: 5'10" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: MER | Year: 04 | Body Type: SUV | Color: GRY | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 2/18

Offense Date: Month 4 | Day 20 | Year 17 | Time Hour 4:55 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)

Fail to Signal

Statute No.: 39:4-126 | 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 4 | Day 20 | Year 17

Signature of Complaining Witness: TM | Officer's ID. No.: 411 46

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE: Month 6 | Day 22 | 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 | 006648

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] 7 | EXP. DATE: 12/18 | STATE: NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name (First / Initial / Last / Please Print): Jose L Feliciano 2nd

Address: 850 Lois Ave

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

Birth Date: 3/29/90 | Eyes: BR | Sex: M | Weight: | Height: 5'10" | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: MER | Year: 04 | Body Type: SUV | Color: GRY | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 2/18

Offense Date: Month 4 | Day 20 | Year 17 | Time Hour 4:58 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 4 | Day 20 | Year 17

Signature of Complaining Witness: TM | Officer's ID. No.: 411 46

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE: Month 6 | Day 22 | 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 006649

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 12/18 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name (Please Print): First Jose | Initial L | Last Feliciano | Jr.

Address: 850 Log Ave

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

Birth Date: 3/29/90 | Eyes: Z | Sex: M | Weight: | Height: 510 | Restrictions:

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle: NIS | Year: 04 | Body Type: SUV | Color: GRY | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 2018

Offense Date: Month 4 | Day 20 | Year 17 | Time Hour 9:58 AM PM

LOCATION OF OFFENSE: 8820 | 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)

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 4 | Day 20 | Year 17

Signature of Complaining Witness: [signature] | Officer's ID. No. 1146

NOTICE TO APPEAR

[X] COURT APPEARANCE REQUIRED | COURT DATE | Month 6 | Day 22 | 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

COMPLAINT NUMBER			
0820	S	2017	000348
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.
BRYAN K ARMOUR

ADDRESS: 470 N HEATHER DR
WEST DEPTFORD NJ 08051-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017-8839

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLACK DOB: 05/20/1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
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 04/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY ADVISING POLICE THAT HIS VEHICLE WAS STOLEN AND KNOWING THAT TO BE FALSE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:28-4B(1), A FOURTH DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:28-4B(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:** 04/24/2017

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: 04/19/2017 **Appearance Date:** 06/29/2017 **Time:** 09:00AM **Phone:** 856-686-7500

Signature of Person Issuing Summons _____ Date _____

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

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

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2017	000348	BRYAN K ARMOUR
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: 06/29/2017	☐ 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:28-4B(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: AMPARO K MARSHALL

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	000348
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		2017-8839

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
BRYAN K ARMOUR

ADDRESS: 470 N HEATHER DR
WEST DEPTFORD NJ 08051-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLACK DOB: 05/20/1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
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 04/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY ADVISING POLICE THAT HIS VEHICLE WAS STOLEN AND KNOWING THAT TO BE FALSE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:28-4B(1), A FOURTH DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:28-4B(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: 04/24/2017

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: 04/19/2017 Appearance Date: 06/29/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons _____ Date _____

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

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

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000348
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

BRYAN K ARMOUR

ADDRESS :
470 N HEATHER DR

WEST DEPTFORD NJ 08051-0000

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		2017-8839

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLACK DOB: 05/20/1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY # [redacted] SBI #:
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 04/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY ADVISING POLICE THAT HIS VEHICLE WAS STOLEN AND KNOWING THAT TO BE FALSE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:28-4B(1), A FOURTH DEGREE CRIME.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons	
	I certify that I served the complaint-summons by delivering a copy to the defendant personally.	
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over	Name of family member over 14 years of age
✔	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address.	9418 A FAIRGREEN LN PHILADELPHIA, PA 19114 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: 04/24/2017

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000348
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		2017-8839

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

THE STATE OF NEW JERSEY
VS.
BRYAN K ARMOUR

ADDRESS: 470 N HEATHER DR
WEST DEPTFORD NJ 08051-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLACK DOB: 05/20/1976
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
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:

Defendant contacted police and advised that his vehicle had been stolen. A short time later, vehicle was found in a neighboring jurisdiction and it had been involved in a motor vehicle crash. While speaking with the defendant about the circumstances of the recovery, defendant admitted that his girlfriend had been operating his vehicle and crashed same.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000348
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
BRYAN K ARMOUR

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

I responded to the call for service 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: 04/24/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000348
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		2017-8839

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

THE STATE OF NEW JERSEY
VS.
BRYAN K ARMOUR

ADDRESS: 470 N HEATHER DR
WEST DEPTFORD NJ 08051-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BLACK DOB: 05/20/1976
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
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.

- The charge was based on the observations/statements made by an eyewitness(es). The witness statement(s) were recorded via(Body-Worn Camera).

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

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

- A member of the public provided information to a 9-1-1 call center or dispatcher (or similar).

- The police received relevant information via radio from a 911 dispatcher (or similar).

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: 04/24/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000349
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		17-8839

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

THE STATE OF NEW JERSEY
VS.
AMPARO K MARSHALL

ADDRESS: 9418 FAIRGREEN LN
APT A
PHILADELPHIA PA 19114-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08/13/1978
DRIVER'S LIC. #: [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
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 04/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY CONFIRMING TO POLICE THAT HER BOYFRIEND'S VEHICLE WAS STOLEN AND KNOWING THAT TO BE FALSE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:28-4B(1), A FOURTH DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:28-4B(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: 04/24/2017

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: 04/19/2017 Appearance Date: 06/29/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons _____ Date _____

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

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

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2017	000349
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

AMPARO K MARSHALL

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: 06/29/2017	☐ 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:28-4B(1)			2)				3)			
Amended Charge											
Waiver Indt/Jury											
Plea/Date of Plea	Plea:	Date:		Plea:	Date:			Plea:	Date:		
Adjudication (* see code)	Finding Code:	Date:		Finding Code:	Date:			Finding Code:	Date:		
Jail Term		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp			Jail time credit	Susp. Imp	
Probation Term			Susp. Imp			Susp. Imp				Susp. Imp	
Cond. Discharge Term											
Community Service											
D/L Suspension Term											
Fines/Costs	Fines:	Costs:		Fines:	Costs:			Fines:	Costs:		
VCCB/SNSF	VCCB:	SNSF:		VCCB:	SNSF:			VCCB:	SNSF:		
DEDR/Lab Fee	DEDR:	LAB:		DEDR:	LAB:			DEDR:	LAB:		
CD Fee/Drug Ed Fnd	CD:	DAEF:		CD:	DAEF:			CD:	DAEF:		
DV Surch/Other Fees	DV:	Other:		DV:	Other:			DV:	Other:		
Restitution Beneficiary:_____											

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
CODEF: BRYAN K ARMOUR

Related Traffic Tickets and Complaints:
S2017000348

* 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	000349
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.
AMPARO K MARSHALL

ADDRESS: 9418 FAIRGREEN LN
APT A
PHILADELPHIA PA 19114-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		17-8839

COMPLAINANT
NAME: PTLM T MCWAIN JR

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08/13/1978
DRIVER'S LIC. #: [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
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 04/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY CONFIRMING TO POLICE THAT HER BOYFRIEND'S VEHICLE WAS STOLEN AND KNOWING THAT TO BE FALSE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:28-4B(1), A FOURTH DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:28-4B(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: 04/24/2017

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: 04/19/2017 Appearance Date: 06/29/2017 Time: 09:00AM Phone: 856-686-7500

Signature of Person Issuing Summons _____ Date _____

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

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

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000349
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		17-8839

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

THE STATE OF NEW JERSEY
VS.
AMPARO K MARSHALL

ADDRESS :
9418 FAIRGREEN LN
APT A
PHILADELPHIA PA 19114-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08/13/1978
DRIVER'S LIC. #: [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
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 did: on or about 04/19/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ WITHIN THE JURISDICTION OF THIS COURT, REPORT OR CAUSE TO BE REPORTED TO LAW ENFORCEMENT AUTHORITIES AN OFFENSE OR OTHER INCIDENT WITHIN THE AUTHORITY'S CONCERN, KNOWING THAT SUCH OFFENSE OR INCIDENT DID NOT OCCUR, SPECIFICALLY BY CONFIRMING TO POLICE THAT HER BOYFRIEND'S VEHICLE WAS STOLEN AND KNOWING THAT TO BE FALSE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:28-4B(1), A FOURTH DEGREE CRIME.

in violation of:

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

Check √	Certification by Police Regarding Complaint-Summons	
	I certify that I served the complaint-summons by delivering a copy to the defendant personally.	
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over	Name of family member over 14 years of age
✔	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address.	470 N HEATHER DR WEST DEPTFORD NJ 08051 — 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: 04/24/2017

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000349
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		17-8839

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

THE STATE OF NEW JERSEY
VS.
AMPARO K MARSHALL

ADDRESS: 9418 FAIRGREEN LN
APT A
PHILADELPHIA PA 19114-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08/13/1978
DRIVER'S LIC. #: [redacted] DL STATE: PA
SOCIAL SECURITY #: [redacted] SBI #:
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:

Defendant's boyfriend contacted police and advised that his vehicle had been stolen. A short time later, the vehicle was found in a neighboring jurisdiction and it had been involved in a motor vehicle crash. While speaking with the defendant about the incident, she confirmed that she had been operating the vehicle at the time of the crash and that it was never stolen.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000349
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
AMPARO K MARSHALL

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

I responded to the call for service 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: 04/24/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000349
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		17-8839

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

THE STATE OF NEW JERSEY
VS.
AMPARO K MARSHALL

ADDRESS: 9418 FAIRGREEN LN
APT A
PHILADELPHIA PA 19114-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BROWN DOB: 08/13/1978
DRIVER'S LIC. #. 30241132 DL STATE: PA
SOCIAL SECURITY #: 225-27-4989 SBI #:
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.

- The charge was based on the observations/statements made by an eyewitness(es). The witness statement(s) were recorded via(Body-Worn Camera).

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

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

- A member of the public provided information to a 9-1-1 call center or dispatcher (or similar).

- The police received relevant information via radio from a 911 dispatcher (or similar).

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:** 04/24/2017

COURT I.D. 0820 | PREFIX SCJ | COMPLAINT NUMBER 000039

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

Complaint

The State of New Jersey vs.

(Please Print)

Defendant's Name: First	Initial	Last
Bryan	K	Armour

Address	City
470 N Heather Dr	West Deptford

State	Zip Code	Telephone:
NJ	08051	8566897619

Birth Date: Mo.	Day	Yr.	Sex	Eyes	Height	Restrictions
5	20	76	M	[redacted]	509	

DL # [redacted] State NJ Exp. Date 10/17

STATE OF NEW JERSEY
COUNTY OF GLOUCESTER } SS:

COMPLAINT

Complaining Witness: Pfc. T. McWain (Name)

of WDPD 4146 (Identify Dept./Agency Represented) (Badge No.)

Residing at WDPD

by certification or on oath, says that to the best of his/her knowledge or information and belief, the named defendant on or about the

4 (Month) 19 (Day) 17 (Year) 1059 (Time)

in WD 0820 County of GLOUCESTER NJ did commit the following offense:

Fictitious Reports

in violation of (one charge only) 2C:28-4B(1) (Statute, Regulation or Ordinance Number)

LOCATION OF OFFENSE	Describe Location
0820	470 N Heather Dr

OATH: Subscribed and sworn to before me this ____ day of _____, yr.____

(Signature of Complaining Witness)

(Signature of Person Administering Oath)

OR

CERTIFICATION: I certify that the fore-going 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.

4/19/17 (Date)

TMW 4146 (Signature of Complaining Witness)

COMPLAINT

PROBABLE CAUSE DETERMINATION FOR ISSUANCE OF PROCESS:

COURT USE ONLY	LAW / CODE ENFORCEMENT USE ONLY
Probable cause is found for the issuance Of this Complaint-Summons	☒ The complaining witness is a law enforcement officer or a code enforcement officer with territorial and subject matter jurisdiction and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.
Yes / No (Signature of Judicial Officer)	
Yes / No (Signature of Judge)	

SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR

BEFORE THIS COURT TO ANSWER THIS COMPLAINT. IF YOU FAIL TO APPEAR ON THE DATE AND AT THE TIME STATED, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year	Time	AM/PM
		6	20	17	11:00	AM

4/19/17 (Date Summons Issued)

TMW 4146 (Signature of Person Issuing Summons)

Complaint-Summons SF (6/09)

SUMMONS

COURT I.D. 0820 | PREFIX SCJ | COMPLAINT NUMBER 000040

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

Complaint

The State of New Jersey vs.

(Please Print)

Defendant's Name: First	Initial	Last
Amparo	K	Marshall

Address	City
9418 A Fairgreen Ln	Phila

State	Zip Code	Telephone:
PA	19114	2675920154

Birth Date: Mo.	Day	Yr.	Sex	Eyes	Height	Restrictions
8	13	78	F	2	503	

DL # [redacted] State PA Exp. Date 8/17

STATE OF NEW JERSEY
COUNTY OF GLOUCESTER } SS:

COMPLAINT

Complaining Witness: Pfc. T. McWain (Name)

of WDPD 4146 (Identify Dept./Agency Represented) (Badge No.)

Residing at WDPD

by certification or on oath, says that to the best of his/her knowledge or information and belief, the named defendant on or about the

4 (Month) 19 (Day) 17 (Year) 1059 (Time)

in WD 0820 County of GLOUCESTER NJ did commit the following offense:

Fictitious Reports

in violation of (one charge only) 2C:28-4B(1) (Statute, Regulation or Ordinance Number)

LOCATION OF OFFENSE	Describe Location
0820	470 N Heather Dr

OATH: Subscribed and sworn to before me this ____ day of _____, yr.____

(Signature of Complaining Witness)

(Signature of Person Administering Oath)

OR

CERTIFICATION: I certify that the fore-going 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.

4/19/17 (Date)

TMW 4146 (Signature of Complaining Witness)

COMPLAINT

PROBABLE CAUSE DETERMINATION FOR ISSUANCE OF PROCESS:

COURT USE ONLY	LAW / CODE ENFORCEMENT USE ONLY
Probable cause is found for the issuance Of this Complaint-Summons	☒ The complaining witness is a law enforcement officer or a code enforcement officer with territorial and subject matter jurisdiction and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.
Yes / No (Signature of Judicial Officer)	
Yes / No (Signature of Judge)	

SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR

BEFORE THIS COURT TO ANSWER THIS COMPLAINT. IF YOU FAIL TO APPEAR ON THE DATE AND AT THE TIME STATED, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year	Time	AM/PM
		6	20	17	11:00	AM

4/19/17 (Date Summons Issued)

TMW 4146 (Signature of Person Issuing Summons)

Complaint-Summons SF (6/09)

SUMMONS