COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

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

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2017007559

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

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001585

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 04/06/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, AND/OR CONCEAL A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING SEVERAL EMPTY GLASSINE BAGS AND WAX FOLDS CONTAINING SUSPECTED DRUG RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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

WITHIN THE JURISDICTION OF THIS COURT, KNOWING OR PURPOSELY POSSESS A CONTROLLED

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Date: 04/06/2017

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

SUMMONS

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

at the following address: GLOUCESTER COUNTY COURTS

JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

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

Signature of Person Issuing Summons PTLM T MCWAIN JR Date 04/06/2017

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

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

ORIGINAL

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RICHELLE E VORMELKER

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

Original Charge			
Amended Charge			

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
0820	S	2017	000287	RICHELLE E VORMELKER
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

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

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

Date of First Appearance: 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

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

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

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	000287	RICHELLE E VORMELKER
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

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

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

Date of First Appearance: 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									
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	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

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

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2017007559

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001585

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 04/06/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, AND/OR CONCEAL A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING SEVERAL EMPTY GLASSINE BAGS AND WAX FOLDS CONTAINING SUSPECTED DRUG RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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

WITHIN THE JURISDICTION OF THIS COURT, KNOWING OR PURPOSELY POSSESS A CONTROLLED

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Data: 04/06/2017

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

SUMMONS

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

at the following address: GLOUCESTER COUNTY COURTS
JUSTICE COMPLEX 70 HUNTER STREET WOODBURY NJ 08096-0000

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

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

Signature of Person Issuing Summons _____ Date 04/06/2017

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

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

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RICHELLE E VORMELKER

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

Original Charge			
Amended Charge			

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

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

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2017007559

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

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS :
409 WOODBINE AVE
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001585

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 04/06/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, AND/OR CONCEAL A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER, SPECIFICALLY BY POSSESSING SEVERAL EMPTY GLASSINE BAGS AND WAX FOLDS CONTAINING SUSPECTED DRUG RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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

WITHIN THE JURISDICTION OF THIS COURT, KNOWING OR PURPOSELY POSSESS A CONTROLLED

in violation of:

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

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

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 04/06/2017
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER			
0820	S	2017	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

RICHELLE E VORMELKER

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

Original Charge			
Amended Charge			

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

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

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2017007559

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

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001585

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

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

During a motor vehicle stop in which the defendant was the operator, she was found to be in possession of suspected cocaine and suspected heroin in her jacket pocket.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

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

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: 04/06/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000287
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

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

THE STATE OF NEW JERSEY
VS.
RICHELLE E VORMELKER

ADDRESS: 409 WOODBINE AVE
WESTVILLE NJ 08093-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2017007559

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 08/30/1993
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 766014E
TELEPHONE #:
LIVESCAN PCN #: 082002001585

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

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. N. Vergara #4129.

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

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

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

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

- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were: Officer observation, Previous encounter, 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:** 04/06/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000326
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		17-008545

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 #: 082002001626

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 **04/16/2017** in **WEST DEPTFORD TWP**, **GLOUCESTER** County, **NJ** did:

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

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

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR **Date:** 04/16/2017

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: 04/16/2017 **Appearance Date:** 06/22/2017 **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	000326
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

TROY P VANMETER

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: 06/22/2017	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

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

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

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:
CODEF: YASIN Y 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	000326
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		17-008545

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]4 DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 281983C
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001626

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 04/16/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

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

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

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR Data: 04/16/2017

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: 04/16/2017 Appearance Date: 06/22/2017 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	000326
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		17-008545

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 #: 082002001626

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 04/16/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

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

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

in violation of:

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

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

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 04/16/2017
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000326
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		17-008545

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 #: 082002001626

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 registered owner of the vehicle provided written consent to search the vehicle. A search of the vehicle yielded suspected cocaine and drug paraphernalia. Both occupants were advised of their Miranda Rights and denied ownership of same; both were charged with constructively possessing same.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000326
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 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: **04/16/2017**

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000326
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		17-008545

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 #: 082002001626

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

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. R. Layton #4157.

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

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

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

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

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

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

- The case involves a consent search.

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER Date: 04/16/2017

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2017	000327
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 #:
2		17-008545

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 #: 082002001627

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 04/16/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

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

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

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR **Date:** 04/16/2017

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: 04/16/2017 **Appearance Date:** 06/22/2017 **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	000327
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: 06/22/2017	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

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

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

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

Related Traffic Tickets and Complaints:
S2017000326

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL - Court Action

NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
0820	S	2017	000327
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 #:
2		17-008545

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 #: 082002001627

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 **04/16/2017** in **WEST DEPTFORD TWP**, **GLOUCESTER** County, NJ did:

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

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

in violation of:

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

CERTIFICATION:

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

Signed: PTLM T MCWAIN JR **Data:** 04/16/2017

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: 04/16/2017 **Appearance Date:** 06/22/2017 **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	000327
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 #:
2		17-008545

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 #: 082002001627

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 04/16/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ

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

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in violation of:

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

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

Signed: PTLM T MCWAIN JR WEST DEPTFORD POLICE DEPT Date of Action: 04/16/2017
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000327
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		17-008545

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 #: 082002001627

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 registered owner of the vehicle provided written consent to search the vehicle. A search of the vehicle yielded suspected cocaine and drug paraphernalia. Both occupants were advised of their Miranda Rights and denied ownership of same; both were charged with constructively possessing same.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	S	2017	000327
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 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: 04/16/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	S	2017	000327
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		17-008545

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 #: 082002001627

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

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. R. Layton #4157.

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

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

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

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

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

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

- The case involves a consent search.

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

Signed: PTLM T MCWAIN JR LAW ENFORCEMENT OFFICER **Date:** 04/16/2017

COURT ID. | PREFIX | TICKET NUMBER

0820 | WDJ | 006485

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

COMPLAINT-SUMMONS

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

Driver's Lic. No. [redacted] | EXP. DATE 5/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

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

Address: 26 Ward St

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

Birth Date: 6/15/75 | 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 4:05 AM PM

LOCATION OF OFFENSE: 6 8 D 0 | Describe Location: 295 S/B

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

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

OTHER TRAFFIC/PARKING OFFENSE (Describe)
Suspended DL

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

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

Month 4 | Day 16 | Year 17

Signature of Complainant/Witness [signature] | Officer's ID. No. 9 1 4 6

NOTICE TO APPEAR

A 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. 1/2/07)

COURT I.D. | PREFIX | TICKET NUMBER

0820 | WDJ | 006486

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 8/16 | State NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

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

Address: 26 Ward St

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

Birth Date: 6/25/75 | Eyes: BRO | Sex: M | Weight: 200 | Height: 603 | Restrictions: 0

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 4:05 (AM) PM

LOCATION OF OFFENSE: 0828 | Describe Location: 295 SB

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 16 | Year 17

Signature of Complaining Witness [signature] | Officer's ID. No. 411 | 416

NOTICE TO APPEAR

☒ 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. 1/3/07)

COURT ID. 0820 | PREFIX WDJ | TICKET NUMBER 006488

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

COMPLAINT-SUMMONS

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

Driver's Lic. No. [redacted] | EXP. DATE 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: 5/25/75 | Eye | Sex M | Weight | Height 6'3 | Restrictions

DID UNLAWFULLY (PARK) (OPERATE) A:

Make or 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 4:05 AM/PM

LOCATION OF OFFENSE: 0820 | Describe Location 295 S/B

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Statute No. | Ordinance/Code No.

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE. | Month 4 | Day 16 | Year 17

Signature of Complaining Witness | Officer's ID. No. 411416

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE | Month 6 | Day 20 | Year 17 | Time Hour 9:00 AM/PM

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

CONDITIONS

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

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

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

COMPLAINT-SUMMONS UTT-1 10-17-06 (rev. 1/8/07)

COURT I.D. 0820 | PREFIX WDJ | TICKET NUMBER 006487

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

COMPLAINT-SUMMONS

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

Driver's Lic. No. [redacted] | EXP. DATE 5/16 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT (Please Print)

Name: First Yasin | Initial Y | Last Knight

Address: 26 Ward St

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

Birth Date: 6/15/78 | Eyes: BR | Sex: M | Weight: 180 | Height: 5'03" | Restrictions

DID UNLAWFULLY (PARK) (OPERATE)

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

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

Offense Date: Month 4 | Day 16 | Year 17 | Time Hour 4:05 AM

LOCATION OF OFFENSE: 0820 | Describe Location: 295 S/B

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 16 | Year 17

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE Month 6 | Day 22 | Year 17 | Time Hour 9:00 AM

☐ 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 ☐ ESTD

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

UTT-1 10-17-96 (rev. 1/97)

COMPLAINT-SUMMONS

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000352
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		2017009424

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

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY [redacted] SBI #: 217503D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001646

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 **04/26/2017** in **WEST DEPTFORD TWP**, **GLOUCESTER** County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO DEFRAUD ANOTHER, KNOWINGLY POSSESS A WRITING WHICH SHE KNEW TO BE FORGED, SPECIFICALLY BY BEING IN POSSESSION OF (1) FRAUDULENT $20.00 BILL AND (1) FRAUDULENT $50.00 BILL PURPORTING TO BE UNITED STATES CURRENCY, CONTRARY TO AND IN VIOLATION OF NJSA 2C:21-1A(3), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY 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, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, INHALE, INGEST, AND / OR PREPARE A

in violation of:

	1)	2)	3)
Original Charge	2C:21-1A(3)	2C:35-10A(1)	2C:36-2
AmendedCharge			

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

Signed: PTLM T MCWAIN JR **Date:** 04/26/2017

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: 04/26/2017 **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 04/26/2017
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	000352
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

JENNIFER M BUSH

CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) GLASS PIPES CONTAINING SUSPECTED COCAINE RESIDUE, LOOSE COPPER MESH, AND PLASTIC CAPSULES CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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

Original Charge	4) **2C:36-6A**		
Amended Charge			

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000352	JENNIFER M BUSH
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

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

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

Date of First Appearance:	☐ 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:21-1A(3)			2) 2C:35-10A(1)			3) 2C:36-2		
Amended Charge									
Waiver Indt/Jury									
Plea/Date of Plea	Plea:	Date:		Plea:	Date:		Plea:	Date:	
Adjudication (* see code)	Finding Code:	Date:		Finding Code:	Date:		Finding Code:	Date:	
Jail Term		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp
Probation Term			Susp. Imp			Susp. Imp			Susp. Imp
Cond. Discharge Term									
Community Service									
D/L Suspension Term									
Fines/Costs	Fines:	Costs:		Fines:	Costs:		Fines:	Costs:	
VCCB/SNSF	VCCB:	SNSF:		VCCB:	SNSF:		VCCB:	SNSF:	
DEDR/Lab Fee	DEDR:	LAB:		DEDR:	LAB:		DEDR:	LAB:	
CD Fee/Drug Ed Fnd	CD:	DAEF:		CD:	DAEF:		CD:	DAEF:	
DV Surch/Other Fees	DV:	Other:		DV:	Other:		DV:	Other:	
Restitution Beneficiary:_____									

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

Related Traffic Tickets and Complaints:

* 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	000352	JENNIFER M BUSH
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

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

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

Date of First Appearance: | ☐ 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:36-6A		
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 - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000352
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		2017009424

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001646

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 04/26/2017 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, WITH PURPOSE TO DEFRAUD ANOTHER, KNOWINGLY POSSESS A WRITING WHICH SHE KNEW TO BE FORGED, SPECIFICALLY BY BEING IN POSSESSION OF (1) FRAUDULENT $20.00 BILL AND (1) FRAUDULENT $50.00 BILL PURPORTING TO BE UNITED STATES CURRENCY, CONTRARY TO AND IN VIOLATION OF NJSA 2C:21-1A(3), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY 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, USE OR POSSESS WITH THE INTENT TO USE DRUG PARAPHERNALIA TO STORE, CONTAIN, INHALE, INGEST, AND / OR PREPARE A

in violation of:

	1)	2)	3)
Original Charge	2C:21-1A(3)	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 willfully false, I am subject to punishment

Signed: PTLM T MCWAIN JR Date: 04/26/2017

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: 04/26/2017 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 04/26/2017
Signature and Title of Judicial Officer Issuing Warrant — Date

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

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

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

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

COMPLAINT - WARRANT (DEFENDANT'S COPY)

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000352
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.

JENNIFER M BUSH

CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (2) GLASS PIPES CONTAINING SUSPECTED COCAINE RESIDUE, LOOSE COPPER MESH, AND PLASTIC CAPSULES CONTAINING SUSPECTED COCAINE RESIDUE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

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

Original Charge	4) **2C:36-6A**		
Amended Charge			

COMMITMENT

COMPLAINT NUMBER			
0820	W	2017	000352
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		2017009424

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

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001646

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:21-1A(3)			3	FORGERY-UTTER F
2.	2C:35-10A(1)		29	3	POSS CDS/ANALOG
3.	2C:36-2		30	D	USE/POSS W/INTE
4.	2C:36-6A		30	D	POSS/SELL HYPOD

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: 04/26/2017 Phone: 856-686-7500

JOAN ADAMS JUDICIAL OFFICER — 04/26/2017

Signature and Title of Judicial Officer Issuing Warrant — Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000352
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		2017009424

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

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001646

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 a passenger, defendant was arrested on outstanding warrants for her arrest. A search of her person and belongings incident to her arrest yielded suspected heroin, drug paraphernalia, and forged currency.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000352
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

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

I performed the motor vehicle stop 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: 04/26/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0820	W	2017	000352
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

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

THE STATE OF NEW JERSEY
VS.
JENNIFER M BUSH

ADDRESS: 1484 PRINCESS AVE
CAMDEN NJ 08103-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2017009424

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

DEFENDANT INFORMATION
SEX: F EYE COLOR: HAZEL DOB: 06/01/1982
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 217503D
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001646

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

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. J. Hilt #4144.

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

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

- Physical evidence was seized/recovered: CDS:(Heroin), Other Type(s) of physical evidence Forged Currency.

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

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

- 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:** 04/26/2017

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0820	W	2017	000335
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.
KENNETH W RUIZ

ADDRESS: 3424 RYAN AVE
PHILADELPHIA PA 19136-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2017008910

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

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/27/1952
DRIVER'S LIC. #: R[redacted] DL STATE: NJ
SOCIAL SECURITY #[redacted] SBI #: 496452A
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001636

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, REMAIN IN THIS STATE AS A FUGITIVE FROM JUSTICE FROM BUCKS COUNTY, PENNSYLVANIA FOR A PAROLE VIOLATION (NIC# W505073523), CONTRARY TO AND IN VIOLATION OF NJSA 2A:160-10, FUGITIVE FROM JUSTICE FOUND IN THIS STATE.

WARRANT AND EXTRADITION CONFIRMED BY BUCKS COUNTY COMMUNICATIONS ON BEHALF OF BUCKS COUNTY SHERIFF'S OFFICE

in violation of:

Original Charge	1) 2A:160-10	2)	3)
AmendedCharge			

CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment
Signed: PTLM T MCWAIN JR **Date:** 04/20/2017

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 (Court Action)

COMPLAINT NUMBER				STATE V.
0820	W	2017	000335	KENNETH W RUIZ
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	2A:160-10		
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:
S2017000336

* 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	000335
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		2017008910

COMPLAINANT
NAME: PTLM T MCWAIN JR

THE STATE OF NEW JERSEY
VS.
KENNETH W RUIZ

ADDRESS: 3424 RYAN AVE
PHILADELPHIA PA 19136-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/27/1952
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 496452A
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001636

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, REMAIN IN THIS STATE AS A FUGITIVE FROM JUSTICE FROM BUCKS COUNTY, PENNSYLVANIA FOR A PAROLE VIOLATION (NIC# W505073523), CONTRARY TO AND IN VIOLATION OF NJSA 2A:160-10, FUGITIVE FROM JUSTICE FOUND IN THIS STATE.

WARRANT AND EXTRADITION CONFIRMED BY BUCKS COUNTY COMMUNICATIONS ON BEHALF OF BUCKS COUNTY SHERIFF'S OFFICE

in violation of:

	1)	2)	3)
Original Charge	2A:160-10		
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)

COMMITMENT

COMPLAINT NUMBER			
0820	W	2017	000335
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		2017008910

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

THE STATE OF NEW JERSEY
VS.
KENNETH W RUIZ

ADDRESS: 3424 RYAN AVE
PHILADELPHIA PA 19136-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/27/1952
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 496452A
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001636

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.	2A:160-10				FUGITIVE FROM J
2.					
3.					
4.					

Commitment Reason: Criminal Justice Reform

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

Date of Arrest: 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	000335
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		2017008910

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

THE STATE OF NEW JERSEY
VS.
KENNETH W RUIZ

ADDRESS: 3424 RYAN AVE
PHILADELPHIA PA 19136-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/27/1952
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 496452A
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001636

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 a passenger, he provided false information as to his identity to police. His identity was later confirmed and was discovered to be a fugitive from Bucks County, PA for a parole violation.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0820	W	2017	000335
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
KENNETH W RUIZ

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	000335
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		2017008910

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

THE STATE OF NEW JERSEY
VS.
KENNETH W RUIZ

ADDRESS: 3424 RYAN AVE
PHILADELPHIA PA 19136-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 09/27/1952
DRIVER'S LIC. #. [redacted] DL STATE: NJ
SOCIAL SECURITY #[redacted] SBI #: 496452A
TELEPHONE #: ( )
LIVESCAN PCN #: 082002001636

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

- The complaining officer personally observed the offense.

- Another law enforcement officer(s) personally observed the offense, List the officer(s) and their badge# Ptl. J. Hilt #4144.

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

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

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

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

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

062177

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0820 S 2014 1000138

THE STATE OF NEW JERSEY
VS.
CINDYANN M KECK

WEST DEPTFORD TOWNSHIP MUNICIP
PO BOX 89
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

ADDRESS: 701 CROWN POINT RD
WESTVILLE NJ 08093

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2013-24075

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 03-18-1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #:
TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 12-05-2013 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, OPERATE A MOTOR VEHICLE DURING A PERIOD OF LICENSE SUSPENSION IN VIOLATION OF R.S. 39:3-40 AFTER HER LICENSE HAD BEEN SUSPENDED OR REVOKED FOR A SECOND VIOLATION OF R.S. 39:4-50, CONTRARY TO AND IN VIOLATION OF NJSA 2C:40-26(B), A FOURTH DEGREE CRIME.

39:4-50 VIOLATIONS: 2/15/05 AND 6/27/13

In violation of:

Original Charge	1) 2C:40-26(B)	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: THOMAS M MCWAIN JR Date: 01-10-2014

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

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 01-21-2014 **TIME:** 11:00am

THOMAS M MCWAIN JR — Signature of Person Issuing Summons
01-10-2014 — 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

14-144

COMPLAINT – SUMMONS (Complaint)

COURT CODE | COMPLAINT NUMBER
0820 | S | 2014 | 000036

STATE V.
CINDYANN M KECK

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

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

Date of First Appearance: 01-21-2014	☐ 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:40-26(B)	2)	3)
Original Charge			
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COURT I.D. 0820 | PREFIX WD | TICKET NUMBER 060542

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

COMPLAINT-SUMMONS 3

Driver's Lic. No. K[redacted]H | EXP. DATE 4/19 | STATE NJ | ☐ Commercial License

DEFENDANT'S NAME, ADDRESS AND DESCRIPTION

Name: First Cindyann Initial M Last Keck (Please Print)
Address: 701 Crown Point Rd
City: Westville | State: NJ | Zip Code: 08093 | Telephone:
Birth Date: 3/8/72 | Eyes: BR | Sex: F | Weight: [illegible] | Height: 5'07" | Restrictions:

VEHICLE INFORMATION (IF APPLICABLE)

Make of Vehicle: FORD | Year: 05 | Body Type: Truck | Color: BLK
License Plate No.: [redacted] | State: NJ | Exp. Date: 6/14
☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

Offense Date: Month 12 | Day 5 | Year 13 | Time Hour 3:[illegible] AM PM

LOCATION OF OFFENSE: CODE | Describe Location: Hessian Peden
Municipality: WEST DEPTFORD | County: GLOUCESTER | Mun. Code (Offense): 0820

AND DID THEN AND THERE COMMIT THE OFFENSE AS FOLLOWS:

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.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENTS, I AM SUBJECT TO PUNISHMENT.

Month 12 | Day 5 | Year 13

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE: Month 12 | Day 17 | Year 13 | Time Hour 8:30 AM PM

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

CONDITIONS

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

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

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

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

13/4 8:30

COURT I.D. 0820 | PREFIX WD | TICKET NUMBER 060543

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

COMPLAINT-SUMMONS 3

YOU ARE HEREBY SUMMONED TO APPEAR IN THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH A VIOLATION OF LAW.

Driver's Lic. No. [redacted] | EXP. DATE 4/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name: First Cindyann Initial M Last Keck (Please Print)

Address: 701 Crown Point Rd

City: Westville | State: NJ | Zip Code: 08093 | Telephone:

Birth Date: 3/18/72 | Eyes: BRO | Sex: F | Weight: 150 | Height: 5'08" | Restrictions:

DID UNLAWFULLY PARK OR DRIVE A

Make of Vehicle: FORD | Year: 05 | Body Type: Truck | Color: BLK
☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 6/14

Offense Date: Month 12 | Day 5 | Year 13 | Time Hour 3:50 ☐ AM ☐ PM

LOCATION OF OFFENSE: CODE | Describe Location: Hessian Peden

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

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

1	3-4	Unregistered vehicle	7	4-85	Improper passing
2	3-29	Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS	8	4-97	Careless driving
3	3-33	Unclear plates	9	4-124	Failure to turn
4	3-66	Maintenance of lamps	10	4-144	Failure to stop or yield
5	3-76.2f	Failure to wear seatbelt	11	8-1	Failure to inspect
6	4-81	Failure to observe signal	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 NOT ENOUGH REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL NOT FILE THIS COMPLAINT BEFORE COURT CHARGING YOU WITH THAT OFFENSE.

Month 12 | Day 5 | Year 13

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

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE | Month 12 | Day 17 | Year 13 | Time Hour 3:00 ☐ AM ☐ PM

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

CONDITIONS

AREA.....	☐ Business	☐ School	X Residential	☐ Rural
ROAD.....	☐ Dry	X Wet	☐ Snow	☐ Ice
TRAFFIC.....	X Light	☐ Medium	☐ Heavy	
VISIBILITY.....	☐ Clear	X 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 | WD | 060544

COMPLAINT-SUMMONS

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

ANSWER TIME COMPLAINT WAS ISSUED AT THE SCENE

Driver's Lic. No. [redacted] 24 | EXP DATE 9/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED COMPLAINANT

Name First Chayam Initial M Last Heck (Please Print)

Address 761 Crown Point. Rd

City Westville | State NJ | Zip Code 08093 | Telephone

Birth Date 3/8/72 | Eyes G | Sex M | Weight | Height 5'08" | Restrictions

DESCRIPTION OF VEHICLE

Make of Vehicle Ford | Year 05 | Body Type Truck | Color BLK

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

License Plate No. [redacted] | State NJ | Exp. Date 6/14

Offense Date: Month 12 | Day 5 | Year 13 | Time Hour 3:[illegible] AM PM

LOCATION OF OFFENSE: CODE | Describe Location Hessian Eden

Municipality WEST DEPTFORD | County GLOUCESTER | Mun.Code (Offense) 0820

ANY OF THE TRUE AND THERE COMMIT THE FOLLOWING OFFENSE (ONE OFFENSE 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 Install Interlock Device

Statute No. 39:4-50.19 | Ordinance/Code No.

I CERTIFY THAT THE FACTS STATED IN THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENTS, I AM SUBJECT TO PUNISHMENT.

Month 12 | Day 5 | Year 13

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | Month 12 | Day 12 | Year 13 | Time Hour 8:[illegible] 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

I

000374

COMPLAINT - SUMMONS

COMPLAINT NUMBER: 0820 | S | 2014 | 000730

THE STATE OF NEW JERSEY

VS.

JERMAINE C NEWELL

ADDRESS: 932 RIVER RD

DELAIR NJ 08110

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2014-20154

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03-08-1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY [redacted] SBI #: 877929B
TELEPHONE #: [redacted]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 10-28-2014 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

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

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED DANGEROUS SUBSTANCE ANALOG THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (2.5) BLUE PILLS STAMPED "605" SUSPECTED TO BE .5MG ALPRAZOLAM PILLS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

In violation of:

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

CERTIFICATION:

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

Signed: THOMAS M MCWAIN JR Date: 10-28-2014

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

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 10-28-2014 **TIME:** 11:00am THOMAS M MCWAIN JR (Signature of Person Issuing Summons) 10-28-2014 (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

GCPO/14002685/0000006

14-2685

COMPLAINT-SUMMONS

COMPLAINT NUMBER			
0820	S	2014	000730
COURT CODE	PREFIX	YEAR	SEQUENCE NUMBER

THE STATE OF NEW JERSEY
VS.
JERMAINE C NEWELL

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-4004 COUNTY OF: GLOUCESTER

ADDRESS: 932 RIVER RD
DELAIR NJ 08110

# of CHARGES	CO-DEFTS	POLICE CASE #:
4		2014-20154

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03-08-1972
DRIVER'S LIC. #[redacted] DL STATE: NJ
SOCIAL SECURIT[redacted] SBI #: 877929B
TELEPHONE #: ([redacted]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 10-28-2014 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED DANGEROUS SUBSTANCE ANALOG THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (6) WHITE PILLS STAMPED "V 2090" SUSPECTED TO BE 2MG ALPRAZOLAM PILLS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE OR A CONTROLLED DANGEROUS SUBSTANCE ANALOG THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (1) 8MG/2MG SUBOXONE STRIP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

in violation of:

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

CERTIFICATION:

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

Signed: THOMAS M MCWAIN JR Date: 10-28-2014

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

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 10-28-2014 **TIME:** 11:00am THOMAS M MCWAIN JR (Signature of Person Issuing Summons) 10-28-2014 (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	2014	000730
COURT GROUP	PREFIX	YEAR	SEQUENCE NO.

STATE V. JERMAINE C NEWELL

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: 10-28-2014	☐ 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:35-10A(1)
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER: 0820 | S | 2014 | 000730
(COURT CODE | INITIALS | YEAR | SEQUENCE NO.)

STATE V. JERMAINE C NEWELL

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: 10-28-2014 ☐ Advised of Rights by_____ Defendant Desires Counsel: ☐ Yes ☐ No

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

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

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

INRC

COMPLAINT - SUMMONS

COMPLAINT NUMBER: 0820 | S | 2014 | 000731
(COURT CODE | INITIAL | YEAR | SEQUENCE #)

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856) 845-4004 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
JERMAINE C NEWELL

ADDRESS: 932 RIVER RD
DELAIR NJ 08110

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2014-20154

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03-08-1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 877929B
TELEPHONE #: [redacted]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 10-28-2014 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 OBATINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (1) PINK GLASSINE BAG CONTAINING SUSPECTED MARIJUANA, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(4), 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 INTRODUCT INTO THE HUMAN BODY A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSESSING (1) PIECE OF A PLASTIC STRAW CONTAINING SUSPECTED CDS RESIDUE USED TO SNORT CDS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OBTAIN OR POSSESS IN VIOLATION OF NJSA 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE AND FAIL TO VOLUNTARILY

in violation of:

	1)	2)	3)
Original Charge	2C:35-10A(4)	2C:36-2	2C:35-10C
Amended Charge			

CERTIFICATION:

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

Signed: THOMAS M MCWAIN JR Date: 10-28-2014

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

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 10-28-2014 **TIME:** 11:00am

THOMAS M MCWAIN JR — Signature of Person Issuing Summons
10-28-2014 — 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

GCPO/1400268500000010

COMPLAINT – SUMMONS

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO
0820	S	2014	000731

THE STATE OF NEW JERSEY
VS.
JERMAINE C NEWELL

WEST DEPTFORD TOWNSHIP MUNICIP
400 CROWN PT RD
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

ADDRESS: 932 RIVER RD
DELAIR NJ 08110

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2014-20154

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 03-08-1972
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 877929B
TELEPHONE #: ([redacted]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 10-28-2014 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECFICALLY BY POSSESSING (1) WAX FOLD CONTAINING SUSPECTED HEROIN, (2.5) BLUE PILLS SUSPECTED TO BE .5MG ALPRAZOLAM, (6) WHITE PILLS SUSPECTED TO BE 2MG ALPRAZOLAM, (1) 8MG/2MG SUBOXONE STRIP, AND (1) GLASSINE BAG CONTAINING SUSPECTED MARIJUANA AND FAIL TO DELIVER THAT SUBSTANCE TO POLICE PRIOR TO HIS ARREST FOR OUTSTANDING WARRANTS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge			
Amended Charge			

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

Signed: THOMAS M MCWAIN JR Date: 10-28-2014

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

SUMMONS:
YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 10-28-2014 **TIME:** 11:00am THOMAS M MCWAIN JR (Signature of Person Issuing Summons) 10-28-2014 (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	2014	000731
COURT CODE	PART (CR)	YEAR	SEQUENCE NO.

STATE V. JERMAINE C NEWELL

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: 10-28-2014	☐ Advised of Rights by_____		Defendant Desires Counsel: ☐ Yes ☐ No

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

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

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER			
0820	S	2014	000741
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

STATE V.
JERMAINE C NEWELL

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: 10-28-2014	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

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

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

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

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

_____ _____
JUDGE'S SIGNATURE DATE

ORIGINAL – Court Action

050307

COMPLAINT - SUMMONS

COMPLAINT NUMBER			
0820	S	2014	000576
COUNTY CODE	PREFIX	YEAR	SEQUENCE NO.

WEST DEPTFORD TOWNSHIP MUNICIP
PO BOX 89
THOROFARE NJ 08086
(856) 845-4004 COUNTY OF: GLOUCESTER

THE STATE OF NEW JERSEY
VS.
LUIS A RODRIGUEZ

ADDRESS: 1747 SWEDESBORO AVE
APARTMENT A
PAULSBORO NJ 08066

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2014-16018

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: 04-02-1988
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 221584E
TELEPHONE #: [redacted]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 08-27-2014 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY UNLAWFULLY TAKING OR EXERCISING CONTROL OVER CERTAIN MOVEABLE PROPERTY, TO WIT, MULTIPLE MERCHANDISE CREDIT CARDS VALUED AT $5,131.57 BELONGING TO AUTO ZONE WITH THE INTENT TO DEPRIVE THE OWNER THEREOF, SPECIFICALLY BY COMPLETING SIX FRAUDULENT RETURNS AS AN EMPLOYEE OF AUTO ZONE BETWEEN JULY 16, 2014 AND AUGUST 6, 2014 AND TAKING CONTROL OF THE MERCHANDISE CREDIT CARDS AND USING SAME FOR HIS PERSONAL BENEFIT, CONTRARY TO AND IN VIOLATION OF NJSA 2C:20-3A, A THIRD DEGREE CRIME.

in violation of:

	1)	2)	3)
Original Charge	2C:20-3A		
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: THOMAS M MCWAIN JR Date: 08-27-2014

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

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 09-02-2014 **TIME:** 11:00am THOMAS M MCWAIN JR (Signature of Person Issuing Summons) 08-27-2014 (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

14-2146

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER: 0820 | S | 2014 | 000576
(COUNTY CODE | PREFIX | YEAR | SEQUENCE NO.)

STATE V.

LUIS A RODRIGUEZ

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: 09-02-2014	☐ 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:20-3A			2)			3)		
Amended Charge									
Waiver Indt/Jury									
Plea/Date of Plea	Plea:	Date:		Plea:	Date:		Plea:	Date:	
Adjudication (* see code)	Finding Code:	Date:		Finding Code:	Date:		Finding Code:	Date:	
Jail Term		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp		Jail time credit	Susp. Imp
Probation Term			Susp. Imp			Susp. Imp			Susp. Imp
Cond. Discharge Term									
Community Service									
D/L Suspension Term									
Fines/Costs	Fines:	Costs:		Fines:	Costs:		Fines:	Costs:	
VCCB/SNSF	VCCB:	SNSF:		VCCB:	SNSF:		VCCB:	SNSF:	
DEDR/Lab Fee	DEDR:	LAB:		DEDR:	LAB:		DEDR:	LAB:	
CD Fee/Drug Ed Fnd	CD:	DAEF:		CD:	DAEF:		CD:	DAEF:	
DV Surch/Other Fees	DV:	Other:		DV:	Other:		DV:	Other:	
Restitution Beneficiary:_____									

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COURT I.D. | PREFIX | TICKET NUMBER

0820 | WD | 063730

COMPLAINT-SUMMONS

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

DRIVER'S LICENSE INFORMATION

Driver's Lic. No. [redacted] | EXP. DATE 3/14 | STATE NJ | ☐ Commercial License

I, THE UNDERSIGNED CERTIFY THAT

Name: First Jermaine | Initial C | Last Newell (Please Print)

Address: 932 River Rd

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

Birth Date: 3/8/72 | Eyes: 2 | Sex: M | Weight: | Height: 508 | Restrictions:

ON (OR ABOUT) THE DATE AND TIME OF THE OFFENSE

Make of Vehicle: TOY | Year: 00 | Body Type: SUV | Color: SLV | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: [redacted] | State: NJ | Exp. Date: 3/15

Offense Date: Month 10 | Day 28 | Year 14 | Time Hour 12:21 AM PM

LOCATION OF OFFENSE: CODE | Describe Location: Crown Point / Delaware

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

I DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE

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.

I CERTIFY THAT THE FACTS ENTERED HEREIN ARE TRUE

Month 10 | Day 28 | Year 14

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | Month 10 | Day 28 | Year 14 | Time Hour 11:00 AM PM

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

CONDITIONS

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

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

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

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

COURT I.D. | PREFIX | TICKET NUMBER

0820 | WD | 063731

COMPLAINT-SUMMONS

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

DEFENDANT INFORMATION

Driver's Lic. No. [redacted] | EXP. DATE 5/17 | STATE NJ | ☐ Commercial License

Name: First Jermaine | Initial C | Last Newell (Please Print)

Address: 932 River Rd

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

Birth Date: 3/8/72 | Eyes: Brown 2 | Sex: M | Weight: | Height: 508 | Restrictions: None

VEHICLE INFORMATION

Make of Vehicle: Toy | Year: 00 | Body Type: SUV | Color: SIV

License Plate No.: [redacted] | State: NJ | Exp. Date: 5/15

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

Offense Date: Month 10 | Day 28 | Year 14 | Time Hour 12:20 AM PM

LOCATION OF OFFENSE: C O D E | Describe Location: Crown Pint/Delaware

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

CHARGES - TRAFFIC OFFENSE 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.:

Month 10 | Day 28 | Year 14

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | COURT DATE | Month 10 | Day 28 | Year 14 | Time Hour 11:00 AM PM

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

CONDITIONS

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

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

Equipment Operator's Name	Operator ID No.	Unit Code

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

COURT I.D. | PREFIX | TICKET NUMBER

0820 | WD | 063732

COMPLAINT-SUMMONS

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

YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THIS COURT AT THE DATE, TIME AND PLACE SPECIFIED BELOW TO ANSWER THE CHARGE(S) CONTAINED IN THIS COMPLAINT.

Driver's Lic. No. [redacted] | EXP. DATE 3/17 | STATE NJ | ☐ Commercial License

I, THE UNDERSIGNED CERTIFY THAT:

Name: First Jermaine | Initial C | Last Newell (Please Print)

Address: 932 River Rd

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

Birth Date: 3/8/72 | Eyes: BRO | Sex: M | Weight: [redacted] | Height: 508 | Restrictions: NONE

DID UNLAWFULLY OPERATE OR WAS IN CONTROL OF THE FOLLOWING VEHICLE:

Make of Vehicle: TOY | Year: 00 | Body Type: SUV | Color: SLV

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

License Plate No. [redacted] | State: NJ | Exp. Date: 3/15

Offense Date: Month 10 | Day 28 | Year 14 | Time Hour 12:20 AM PM

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

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

I AM CHARGED WITH THE FOLLOWING OFFENSE(S) AND/OR VIOLATION(S) AS SET FORTH IN THE ATTACHED SUMMONS/COMPLAINT:

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
- [X] 3-29 Failure to exhibit documents ☐ D.L. or [X] 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.

I CERTIFY THAT THE FACTS SET FORTH ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. | Month 10 | Day 28 | Year 14

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

NOTICE TO APPEAR

[X] COURT APPEARANCE REQUIRED | Month 10 | Day 28 | Year 14 | Time Hour 11:00 AM PM

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

CONDITIONS

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

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

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

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

COURT I.D. 0820 | PREFIX WD | TICKET NUMBER 063733

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

COMPLAINT-SUMMONS

Driver's Lic. No. [redacted] EXP. DATE 3/19 STATE NJ ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAY

Name First Jermaine Initial C Last Newell (Please Print)

Address 932 River Rd

City Delair State NJ Zip Code 08110 Telephone

Birth Date 3/8/72 Eyes BRO Sex M Weight 180 Height 508 Restrictions

DID UNLAWFULLY (KNOWINGLY) OPERATE

Make of Vehicle TOY Year 00 Body Type SUV Color SLV

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

License Plate No. [redacted] State NJ Exp. Date 3/15

Offense Date Month 10 Day 28 Year 14 Time Hour 12:01 AM PM

LOCATION OF OFFENSE CODE Describe Location Crown Point Delaware

Municipality WEST DEPTFORD County GLOUCESTER Mun.Code (Offense) 0820

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

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

I CERTIFY THAT THE FACTS ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I KNOW THAT IF ANY OF THE ABOVE STATEMENTS ARE WILLFULLY FALSE I AM SUBJECT TO PUNISHMENT. I WILL BE IN COURT PROMPTLY AT THE TIME AND PLACE SET FORTH IN THIS COMPLAINT-SUMMONS TO TESTIFY IN THIS MATTER.

Month 10 Day 28 Year 14

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

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED Court Date Month 10 Day 28 Year 14 Time Hour 11:00 AM PM

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

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

Equipment ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

Equipment Operator's Name	Operator ID No.	Unit Code

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

05437I

COMPLAINT - SUMMONS

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0820	S	2014	000517

COMPLAINT NUMBER

WEST DEPTFORD TOWNSHIP MUNICIP
PO BOX 89
THOROFARE NJ 08086
(856)845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		2014-14343

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

THE STATE OF NEW JERSEY
VS.
SAMANTHA M SADLOWSKI

ADDRESS: 1 MEADOW LN
WOODBURY NJ 08096

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12-18-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY #: [redacted] SBI #: 452296D
TELEPHONE #: [redacted]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 07-30-2014 in WEST DEPTFORD TWP, GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OR PURPOSELY OBTAIN OR POSSESS A CONTROLLED DANGEROUS SUBSTANCE THAT WAS NOT OBTAINED DIRECTLY FROM A PRACTITIONER OR UNDER VALID PRESCRIPTION, SPECIFICALLY BY POSSESSING (4) BLUE WAX FOLDS STAMPED "LADA MERCY" CONTAINING A WHITE POWDERY SUBSTANCE SUSPECTED TO BE HEROIN, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10A(1), A THIRD DEGREE CRIME.

In violation of:

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

CERTIFICATION:

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

Signed: THOMAS M MCWAIN JR Date: 07-30-2014

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

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 08-05-2014 **TIME:** 11:00am

THOMAS M MCWAIN JR — Signature of Person Issuing Summons
07-30-2014 — 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

14-1893

COMPLAINT – SUMMONS (Court Action)

COURT CODE	COMPLAINT TYPE	YEAR	SEQUENCE NUMBER
0820	S	2014	000517

STATE V.

SAMANTHA M SADLOWSKI

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: 08-05-2014	☐ Advised of Rights by_____		Defendant Desires Counsel: ☐ Yes ☐ No

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

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

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action Copy

IN12L

COMPLAINT - SUMMONS

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE
0820	S	2014	000518

THE STATE OF NEW JERSEY
VS.
SAMANTHA M SADLOWSKI

ADDRESS: 1 MEADOW LN
WOODBURY NJ 08096

WEST DEPTFORD TOWNSHIP MUNICIP
PO BOX 89
THOROFARE NJ 08086
(856) 845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2014-14343

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12-18-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY [redacted] SBI #: 452296D
TELEPHONE #: [redacted]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 07-30-2014 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY OBTAIN OR POSSESS IN VIOLATION OF NJSA 2C:35-10A A CONTROLLED DANGEROUS SUBSTANCE AND FAIL TO VOLUNTARILY DELIVER THAT SUBSTANCE TO THE NEAREST LAW ENFORCEMENT OFFICER, SPECIFICALLY BY POSSESSING (4) BLUE WAX FOLDS STAMPED "LADA MERCY" CONTAINING A WHITE POWDERY SUBSTANCE SUSPECTED TO BE HEROIN AND FAILING TO DELIVER THAT SUBSTANCE TO PTL. MCWAIN DURING A MOTOR VEHICLE STOP, CONTRARY TO AND IN VIOLATION OF NJSA 2C:35-10C, A DISORDERLY PERSONS OFFENSE.

WITHIN THE JURISDICTION OF THIS COURT, USE OR POSSESS WITH INTENT TO USE DRUG PARAPHERNALIA TO STORE A CONTROLLED DANGEROUS SUBSTANCE, SPECIFICALLY BY POSSSESSING (2) BLUE WAX FOLDS STAMPED "LADA MERCY" CONTAINING TRACE AMOUNTS OF SUSPECTED HEROIN AND TWO SMALL GLASSINE BAGS, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-2, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge	2C:35-10C	2C:36-2	2C:36-6
Amended Charge			

CERTIFICATION:

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

Signed: THOMAS M MCWAIN JR Date: 07-30-2014

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

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 08-05-2014 **TIME:** 11:00am THOMAS M MCWAIN JR (Signature of Person Issuing Summons) 07-30-2014 (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

NJCDR (R) 2005

COMPLAINT – SUMMONS

COMPLAINT NUMBER

COURT CODE	PREFIX	YEAR	SEQUENCE NO.
0020	S	2014	000518

THE STATE OF NEW JERSEY

VS.

SAMANTHA M SADLOWSKI

ADDRESS: 1 MEADOW LN

WOODBURY NJ 08096

WEST DEPTFORD TOWNSHIP MUNICIP
PO BOX 89
THOROFARE NJ 08086
(856) 845-4004 COUNTY OF: GLOUCESTER

# of CHARGES	CO-DEFTS	POLICE CASE #:
3		2014-14343

COMPLAINANT NAME: THOMAS M MCWAIN JR
GROVE & CROWN PT RDS
ATTN WARRANTS
THOROFARE NJ 08086

DEFENDANT INFORMATION
SEX: F EYE COLOR: BLUE DOB: 12-18-1989
DRIVER'S LIC. #: [redacted] DL STATE: NJ
SOCIAL SECURITY [redacted] SBI #: 452296D
TELEPHONE #: [redacted]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 07-30-2014 in WEST DEPTFORD TWP , GLOUCESTER County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, HAVE UNDER HER CONTROL OR POSSESS WITH THE INTENT TO USE A HYPODERMIC NEEDLE AND SYRINGE, SPECIFICALLY BY POSSESSING (1) HYPODERMIC NEEDLE AND SYRINGE, CONTRARY TO AND IN VIOLATION OF NJSA 2C:36-6, A DISORDERLY PERSONS OFFENSE.

in violation of:

	1)	2)	3)
Original Charge			
Amended Charge			

CERTIFICATION:

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

Signed: THOMAS M MCWAIN JR Date: 07-30-2014

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

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: 08-05-2014 **TIME:** 11:00am THOMAS M MCWAIN JR (Signature of Person Issuing Summons) 07-30-2014 (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 (COURT CODE)	S (PREFIX)	2014 (YEAR)	000518 (SEQUENCE NO.)

STATE V. SAMANTHA M SADLOWSKI

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: 08-05-2014	☐ Advised of Rights by_____		Defendant Desires Counsel: ☐ Yes ☐ No

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

	1)	2)	3)
Original Charge	2C:35-10C	2C:36-2	2C:36-6
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: Date:	Plea: Date:	Plea: Date:
Adjudication (* see code)	Finding Code: Date:	Finding Code: Date:	Finding Code: Date:
Jail Term	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp	Jail time credit / Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: Costs:	Fines: Costs:	Fines: Costs:
VCCB/SNSF	VCCB: SNSF:	VCCB: SNSF:	VCCB: SNSF:
DEDR/Lab Fee	DEDR: LAB:	DEDR: LAB:	DEDR: LAB:
CD Fee/Drug Ed Fnd	CD: DAEF:	CD: DAEF:	CD: DAEF:
DV Surch/Other Fees	DV: Other:	DV: Other:	DV: Other:
Restitution Beneficiary:_____			

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL—Court Action

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER				STATE V.
COURT CODE	PREFIX	YEAR	SEQUENCE NO	SAMANTHA M SADLOWSKI
0820	S	2014	000518	

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: 08-05-2014	☐ Advised of Rights by_____	Defendant Desires Counsel: ☐ Yes ☐ No

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

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

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

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

JUDGE'S SIGNATURE _____ DATE _____

ORIGINAL – Court Action

COURT I.D. | PREFIX | TICKET NUMBER

0820 - WD - 063158

COMPLAINT-SUMMONS

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

Driver's Lic. No. [redacted] | EXP. DATE 5/17 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First Samantha | Initial M | Last Sadlowski (Please Print)

Address: 1 Meadow Ln

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

Birth Date: 12/18/89 | Eyes: BR | Sex: F | Weight: | Height: 506 | Restrictions:

DID UNLAWFULLY OPERATE THE FOLLOWING MOTOR VEHICLE:

Make of Vehicle: LEXUS | Year: 99 | Body Type: 4D | Color: BLUE

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

License Plate No. [redacted] | State: NJ | Exp. Date: 5/15

Offense Date: Month 7 | Day 30 | Year 14 | Time Hour 11 : 14 AM PM

LOCATION OF OFFENSE: CODE | Describe Location: Jessup Rd

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

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Suspended DL

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

I CERTIFY THAT THE FACTS STATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENTS REGARDING THE ABOVE, I AM SUBJECT TO PUNISHMENT.

Month 7 | Day 30 | Year 14

Signature of Complainant/Witness [signature] | Officer's ID. No. 41 46

NOTICE TO APPEAR

X COURT APPEARANCE REQUIRED | COURT DATE | Month 8 | Day 5 | Year 14 | Time Hour 11 : 00 AM PM

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

CONDITIONS

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

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

Equipment Operator's Name	Operator ID No.	Unit Code

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

COURT I.D. 0820 | PREFIX WD | TICKET NUMBER 063159

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

COMPLAINT-SUMMONS

Driver's Lic. No. [redacted] EXP. DATE 5/17 STATE NJ ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First Samantha Initial M Last Sadlowski (Please Print)

Address: 1 Meadow Ln

City: Woodbury State: NJ Zip Code: 08096 Telephone:

Birth Date: 12/18/89 Eyes: Sex: F Weight: Height: 506 Restrictions:

DESCRIPTION OF VEHICLE

Make of Vehicle: LEXUS Year: 91 Body Type: 40 Color: GRY

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

License Plate No. [redacted] State: NJ Exp. Date: 5/15

Offense Date: Month 7 Day 30 Year 14 Time Hour 11:14 AM PM

LOCATION OF OFFENSE: CODE Describe Location: Jessup Rd

Municipality: WEST DEPTFORD County: GLOUCESTER Mun.Code (Offense): 0820

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

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 Motor Vehicle

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

I CERTIFY THAT THE FACTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE. IF NOT, I AM SUBJECT TO PUNISHMENT.

Month 7 Day 30 Year 14

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

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED COURT DATE Month 8 Day 5 Year 14 Time Hour 11:00 AM PM

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

CONDITIONS

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

Equipment ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

Equipment Operator's Name	Operator ID No.	Unit Code

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

COURT I.D. | PREFIX | TICKET NUMBER

0820 - WD - 063160

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

COMPLAINT-SUMMONS

ALL BOXES MUST BE COMPLETED IN ALL CASES

Driver's Lic. No. [redacted] | EXP. DATE 5/17 | STATE NJ | ☐ Commercial License

I, THE UNDERSIGNED, CERTIFY THAT:

Name: First Samantha | Initial M | Last Sadowski (Please Print)

Address: 1 Meadow Ln

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

Birth Date: 12/18/89 | Eyes: BRO | Sex: F | Weight: | Height: 5'06 | Restrictions:

DID UNLAWFULLY OPERATE OR HAVE IN POSSESSION:

Make of Vehicle: Lexus | Year: 91 | Body Type: 4D | Color: Tan | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. [redacted] | State: NJ | Exp. Date: 5/15

Offense Date: Month 7 | Day 30 | Year 14 | Time Hour 11 : 14 AM PM

LOCATION OF OFFENSE: CODE | Describe Location: Jessup Rd

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

AND ON SAID DATE AND TIME I DID COMMIT THE FOLLOWING OFFENSE(S) OR CHANGE FOR OFFICER:

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)
Possess Suspended DL

Statute No. 39:5-35 | Ordinance/Code No.

I HEREBY CERTIFY THAT THE STATEMENTS MADE IN THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THAT IF ANY OF THE STATEMENTS MADE IN THIS COMPLAINT ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

Month 7 | Day 30 | Year 14

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

NOTICE TO APPEAR

A COURT APPEARANCE REQUIRED | COURT DATE | Month 8 | Day 5 | Year 14 | Time Hour 11 : 00 AM PM

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

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

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

Equipment Operator's Name	Operator ID No.	Unit Code

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