



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP05225

**Nature:** CDS

**Location:** P22

**Address:** 4 BARNES ST

KEYPORT NJ 07735

**Offense Codes:** CSPM, CSPP

**Received By:** Aldycki, L

**How Received:** T

**Agency:** P22

**Responding Officers:** Ferm, Michael M, Degroat, C, Wheeler Jr., S

**Responsible Officer:** Ferm, Michael M

**Disposition:** CAA 06/06/19

**When Reported:** 21:32:27 06/06/19

**Occurred Between:** 21:29:45 06/06/19 and 21:29:45 06/06/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** CSPM Cont Subs, Possess, Marijuana

**Additional Offense:** CSPP Cont Subs, Possess, Paraphmla

## Circumstances

### Responding Officers:

**Unit :**

Ferm, Michael M

P22038

Degroat, C

P22031

Wheeler Jr., S

P22027

**Responsible Officer:** Ferm, Michael M

**Agency:** P22

**Received By:** Aldycki, L

**Last Radio Log:** 23:52:56 06/06/19 C

**How Received:** T Telephone

**Clearance:** RR Report Required

**When Reported:** 21:32:27 06/06/19

**Disposition:** CAA **Date:** 06/06/19

**Judicial Status:**

**Occurred between:** 21:29:45 06/06/19

**Misc Entry:**

**and:** 21:29:45 06/06/19

**Statute:**

**Description :**

**Method :**

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**Involvements**

| <b>Date</b> | <b>Type</b> | <b>Description</b>                             |                 |
|-------------|-------------|------------------------------------------------|-----------------|
| 06/06/19    | Name        | MARTINEZ, EMMANUEL                             | Involved        |
| 06/06/19    | Name        | WILLIAMS, NICHOLAS D                           | Involved        |
| 06/06/19    | Name        | TSOUKARIS, DEMETRIOS                           | Involved        |
| 06/06/19    | Name        | SMUTZ, NICHOLAS J                              | Defendant       |
| 06/06/19    | Offense     | Poss Marijuana/Hash(under 50/5) - 1 count      | Charged With    |
| 06/06/19    | Offense     | Use or possession with intent to use - 1 count | Charged With    |
| 06/06/19    | Cad Call    | 21:32:27 06/06/19 CDS                          | Initiating Call |

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**Narrative**

On Thursday June 6 2019 at approximately 21:32 I, Ptl. Ferm was dispatched to the area of Kearney and Barnes St for a report of a female who had walked down the street and observed 3-4 males on the porch of a residence in that area smoking marijuana.

Upon my arrival I observed 4 males outside the residence of 4 Barnes St. While exiting my patrol vehicle Ptl. Degroat also arrived on scene. While approaching the males I immediately detected the odor of burnt marijuana. At this time we began speaking with all parties and requested identification. The four subjects were identified as Nicholas Smutz, Demetrios Tsoukaris, Nicholas Williams and Emmanuel Martinez.

While speaking with all parties and asking about the odor of marijuana, Mr. Martinez stated that all four subjects had just finished smoking marijuana prior to our arrival and located an empty cigar wrap on the ground that the subjects had used to smoke the marijuana in.

At this time, Sgt. Wheeler arrived on scene and located a "White Oaks" cigar wrap containing a green vegetation believed to be CDS marijuana inside its wrapper within immediate proximity of all parties. When the subjects were asked who the cigar belonged to Nicholas Smutz stated that it had belonged to him.

Nicholas Smutz was then placed under arrest and transported to KPD HQ where he was processed and released on summons #1322S2019000073 for 2C:35-10A(4) Possession of under 50 grams of marijuana and 2C:36-2 possession of paraphernalia, with a municipal court date of 06/20/2019 at 15:30.

**Supplement**

23:52:56 06/06/2019 - Burns, J

CAD Call info/comments

=====

was out walking her dog - 3-4 young males smoking pot all wearing drk  
clothing poss wht or Spanish males

btwn main & karney on barnes sitting out infront of a house unk #

21:36:14 06/06/2019 - Adamski, L - From: Degroat, C

OUT W/ 3 MALES ON BARNESA

21:46:00 06/06/2019 - Adamski, L

DEMETRIOS TSOUKARIS - VALID DL - NEG ALL AROUND

21:46:09 06/06/2019 - Adamski, L

EMMANUEL MARTINEZ- VALID DL - NEG ALL AROUND

21:46:38 06/06/2019 - Adamski, L - From: Ferm, Michael M

GOING 10-3 WITH MALE 41

21:57:46 06/06/2019 - Adamski, L

\*URGENT\* Address change from BARNES ST & KEARNEY ST to 4 BARNES ST

**Name Involvements:****Defendant :** 726537**Last:** SMUTZ**DOB:** 12/03/94**First:** NICHOLAS**Dr Lic:**

2

**Mid:** J**Address:** 147 MAIN ST**Race:** **Sex:** M**Phone:****City:** KEYPORT, NJ 07735**Involved :** 553837**Last:** WILLIAMS**DOB:** 08/17/94**First:** NICHOLAS**Dr Lic:**

45

**Mid:** D**Address:** 1421 THOMAS STREET**Race:** **Sex:** M**Phone:** ( ) -**City:** POINT PLEASANT, NJ  
08742-3959**Involved :** 562835**Last:** TSOUKARIS**DOB:** 12/02/95**First:** DEMETRIOS**Dr Lic:**

5

**Mid:****Address:** 70 BRISCOE TER**Race:** **Sex:** M**Phone:** ( ) -**City:** HAZLET, NJ 07730**Involved :** 224023**Last:** MARTINEZ**DOB:** 10/24/94**First:** EMMANUEL**Dr Lic:**

42

**Mid:****Address:** 4 BARNES STREET**Race:** K **Sex:** M**Phone:** ( ) -**City:** KEYPORT, NJ 07735 1206



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP05570

**Nature:** CDS

**Address:** 92 BROAD ST; MIST BARBER  
SHOP

**Location:** P22

KEYPORT NJ 07735

**Offense Codes:** CSPM, CSPM, DCON, DCON

**Received By:** Adamski, L

**How Received:** T

**Agency:** P22

**Responding Officers:** Ferm, Michael M

**Responsible Officer:** Ferm, Michael M

**Disposition:** CAA 06/15/19

**When Reported:** 01:50:45 06/15/19

**Occurred Between:** 01:49:02 06/15/19 and 01:49:02 06/15/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** CSPM Cont Subs, Possess, Marijuana

**Additional Offense:** CSPM Cont Subs, Possess, Marijuana

**Additional Offense:** DCON Disorderly Conduct

**Additional Offense:** DCON Disorderly Conduct

## Circumstances

**Responding Officers:**

**Unit :**

Ferm, Michael M

P22038

**Responsible Officer:** Ferm, Michael M

**Agency:** P22

**Received By:** Adamski, L

**Last Radio Log:** 04:55:17 06/15/19 C

**How Received:** T Telephone

**Clearance:** RR Report Required

**When Reported:** 01:50:45 06/15/19

**Disposition:** CAA **Date:** 06/15/19

**Judicial Status:**

**Occurred between:** 01:49:02 06/15/19

**Misc Entry:**

**and:** 01:49:02 06/15/19

**Statute:**

**Description :**

**Method :**

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**Involvements**

| <b>Date</b> | <b>Type</b> | <b>Description</b>                        |                 |
|-------------|-------------|-------------------------------------------|-----------------|
| 06/15/19    | Name        | YURIK, COREY T                            | Arrested        |
| 06/15/19    | Name        | HOKE, JAMIE G                             | Arrested        |
| 06/15/19    | Offense     | Poss Marijuana/Hash(under 50/5) - 1 count | Charged With    |
| 06/15/19    | Offense     | Offensive Language - 1 count              | Charged With    |
| 06/15/19    | Offense     | Poss Marijuana/Hash(under 50/5) - 1 count | Charged With    |
| 06/15/19    | Offense     | Offensive Language - 1 count              | Charged With    |
| 06/15/19    | Cad Call    | 01:50:45 06/15/19 NOISE COMPLAINT         | Initiating Call |

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**Narrative**

On June 15th 2019 at approximately 01:50 AM I, Ptl Ferm along with Sgt. Wheeler, was dispatched to 92 Broad St. (Mist Barber Shop) for a report of multiple subjects outside the back of the building talking loudly and possibly smoking CDS marijuana.

Upon our arrival I was immediately met by one male subject, Corey T Yurik and on female subject Jamie G Hoke sitting behind the Mist Barber Shop at small outdoor table. Both parties appeared to be highly intoxicated. They had the odor of an alcoholic beverage coming from their breath and their eyes were bloodshot and watery. While speaking with both parties I located clear plastic bag containing a greenish brown vegetation believed to be CDS marijuana under the chair Mr. Yurik was sitting on near his right foot. I also located a burnt marijuana cigarette (roach) inside of a clear plastic tube without the cap on it on the table in front of Mr. Yurik in plain view. At this time I asked both parties who the bag, tube and roach belonged to and both denied ownership. I then began my search of Mr. Yurik incident to arrest when he exclaimed "My dad's a cop" and began yelling and cursing that the search I was conducting was illegal. In Mr. Yurik's front right pocket I located a cap that fit the clear plastic tube on the table in front of him and in his front right pocket I located a lighter.

Both parties were placed under arrest. While handcuffing Mr. Yurik he stated "I want your IA Department now" and stated I conducted an "illegal search" and he began yelling and cursing again. At this time Ms. Hoke also began yelling and cursing stating that the marijuana didn't belong to them. Both parties were then transported to KPD HQ to be processed. While being processed Yurik continued to curse at patrols and continued to threaten that he was going to file an IA against us all and asked for all officers badge numbers multiple times.

Corey T Yurik was charged with 2C:35-10A(4) possession of under 50 gram of marijuana and 2C:33-2B disorderly conduct on summons number 1322S2019000075 and 1322S2019000077 and released with a municipal court date of 06/20/2019 at 15:30.

Jamie G Hoke was charged with 2C:35-10A(4) possession of under 50 gram of marijuana and 2C:33-2B disorderly conduct on summons number 1322S2019000076 and released with a municipal court date of 06/20/2019 at 15:30.

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**Supplement**

04:55:17 06/15/2019 - Adamski, L

CAD Call info/comments

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MAKE RIGHT AT MIST BARBER SHOP - 3 PEOPLE BEHIND THE BARBER SHOP- SAID FOR THE  
LAST FEW WEEKS PEOPLE HANG OUTSIDE IN THIS AREA - TALKING LOUDLY AND SMELLS OF  
CDS MARIJUANA

02:09:36 06/15/2019 - Valenzano, K

COREY YURIK NEG ATS/ACS/NCIC NAME NUM SOC

02:09:52 06/15/2019 - Valenzano, K

JAMIE HOKE NEG ATS/ACS/NCIC NAME NUM SOC

**Name Involvements:****Arrested :** 461698**Last:** HOKE**DOB:** 11/09/97**First:** JAMIE**Dr Lic:**

75

**Mid:** G**Address:** 957 N CONCOURSE**Race:** W**Sex:** F**Phone:** () -**City:** ABERDEEN, NJ 07735**Arrested :** 285137**Last:** YURIK**DOB:** 09/03/97**First:** COREY**Dr Lic:**

75

**Mid:** T**Address:** 260 BROAD ST**Race:** W**Sex:** M**Phone:** (732)615-8979**City:** MATAWAN, NJ 07747



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP04865

Nature: MUN CODE VIO

Location: P22

Address: KEYPORT WATERFRONT PARK

KEYPORT NJ 07735

## Offense Codes:

Received By: Butkowski, C

How Received: O

Agency: P22

Responding Officers: Degroat, C

Responsible Officer: Degroat, C

Disposition: 05/27/19

When Reported: 20:58:31 05/27/19

Occurred Between: 20:58:31 05/27/19 and 20:58:31 05/27/19

Assigned To:

Detail:

Date Assigned: \*\*/\*\*/\*\*

Status:

Status Date: \*\*/\*\*/\*\*

Due Date: \*\*/\*\*/\*\*

## Complainant:

Last:

First:

Mid:

DOB: \*\*/\*\*/\*\*

Dr Lic:

Address:

Race:

Sex:

Phone:

City: ,

## Offense Codes

Reported:

Observed:

## Circumstances

Responding Officers:

Unit :

Degroat, C

P22031

Responsible Officer: Degroat, C

Agency: P22

Received By: Butkowski, C

Last Radio Log: 00:49:45 05/28/19 C

How Received: O Ofcr. Initiated

Clearance: RR Report Required

When Reported: 20:58:31 05/27/19

Disposition: Date: 05/27/19

Judicial Status:

Occurred between: 20:58:31 05/27/19

Misc Entry:

and: 20:58:31 05/27/19

Statute:

Description :

Method :

## Involvements

Date

Type

Description

05/28/19

Name

SCHREIBER, BENJAMIN R.

Arrested

05/28/19

Name

REYNOLDS, KIMBERLY

Involved

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|          |          |                                          |                 |
|----------|----------|------------------------------------------|-----------------|
| 05/28/19 | Name     | ROSCRIO, ALLAN                           | Involved        |
| 05/28/19 | Name     | CRESPO, ROBBYN                           | Involved        |
| 05/27/19 | Offense  | Poss Marijuan/Hash(under 50/5) - 1 count | Charged With    |
| 05/27/19 | Cad Call | 20:58:31 05/27/19 MUN CODE VIO           | Initiating Call |

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**Narrative**

On May 27th 2019 at approximately 20:58 hours I. Ptl DeGroat was approached by a male subject who complained that people were smoking cigars and cigarettes at the waterfront promenade and that some people had pulled down the newly installed no smoking signs. I responded to the promenade and checked the area. While checking the area I smelled the odor of marijuana coming from a group of four people. I approached the group, told them I smelled marijuana and asked who had it. A male subject, identified as Benjamin Schreiber, stated that he had it and he had just been smoking it there to relax. He reached out his hand and handed me a vape cartridge labeled "Kingpen" and stated that it contained THC oil. He then stated that he had another unused cartridge in his backpack. A search of his backpack revealed another "Kingpen" brand THC cartridge 78.11% THC. He stated that it was his and only his. The other subjects were identified as Kimberly Reynolds 9/7/1999, Allan Roscrio 12/1/2000, and Robbyn Crespo 11/12/1994.

Schreiber was placed under arrest and transported to headquarters. He was processed and charged with 2C:35-10A(4) possession of marijuana under 50g. He was released on summons, court date 5/30/2019 at 15:30 hours.

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**Supplement**

21:01:10 05/27/2019 - Butkowski, C

CAD Call info/comments

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PEOPLE SMOKING ON THE WATERFRONT BY THE RPOMENADE

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**Supplement**

00:49:45 05/28/2019 - Degroat, C

CAD Call info/comments

=====

PEOPLE SMOKING ON THE WATERFRONT BY THE PROMENADE  
Call type 1 reopened by Butkowski, C at 21:21:04 05/27/19  
21:21:52 05/27/2019 - Butkowski, C  
\*URGENT\* Nature change from POLICE SERVICE to MUN CODE VIO  
21:36:45 05/27/2019 - Butkowski, C  
1 MALE PRISONER, WALKING SUBJECT DOWN FROM THE BULKHEAD BACK TO HIS VEHICLE  
21:41:59 05/27/2019 - Butkowski, C - From: Degroat, C  
TRANSPORTING MALE 41 TO HQ  
21:46:09 05/27/2019 - Butkowski, C - From: Degroat, C  
OUT AT HQ

**Name Involvements:****Involved :** 723716**Last:** CRESPO**First:** ROBBYN**Mid:****DOB:** 11/12/94**Dr Lic:****Address:****Race:**           **Sex:** M**Phone:****City:** ,**Involved :** 723714**Last:** REYNOLDS**First:** KIMBERLY**Mid:****DOB:** 09/07/99**Dr Lic:****Address:****Race:**           **Sex:** F**Phone:****City:** ,**Involved :** 723715**Last:** ROSCRIO**First:** ALLAN**Mid:****DOB:** 12/01/00**Dr Lic:****Address:****Race:**           **Sex:** M**Phone:****City:** ,**Arrested :** 723713**Last:** SCHREIBER**First:** BENJAMIN**Mid:** R.**DOB:** 01/10/00**Dr Lic:****Address:** 23 COLLIER LN**Race:** W           **Sex:** M**Phone:** (732)332-8812**City:** MARLBORO, NJ 07751



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -  
Officer Report for Incident 19KP05153

**Nature:** SUSPICIOUS

**Address:** KEYPORT MUNICIPAL BOAT  
RAMP  
KEYPORT NJ 07735

**Location:** P22

## Offense Codes:

**Received By:** Civello, L

**How Received:** T

**Agency:** P22

**Responding Officers:** Atkinson, Ch, Johnson, G

**Responsible Officer:** Atkinson, Ch

**Disposition:** 06/04/19

**When Reported:** 21:54:00 06/04/19

**Occurred Between:** 21:52:42 06/04/19 and 21:52:42 06/04/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

## Circumstances

### Responding Officers:

Atkinson, Ch

Johnson, G

**Unit :**

P22039

P22026

**Responsible Officer:** Atkinson, Ch

**Agency:** P22

**Received By:** Civello, L

**Last Radio Log:** 01:02:00 06/05/19 C

**How Received:** T Telephone

**Clearance:** RR Report Required

**When Reported:** 21:54:00 06/04/19

**Disposition:** **Date:** 06/04/19

**Judicial Status:**

**Occurred between:** 21:52:42 06/04/19

**Misc Entry:**

**and:** 21:52:42 06/04/19

**Statute:**

**Description :**

**Method :**

## Involvements

| Date | Type | Description |
|------|------|-------------|
|------|------|-------------|

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|          |          |                                                                       |                 |
|----------|----------|-----------------------------------------------------------------------|-----------------|
| 06/05/19 | Name     | GREGOIRE, LESLIE C                                                    | Arrested        |
| 06/05/19 | Name     | LEO, CHRISTOPH                                                        | Arrested        |
| 06/04/19 | Offense  | Poss Marijuan/Hash(under 50/5) - 1 count                              | Charged With    |
| 06/04/19 | Offense  | Possession of CDS, Classified in Schedule I, II, III, or IV - 1 count | Charged With    |
| 06/04/19 | Offense  | Use or possession with intent to use - 1 count                        | Charged With    |
| 06/04/19 | Cad Call | 21:54:00 06/04/19 SUSPICIOUS                                          | Initiating Call |

## Narrative

On Tuesday, June 4, 2019 at 9:33 pm, I was dispatched to Keyport boat ramp for a suspicious person, who was wearing a white tee shirt and pants, yelling. Upon arriving on scene, I observed three subjects standing around a black two door car (L53CYL), with both driver and passenger doors wide open, at the far end of the lot facing north, parked in a fire zone. As I got out of the car, the smell of marijuana was stagnant within that general location. As patrols approached the vehicle, I observed subject, Leslie Gregoire, standing between the car and the driver side car door, reaching within her front seat. While Christopher Leo and Robert Shilleh, who matched the description that was given by the caller, stood on the other side of the vehicle. As we interview all three subjects about the suspicious person, all three stated that it wasn't them yelling. Nor did they see or hear anyone screaming for that matter. Through further conversation, Christopher stated that Robert was yelling at someone on his phone.

As Sgt. Johnson was engaging in conversation with Leslie, he sees a pill bottle with a multi-color item in it, sticking out of the back seat. When asked about the pill bottle, Leslie stated that she didn't want to give it to him. After, Sgt. Johnson asks for it again, Leslie gave the pill bottle containing the multi-color item to Sgt. Johnson. Within the pill bottle, contained a multi-colored glass pipe. After finding the glass pipe, Leslie was asked if there was anything else in the car, she stated that smoking pipe within her purse. While looking for smoking pipe, a wooden container and a white plastic film container, with marijuana was discovered in her purse. When the container was found, Leslie stated, "I forgot about that."

As, I, Ptl. Atkinson, walked to the other side of the vehicle towards Robert and Christopher, I see two Ziploc bags, believed to be marijuana sitting on top of the rear passenger side seat in plain view. As I walked towards the passenger side to retrieve the marijuana, I see an open 25fl. Oz Budweiser can in the cup holder of the passenger side door. As I walked towards the car to remove the Budweiser can and marijuana, I see an open cigarette box containing a small clear plastic bag, with a powdery white substance inside the box on the floor near the passenger side door.

At this point Christopher Leo stated that the coke and open beer can belong to him, but the marijuana didn't. Leslie stated that the marijuana that was found in her purse was to hers, but the marijuana that was found in her backseat was not. Robert stated that marijuana that was located in the backseat did not belong to him either.

At that moment, Leslie was charged with possession of marijuana. Both, Christopher Leo and Leslie Gregoire, was arrested and transported to Keyport Police Department. Leslie Gregoire, was arrested for Possession of Marijuana (2C:35-10A(4)) and was possession of drug paraphernalia (2C:36-2). Leslie was processed and released on summons # S-2019-000070. Court date will be on June 13, 2019, at 3:30 pm, at Keyport Boro Municipal Court.

Christoph Leo, was arrested for Possession of cocaine (2C:35-10A(1)). LEO was arrested, processed and transported to KPD, and released on summons # S-2019-000071. Court date will be on June 16, 2019, at 9.00 am at Monmouth County court. Subject was also given a summons for having an open container of beer (1322-SC-011909). Court date will be on June 13, 2019 at 3:30 pm at Keyport Municipal court. All the above items was turned into evidence with the property receipt.

**Supplement**

01:02:00 06/05/2019 - McCarthy, Z

CAD Call info/comments

=====

man took his clothes off and now hes dressed again and he was yelling too //

next to port a pots on the beach

21:54:15 06/04/2019 - Civello, L

wearing white tee shirt and pants

21:54:36 06/04/2019 - Civello, L

near a car caller cant see what kind of car dark colored

21:54:45 06/04/2019 - Civello, L

there are three guys with the accused

21:54:56 06/04/2019 - Civello, L

now theyre taking photographs

21:55:05 06/04/2019 - Civello, L

caller became irate with questions and hung up

22:00:55 06/04/2019 - McCarthy, Z - From: Atkinson, Ch

NJ G73184626356652 / L26041240010812 / FL - S400768774560

22:03:11 06/04/2019 - McCarthy, Z

LESLIE GREGOIRE (SPN 567204) NEG ACS/ATS/NCIC. ACS HX OF POSS CDS MARIJUANA

22:05:24 06/04/2019 - McCarthy, Z

CHRISTOPH LEO (SPN 512781) NEG ACS/ATS/NCIC. ACS HX OF POSS CDS MARIJUANA AND  
DISORDERLY

22:08:54 06/04/2019 - McCarthy, Z

ROBERT SHILLEH NEG ACS/ATS/NCIC. NJID LOCATED AND 340.

22:15:43 06/04/2019 - McCarthy, Z - From: Atkinson, Ch

UNITS 10-4

22:28:37 06/04/2019 - McCarthy, Z - From: Johnson, G

ADULT MALE AND ADULT FEMALE 10-41

22:28:50 06/04/2019 - McCarthy, Z - From: Johnson, G

ATTACH NJ - L53CYL

22:33:02 06/04/2019 - McCarthy, Z - From: Johnson, G

ENRT TO HQ W/ ADULT FEMALE S/M 48993.2

22:33:17 06/04/2019 - McCarthy, Z - From: Atkinson, Ch

TXP ADULT MALE 10-41 S/M 43380

01:01:56 06/05/2019 - McCarthy, Z - From: Atkinson, Ch

COMPLETE RR

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**Name Involvements:****Arrested :** 726020**Last:** GREGOIRE**DOB:** 06/15/65**First:** LESLIE**Dr Lic:**

52

**Mid:** C**Address:** 214 JOHN ST**Race:****Sex:** F**Phone:****City:** SOUTH AMBOY, NJ 08879-1742**Arrested :** 726021**Last:** LEO**DOB:** 10/02/81**First:** CHRISTOPH**Dr Lic:**

2

**Mid:****Address:** 19 VAN EYHEL DR**Race:****Sex:** M**Phone:****City:** MATAWAN, NJ 07747-9632



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP05037

**Nature:** INTOXICATED SUB

**Address:** 150 W FRONT ST; KEYPORT  
FISHERY  
KEYPORT NJ 07735

**Location:** P22

**Offense Codes:** CSPC, CSPP, DCON

**Received By:** Carew, K

**How Received:** T

**Agency:** P22

**Responding Officers:** Wheeler Jr., S, Shewchuk, A, Ferm, Michael M

**Responsible Officer:** Ferm, Michael M

**Disposition:** 06/01/19

**When Reported:** 21:42:45 06/01/19

**Occurred Between:** 21:42:16 06/01/19 and 21:42:16 06/01/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** CSPC Cont Subs, Possess, Cocaine

**Additional Offense:** CSPP Cont Subs, Possess, Paraphrnla

**Additional Offense:** DCON Disorderly Conduct

## Circumstances

### Responding Officers:

**Unit :**

Wheeler Jr., S

P22027

Shewchuk, A

P22037

Ferm, Michael M

P22038

**Responsible Officer:** Ferm, Michael M

**Agency:** P22

**Received By:** Carew, K

**Last Radio Log:** 03:16:24 06/02/19 C

**How Received:** T Telephone

**Clearance:** NR No Report

**When Reported:** 21:42:45 06/01/19

**Disposition:** Date: 06/01/19

**Judicial Status:**

**Occurred between:** 21:42:16 06/01/19

**Misc Entry:**

**and:** 21:42:16 06/01/19

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|                 |                      |                 |
|-----------------|----------------------|-----------------|
| <b>Statute:</b> | <b>Description :</b> | <b>Method :</b> |
|-----------------|----------------------|-----------------|

---

**Involvements**

| <b>Date</b> | <b>Type</b> | <b>Description</b>                                                    |                 |
|-------------|-------------|-----------------------------------------------------------------------|-----------------|
| 06/02/19    | Name        | ALVARADO, RICARDO                                                     | Defendant       |
| 06/01/19    | Name        | FITZSIMMONS, MATTHEW                                                  | Witness         |
| 06/01/19    | Offense     | Possession of CDS, Classified in Schedule I, II, III, or IV - 1 count | Charged With    |
| 06/01/19    | Offense     | Use or possession with intent to use - 1 count                        | Charged With    |
| 06/01/19    | Offense     | Disorderly Conduct - 1 count                                          | Charged With    |
| 06/01/19    | Cad Call    | 21:42:45 06/01/19 INTOXICATED SUB                                     | Initiating Call |

---

### **Narrative**

On Saturday June 1st at approximately 21:42 I, Ptl. Ferm, received a report that a male subject, Mathew Fitzsimmons, came into KPD HQ to report a highly intoxicated male subject in the area of 150 West Front St (Keyport Fishery).

Upon my arrival I observed a male, later identified as Ricardo Alvarado, in the Fireman's Parking lot who appeared be highly intoxicated laying on the ground surrounded by numerous bystanders concerned about his health. After approaching Mr. Alvarado I immediately detected the odor of an alcoholic beverage emanating from his body and breath. Mr. Alvarado had slurred his speech and struggled to tell patrols his name.

At this time, Ricardo Alvarado was placed under arrest and transported to KPD HQ. While at HQ and doing inventory of Mr. Alvarado's belongings, a small zip-lock bag containing a fine white powder believed to be CDS cocaine was located his wallet. Mr. Alvarado was then processed for 2C:33-2A(1) Disorderly Conduct, 2C:35-10A(1) Possession of CDS Cocaine, and 2C:36-2 Possession of Drug Paraphernalia. The charges were put on warrant #1322W2019000067 and Mr. Alvarado was then transported to MCCI.

### Supplement

21:47:27 06/01/2019 - Trapani, M

06/01/2019 two subjects came into Keyport Headquarters to advise of a highly intoxicated male across the street from Keyport Fishery. Advised patrols on the county radio. Patrols out with the subject. Patrols advised they will be returning to Headquarters with 1 male prisoner. Patrols returned to HQ at approx 21:49

---

**Supplement**

03:16:24 06/02/2019 - Farrell, Am

CAD Call info/comments

=====

SUBJ WALKED INTO HQ TO REPORT INTOX MALE SUBJ ACROSS THE STREET FROM KEYPORT  
FISHERY

21:43:53 06/01/2019 - Pavics, C

OFF DUTY NYPD SITTING WITH SUBJECT WAITING FOR OFFICERS

21:46:02 06/01/2019 - Carew, K - From: Ferm, Michael M

1 MALE 41 TO HQ

---

**Name Involvements:****Witness :** 725113**Last:** FITZSIMMONS**First:** MATTHEW**Mid:****DOB:** 09/18/00**Dr Lic:****Address:** 10 CARRIAGE RD N**Race:****Sex:****Phone:****City:** HAZLET, NJ 07730**Defendant :** 561613**Last:** ALVARADO**First:** RICARDO**Mid:****DOB:** 02/19/96**Dr Lic:****Address:** 20 ORCHARD ST**Race:** L**Sex:** M**Phone:****City:** MATAWAN, NJ 07747



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP04529

**Nature:** SUSPICIOUS

**Location:**

**Address:** 210 LUPPATATONG AVE

KEYPORT NJ 07735

**Offense Codes:** CSPC, CSPM, CSPP, N/A, N/A

**Received By:** Martin, R

**How Received:** T

**Agency:** P22

**Responding Officers:** Ferm, Michael M, Degroat, C, Leonard, R

**Responsible Officer:** Degroat, C

**Disposition:** 05/17/19

**When Reported:** 19:25:09 05/17/19

**Occurred Between:** 19:23:10 05/17/19 and 19:23:10 05/17/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** CSPC Cont Subs, Possess, Cocaine

**Additional Offense:** CSPM Cont Subs, Possess, Marijuana

**Additional Offense:** CSPP Cont Subs, Possess, Paraphmrla

**Additional Offense:** N/A Not Applicable

**Additional Offense:** N/A Not Applicable

## Circumstances

**Responding Officers:**

**Unit :**

Ferm, Michael M

P22038

Degroat, C

P22031

Leonard, R

P22036

**Responsible Officer:** Degroat, C

**Agency:** P22

**Received By:** Martin, R

**Last Radio Log:** 22:27:43 05/17/19 C

**How Received:** T Telephone

**Clearance:** RR Report Required

**When Reported:** 19:25:09 05/17/19

**Disposition:** Date: 05/17/19

**Judicial Status:**

**Occurred between:** 19:23:10 05/17/19

**Misc Entry:**

**and:** 19:23:10 05/17/19

---

|                 |                      |                 |
|-----------------|----------------------|-----------------|
| <b>Statute:</b> | <b>Description :</b> | <b>Method :</b> |
|-----------------|----------------------|-----------------|

---

**Involvements**

| <b>Date</b> | <b>Type</b> | <b>Description</b>                                                    |                 |
|-------------|-------------|-----------------------------------------------------------------------|-----------------|
| 05/17/19    | Name        | WILSON, HARRY J                                                       | Arrested        |
| 05/17/19    | Citation    | Moving Violation                                                      | Citation        |
| 05/17/19    | Offense     | Possession of CDS, Classified in Schedule I, II, III, or IV - 1 count | Charged With    |
| 05/17/19    | Offense     | Poss Marijuana/Hash(under 50/5) - 1 count                             | Charged With    |
| 05/17/19    | Offense     | Use or possession with intent to use - 1 count                        | Charged With    |
| 05/17/19    | Offense     | Possession of syringe, needle, certain circumstances - 1 count        | Charged With    |
| 05/17/19    | Offense     | Knowingly Poss. Drug 5 or More - 1 count                              | Charged With    |
| 05/17/19    | Vehicle     | BLK 2016 DODG R15 NJ                                                  | Vehicle History |
| 05/17/19    | Cad Call    | 19:25:09 05/17/19 SUSPICIOUS                                          | Initiating Call |

---

**Narrative**

On May 17th 2019 at approximately 19:25 hours I, Ptl. DeGroat, responded to the area of Luppataatong Ave. and Rollo Pl. for a report of a subject sleeping in a black pickup. Upon my arrival to the scene I observed a male subject, later identified as Harry Wilson, sleeping in a black Dodge Ram 1500 Nj Reg: K84-GGP. I tapped on the drivers window but he did not wake up. I continued, smacking harder on the window, and he finally woke up. He stepped out of the vehicle and as he stepped out an uncovered hypodermic needle fell off the drivers seat onto the ground. As he stepped out of the vehicle I observed multiple open wax folds in the cup holder of the vehicle. I spoke with Wilson who admitted that he was a heroin user, he had recently used and there was heroin in the truck. He stated that there were additional hypodermic needles and un-opened folds of heroin in the vehicles center console. Ptl Leonard watched Wilson while I searched the vehicle. In the center console cup holder I located three open wax folds with blue stamp "Welcome to Sinaloa" with a white powder residue (heroin) on them. Inside the center console I located a vape pen with a cartridge attached which was consistent with containing THC oil, a plastic baggie labeled as "Dirty South Extract one gram THC 85-89% Hybrid". Wilson stated "I'm not going to lie, its THC". I continued searching and in the dashboard center storage compartment I located four un-opened wax folds with blue stamp "Welcome to Sinaloa" containing a white powder substance(heroin). In the same location I also located six small round blue pills with the stamp "031" on them in a piece of clear plastic(later identified as Alprazolam), nine hypodermic needles, and an empty vape cartridge with a dark clear residue in it(consistent with containing THC oil). Wilson was placed under arrest and transported to headquarters. His vehicle was seized for forfeiture and Ptl. Leonard transported the vehicle back to Headquarters. Wilson was processed and charged with the following. 2C:35-10A(1) possession schedule I, II, III, IV CDS, 2C:35-10A(4) possession marijuana under 50g, 2C:36-2 possession drug paraphernalia, 2C:36-6 possession hypodermic needle, 2C:35-10.5E(2), possession prescription legend drug >5 doses. Warrant #1322.W2019.000060. He was also issued summons E19.1104 for 39:4-49.1 CDS in a motor vehicle. He was transported to MCCI for first appearance.

## Supplement

22:27:43 05/17/2019 - Degroat, C

CAD Call info/comments

=====

subj in a grey dodge ram p-up truck... subj is either sleeping or passed out

19:25:40 05/17/2019 - Martin, R

caller said he tried knocking on the window and there was no response from subj inside

19:25:57 05/17/2019 - Martin, R

veh is down the street from his house

19:35:00 05/17/2019 - Farrell, Am - From: Leonard, R

W43953167101762 harry wilson 01/07/1976 run for warrants

19:35:20 05/17/2019 - Farrell, Am

dl W43953167101762 neg all around, dl added to call / spn # 505016

19:37:34 05/17/2019 - Farrell, Am - From: Degroat, C

one male 10-41

19:46:27 05/17/2019 - Farrell, Am - From: Leonard, R

driving subjects veh 10 3 s/m : 63919.6 3/4 tank of gas

19:47:50 05/17/2019 - Farrell, Am - From: Degroat, C

enroute 10-3 with male 1-41

19:52:14 05/17/2019 - Farrell, Am - From: Leonard, R

10 3 63920.8 just under 3/4 tank gas

---

**Vehicles****Vehicle Number:****281206****License Plate:** K84GGP**State:** NJ**Vehicle Year:** 2016**Make:** DODG Dodge**Color:** BLK /**Vehicle Type:** PTK Passenger Truck**License Type:****Expires:** 02/29/20**VIN:** 1C6RR7FT5GS162235**Model:** R15**Doors:** 0**Value:** \$0.00**Owner:****Last:** WILSON**First:** HARRY**Mid:** J**DOB:** 01/07/76**Dr Lic:****Address:** 593 EAST RD

62

**Race:** W**Sex:** M**Phone:****City:** MIDDLETOWN, NJ 07748**Agency:****Date Recov/Rcvd:** \*\*/\*\*/\*\***Officer:****Area:****UCR Status:****Wrecker Service:****Local Status:****Storage Location:****Status Date:** \*\*/\*\*/\*\***Release Date:** \*\*/\*\*/\*\***Comments:**

---

**Name Involvements:**

**Arrested :** 505016

**Last:** WILSON

**DOB:** 01/07/76

**First:** HARRY

**Dr Lic:**

62

**Mid:** J

**Address:** 593 EAST RD

**Race:** W

**Sex:** M

**Phone:**

**City:** MIDDLETOWN, NJ 07748



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP03383

**Nature:** STOP

**Location:**

**Address:** JACKSON ST & PERRY ST

KEYPORT NJ 07735

## Offense Codes:

**Received By:** OConnell, D

**How Received:** O

**Agency:** P22

**Responding Officers:** Hassmiller, R, Johnson, G, Atkinson, Ch

**Responsible Officer:** Johnson, G

**Disposition:** 04/14/19

**When Reported:** 01:07:06 04/14/19

**Occurred Between:** 01:07:06 04/14/19 and 01:07:06 04/14/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

## Circumstances

### Responding Officers:

**Unit :**

Hassmiller, R

P22032

Johnson, G

P22026

Atkinson, Ch

P22039

**Responsible Officer:** Johnson, G

**Agency:** P22

**Received By:** OConnell, D

**Last Radio Log:** 06:11:53 04/14/19 C

**How Received:** O Ofcr. Initiated

**Clearance:** RR Report Required

**When Reported:** 01:07:06 04/14/19

**Disposition:** **Date:** 04/14/19

**Judicial Status:**

**Occurred between:** 01:07:06 04/14/19

**Misc Entry:**

**and:** 01:07:06 04/14/19

**Statute:**

**Description :**

**Method :**

## Involvements

| Date | Type | Description |
|------|------|-------------|
|------|------|-------------|

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|          |          |                                          |                 |
|----------|----------|------------------------------------------|-----------------|
| 04/14/19 | Name     | BURKE, KRISTEN J                         | Arrested        |
| 04/14/19 | Offense  | Poss Marijuan/Hash(under 50/5) - 1 count | Charged With    |
| 04/14/19 | Vehicle  | GRY 2019 MERZ 300 NJ                     | Vehicle History |
| 04/14/19 | Cad Call | 01:07:06 04/14/19 STOP                   | Initiating Call |

---

**Narrative**

On April 14, 2019 at approximately 0107hrs, I, Sgt. Johnson, was walking west on the Henry Hudson Trail just west of Beers Street, Keyport. As I turned my head to the left looking south, I was able to see Pine Belt Nissan's overflow parking lot which is located behind Task USA Inc 3 Cass Street. At that time, I observed a vehicle with it's lights activated. I then radioed to Ptl. Hassmiller advising him of what I had observed and requested he investigate further. As Ptl. Hassmiller was enroute, I observed the vehicle lights go off and then back on again. The break lights then went on and off again before the vehicle began to drive away traveling south on Perry Street exiting the parking lot. I then notified Ptl. Hassmiller the same.

Ptl. Hassmiller arrived on scene and conducted a motor vehicle stop on the above vehicle described as a 2019 Mercedes C30 bearing New York tag ZGM7736. Upon making contact with the driver, he produced a New Jersey driver's license bearing number R96234107107955 identifying himself as Joseph Ryan 07-24-95.

I then arrived on scene at which time I approached the passenger side of the vehicle. I then made contact with the only other vehicle occupant, the front seat passenger. As I was speaking to the passenger, I looked down at the floor board and observed the passenger's black Adidas purse. The purse was wide open and its contents were in plain view. I immediately observed a clear plastic baggie containing a brownish green vegetation believed to be marijuana at the top of the purse in plain view. I then requested the female hand over the marijuana at which time she complied. The female passenger then produced a New Jersey driver's license bearing number B93724377162976 identifying herself as Kristen J Burke 12-27-97. Burke claimed possession of the purse and the marijuana.

Burke was then placed under arrest and transported to Keyport Police Headquarters for processing. Burke was issued summons S2019 000048 and released with a mandatory court date of April 18, 2019 at 1530hrs.

---

**Supplement**

02:13:35 04/14/2019 - OConnell, D

CAD Call info/comments

=====

01:08:04 04/14/2019 - OConnell, D

r96234107107955

01:11:15 04/14/2019 - OConnell, D

b93724377162976

01:18:00 04/14/2019 - OConnell, D

10-41

01:18:38 04/14/2019 - OConnell, D

22026 starting mileage 47339.4

02:13:17 04/14/2019 - OConnell, D

Summons S2019000048 Released on a summons

---

**Supplement**

05:58:54 04/14/2019 - Johnson, G

---

**Supplement**

06:11:53 04/14/2019 - OConnell, D

CAD Call info/comments

=====

01:08:04 04/14/2019 - OConnell, D  
r96234107107955

01:11:15 04/14/2019 - OConnell, D  
b93724377162976

01:18:00 04/14/2019 - OConnell, D  
10-41

01:18:38 04/14/2019 - OConnell, D  
22026 starting mileage 47339.4

02:13:17 04/14/2019 - OConnell, D

Summons S2019000048 Released on a summons

Call type 1 reopened by OConnell, D at 06:11:04 04/14/19

---

**Vehicles****Vehicle Number:**

435934

**License Plate:** V15LBT**State:** NJ**Vehicle Year:** 2019**Make:** MERZ Mercedes-Benz**Color:** GRY /**Vehicle Type:** PCAR Passenger Car**License Type:****Expires:** 04/30/22**VIN:** 55SWF8EB1KU313949**Model:** 300**Doors:** 0**Value:** \$0.00**Owner:****Last:** RYAN**First:** JOSEPH**Mid:** J**DOB:** 07/24/95**Dr Lic:****Address:** 204 FLORENCE AVE

5

**Race:** B**Sex:** M**Phone:** () -**City:** UNION BEACH, NJ 07735**Agency:****Date Recov/Rcvd:** \*\*/\*\*/\*\***Officer:****Area:****UCR Status:****Wrecker Service:****Local Status:****Storage Location:****Status Date:** \*\*/\*\*/\*\***Release Date:** \*\*/\*\*/\*\***Comments:**

---

**Name Involvements:**

**Arrested :** 348879

**Last:** BURKE

**First:** KRISTEN

**Mid:** J

**DOB:** 12/27/97

**Dr Lic:** .

**Address:** 67 BAYSHORE MOBILE MNR

6

**Race:** W

**Sex:** F

**Phone:** () -

**City:** HAZLET, NJ 07730



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP03400

**Nature:** TRESPASSING

**Address:** MAPLE PL & MANCHESTER AVE  
; WAREHOUSE  
KEYPORT NJ 07735

**Location:** P22

**Offense Codes:** TRES, CSPM, N/A, N/A

**Received By:** Valenzano, K

**How Received:** T

**Agency:** P22

**Responding Officers:** Leonard, R, Ruth, J

**Responsible Officer:** Leonard, R

**Disposition:** 04/14/19

**When Reported:** 15:12:33 04/14/19

**Occurred Between:** 15:11:03 04/14/19 and 15:11:03 04/14/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** TRES Trespassing

**Additional Offense:** CSPM Cont Subs, Possess, Marijuana

**Additional Offense:** N/A Not Applicable

**Additional Offense:** N/A Not Applicable

## Circumstances

**Responding Officers:**

**Unit :**

Leonard, R

P22036

Ruth, J

P22024

**Responsible Officer:** Leonard, R

**Agency:** P22

**Received By:** Valenzano, K

**Last Radio Log:** 19:16:19 04/14/19 C

**How Received:** T Telephone

**Clearance:** RR Report Required

**When Reported:** 15:12:33 04/14/19

**Disposition:** **Date:** 04/14/19

**Judicial Status:**

**Occurred between:** 15:11:03 04/14/19

**Misc Entry:**

**and:** 15:11:03 04/14/19

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|                 |                         |                 |
|-----------------|-------------------------|-----------------|
| <b>Statute:</b> | <b>Description :</b>    | <b>Method :</b> |
| 2C Statute      | NJ 2C Criminal Statutes | 2C:18-3.B       |

---

**Involvements**

| <b>Date</b> | <b>Type</b> | <b>Description</b>                             |                 |
|-------------|-------------|------------------------------------------------|-----------------|
| 04/14/19    | Name        | ROYSTER, MATTHEW R                             | Arrested        |
| 04/14/19    | Name        | LUSTER, ELIJAH                                 | Arrested        |
| 04/14/19    | Offense     | Use or possession with intent to use - 1 count | Charged With    |
| 04/14/19    | Offense     | Poss Marijuana/Hash(under 50/5) - 1 count      | Charged With    |
| 04/14/19    | Offense     | Defiant Trespasser - 1 count                   | Charged With    |
| 04/14/19    | Offense     | Municipal Contempt - 1 count                   | Charged With    |
| 04/14/19    | Offense     | Municipal Contempt - 1 count                   | Charged With    |
| 04/14/19    | Offense     | Defiant Trespasser - 1 count                   | Charged With    |
| 04/14/19    | Offense     | Poss Marijuana/Hash(under 50/5) - 1 count      | Charged With    |
| 04/14/19    | Offense     | Use or possession with intent to use - 1 count | Charged With    |
| 04/14/19    | Cad Call    | 15:12:33 04/14/19 TRESPASSING                  | Initiating Call |

---

**Narrative**

On April 14, 2019 at approx. 1512 hrs myself, Ptl. Leonard, and Sgt. Ruth responded to a call in the area of 70 Manchester St. for 2 subjects attempting to break into an abandoned building. While searching the Henry Hudson trail immediately behind the building I received a radio transmission from Sgt. Ruth advising that he made entry into that abandoned building and that he could smell a strong odor of burnt marijuana emanating from the building. I made entry into the building to back up Sgt. Ruth who advised me Via radio that at this time he was out with two male subjects in the building.

I made my way to the back office space in the warehouse where I observed Sgt. Ruth covering to male subjects who where on there Knees with there legs crossed and hands on there heads. I was given the command by Sgt. Ruth to cuff the Subjects. After both Subjects were cuffed and placed under arrest, I search Matthew Royster were I located plastic wrap which contained a brownish green vegetation believed to be marijuana in his small right pocket of his jeans.

After both subjects were search they were transported to Keyport Police headquarters where it was revealed that Matthew Royster had 2 active warrants out for his arrest. He was booked and charged with a Violation of 2C:35-10A(4) possession of CDS under 50 grams and 2C:18-3B defiant trespassing. He was picked up by the Monmouth County Sheriffs officers for his FTA warrant and was served his summons to appear at Keyport Municipal Court on 05/08/2019 at 1530hrs.

Luster was booked and released on summons # S 2019 000050 for a Violation of 2C:35-10A(4) possession of CDS under 50 grams and 2C:18-3B defiant trespassing. Luster was Advised of his court date on 05/02/2019 at 1530hrs in Keyport Municipal Court.

## Supplement

17:14:27 04/14/2019 - Ruth, J

On April 14th 2019 I received a dispatch to 70 Manchester Ave. for a report of a couple of subjects possibly trying to break into an abandoned building.

Myself and Ptl. Leonard had arrived in the area, Ptl. Leonard went to check the Henry Hudson trail which backs up to the property in question.

I found a door on the abandoned warehouse open and proceeded to enter the premises to check the building.

Once inside the building I observed a constructed office space separate from the open area which I entered.

I made my way to the office area and could detect an odor of burnt marijuana. I advised Ptl. Leonard of the same and continued to check the building.

As I made my way through the office area I heard a movement and then observed what appeared to be a person attempting to hide in a blind corner of the building.

I ordered the subject out of the corner and instructed him to get down on his knees and cross his ankles while keeping his hands behind his back.

I then observed a second subject attempting to hide deeper in the corner and again ordered him out and to his knees and to cross his ankles while keeping his hands on his head.

Ptl. Leonard then arrived and I instructed him to cuff the subjects while I kept the cover position.

I checked the first subject which was identified as Elijah Luster and he had a pocket knife in his right pants pocket and a plastic vacuumed type bag containing a greenish vegetation believed to be marijuana in his left pocket.

Ptl. Leonard checked the second subject identified as Matthew Royster and also located a small plastic baggie containing a greenish vegetation believed to be marijuana.

I also observed what appeared to me by my years of experience and training to be a freshly smoked blunt laying on the floor approximately five feet away from where the subjects were hiding.

Both subjects were taken into custody and transported to H.Q. for processing

Both subjects were charged with defiant trespass and possession of CDS.

**Supplement**

19:16:19 04/14/2019 - Ward, Jessica

CAD Call info/comments

=====

BEHIND THE HOUSE / ABON BUILDING / PEOPLE ARE BREAKING INTO THE BUILDING AND  
SNEAKING IN THRU THE HENRY HUDSON TRAIL /// PEOPLE ARE THERE NOW //// CALLER  
WISHES TO REMAIN ANON

15:16:11 04/14/2019 - Mackenzie, J

\*URGENT\* Address change from 12 HAVEN WAY to MAPLE PL

15:16:21 04/14/2019 - Mackenzie, J

\*URGENT\* Address change from MAPLE PL to MAPLE PL &amp; MANCHESTER AVE

15:16:26 04/14/2019 - Mackenzie, J

\*URGENT\* Address change from MAPLE PL & MANCHESTER AVE to MAPLE PL & MANCHESTER AVE ;  
WAREHOUSE

15:22:24 04/14/2019 - Mackenzie, J

OUT WITH 2 SUBJECTS IN THE BUILDING

15:29:23 04/14/2019 - Mackenzie, J

2 SUBJECTS IN CUSTODY -

15:35:45 04/14/2019 - Mackenzie, J - From: Leonard, R

ENROUTE 10-3 WITH 1 10-41

15:37:39 04/14/2019 - Mackenzie, J - From: Ruth, J

TRANSPORTING 1 10-41 TO HQ -

15:40:15 04/14/2019 - Mackenzie, J

UNITS AT HQ

16:00:14 04/14/2019 - Mackenzie, J

SPILLMAN# 697471 LUSTER, ELIJAH NJ ID L94632087405002 - NEGATIVE FOR WARRANTS -

16:04:55 04/14/2019 - Mackenzie, J

SPILLMAN# 375278 ROYSTER, MATTHEW - NJ ID R69205297906972 - 800\$ ACS WARRANT  
SAYREVILLE AND SHOWS AN NCIC HIT FROM THE MONMOUTH COUNTY PROS OFFICE FOR FTA-  
ASSAULT

18:14:44 04/14/2019 - Mackenzie, J - From: Leonard, R

MCSO ON LOCATION TO TRANSPORT PRISONER

**Name Involvements:****Arrested :** 697471**Last:** LUSTER**DOB:** 05/02/00**First:** ELIJAH**Dr Lic:**

2

**Mid:****Address:** 57 SECOND STR APT 2**Race:** B**Sex:** M**Phone:** ( ) -**City:** KEYPORT, NJ 07735**Arrested :** 375278**Last:** ROYSTER**DOB:** 06/03/97**First:** MATTHEW**Dr Lic:**

2

**Mid:** R**Address:** 210 ATLANTIC CT**Race:** B**Sex:** M**Phone:** ( ) -**City:** KEYPORT, NJ 07735



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP02773

**Nature:** STOP

**Location:** P39

**Address:** SR 35 S & BEDLE RD; SB

HAZLET NJ 07730

**Offense Codes:** CSPM, CSPP

**Received By:** Civello, L

**How Received:** O

**Agency:** P22

**Responding Officers:** Ferm, Michael M, Degroat, C

**Responsible Officer:** Ferm, Michael M

**Disposition:** CAA 03/27/19

**When Reported:** 21:21:48 03/27/19

**Occurred Between:** 21:21:48 03/27/19 and 21:21:48 03/27/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** CSPM Cont Subs, Possess, Marijuana

**Additional Offense:** CSPP Cont Subs, Possess, Paraphrnla

## Circumstances

**Responding Officers:**

**Unit :**

Ferm, Michael M

P22038

Degroat, C

P22031

**Responsible Officer:** Ferm, Michael M

**Agency:** P22

**Received By:** Civello, L

**Last Radio Log:** 00:44:27 03/28/19 C

**How Received:** O Ofcr. Initiated

**Clearance:** RR Report Required

**When Reported:** 21:21:48 03/27/19

**Disposition:** CAA **Date:** 03/27/19

**Judicial Status:**

**Occurred between:** 21:21:48 03/27/19

**Misc Entry:**

**and:** 21:21:48 03/27/19

**Statute:**

**Description :**

**Method :**

## Involvements

---

| Date     | Type     | Description                                    |                 |
|----------|----------|------------------------------------------------|-----------------|
| 03/27/19 | Name     | CRUZ, DESTINEY G                               | Arrested        |
| 03/27/19 | Citation | Moving Violation                               | Citation        |
| 03/27/19 | Citation | Moving Violation                               | Citation        |
| 03/27/19 | Offense  | Poss Marijuan/Hash(under 50/5) - 1 count       | Charged With    |
| 03/27/19 | Offense  | Use or possession with intent to use - 1 count | Charged With    |
| 03/27/19 | Vehicle  | GRN 1998 TOYT CAM NJ                           | Vehicle         |
| 03/27/19 | Cad Call | 21:21:48 03/27/19 STOP                         | Initiating Call |

---

**Narrative**

On March 27 2019 at approximately 2121 hours I, Ptl. M Ferm, was on patrol in my marked patrol vehicle #9 when I observed a vehicle bearing NJ Reg Y14DLF travelling South on Highway 35 South in the right lane, with the drivers side headlight out.

I conducted a motor vehicle stop with the vehicle at Highway 35 South and Bedle Road. I then approached the vehicle from the drivers side and asked the driver for her credentials. The driver was identified as Destiney Cruz, while speaking with Ms. Cruz I detected the a strong odor of marijuana emanating from the vehicle. At this point I asked Ms. Cruz to step out of the vehicle as Ptl. Degroat arrived on scene. Ptl. Degroat watched Ms. Cruz while I searched the vehicle.

Inside the vehicle I located a brown cigar wrap, partially burnt, containing green vegetation inside the center console. Also located in the vehicle, was an open package of "Bluntville Vanilla Cigars".

At this point Ms. Cruz was placed under arrest and placed in the back of patrol vehicle #9. The vehicle was seized and transported to Keyport PD HQ to be entered to forfeiture.

Ms. Cruz was transported to KPD HQ where she was processed for 2C:35-10A(4) and 2C:36-2. She was then released on summons number #1322S2019000039 with a municipal court date of 04/04/2019 at 1530 hours.

---

**Supplement**

00:44:27 03/28/2019 - Ferm, Michael M

CAD Call info/comments

=====

21:39:02 03/27/2019 - Civello, L - From: Ferm, Michael M  
10-4, female 10-41

21:40:47 03/27/2019 - Civello, L - From: Ferm, Michael M  
enrt hq w/1 sm 38785.4

21:41:39 03/27/2019 - Civello, L - From: Degroat, C  
veh for seizure (cds) sm 279160

21:46:00 03/27/2019 - Civello, L - From: Degroat, C  
em 279162

21:46:28 03/27/2019 - Civello, L - From: Ferm, Michael M  
em 38786.9

---

**Vehicles****Vehicle Number:****306571****License Plate:** Y14DLF**State:** NJ**Vehicle Year:** 1998**Make:** TOYT Toyota**Color:** GRN /**Vehicle Type:** PCAR Passenger Car**License Type:****Expires:** 08/31/19**VIN:** 4T1BG22K7WU222868**Model:** CAM**Doors:** 0**Value:** \$0.00**Owner:****Last:** ESTRELLA**First:** ALICE**Mid:****DOB:** 10/05/77**Dr Lic:****Address:** 569 BRACE AVENUE

2

**Race:** L**Sex:** F**Phone:** () -**City:** PERTH AMBOY, NJ 08861-3031**Agency:****Date Recov/Rcvd:** \*\*/\*\*/\*\***Officer:****Area:****UCR Status:****Wrecker Service:****Local Status:****Storage Location:****Status Date:** \*\*/\*\*/\*\***Release Date:** \*\*/\*\*/\*\***Comments:**

---

**Name Involvements:**

**Arrested :** 542704

**Last:** CRUZ

**First:** DESTINEY

**Mid:** G

**DOB:** 08/04/97

**Dr Lic:**

**Address:** 569 BRACE AVE.

2

**Race:**

**Sex:** F

**Phone:** ( ) -

**City:** PERTH AMBOY, NJ 08861-3031



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP03112

**Nature:** SUSPICIOUS

**Address:** ATLANTIC ST; BEHIND SENIOR  
BLDG

**Location:** P22

KEYPORT NJ 07735

**Offense Codes:** RIPO, N/A, WOFF, DCON

**Received By:** Schwarz, C

**How Received:** T

**Agency:** P22

**Responding Officers:** Shewchuk, A, Dixon, S, Staats, Al

**Responsible Officer:** Shewchuk, A

**Disposition:** 04/06/19

**When Reported:** 07:52:57 04/06/19

**Occurred Between:** 07:52:22 04/06/19 and 07:52:22 04/06/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** RIPO Resist or Interfere w/ Police

**Additional Offense:** N/A Not Applicable

**Additional Offense:** WOFF Weapons Offense

**Additional Offense:** DCON Disorderly Conduct

## Circumstances

**Responding Officers:**

**Unit :**

Shewchuk, A

P22037

Dixon, S

P22020

Staats, Al

P22105

**Responsible Officer:** Shewchuk, A

**Agency:** P22

**Received By:** Schwarz, C

**Last Radio Log:** 12:01:56 04/06/19 C

**How Received:** T Telephone

**Clearance:** RR Report Required

**When Reported:** 07:52:57 04/06/19

**Disposition:** **Date:** 04/06/19

**Judicial Status:**

**Occurred between:** 07:52:22 04/06/19

**Misc Entry:**

**and:** 07:52:22 04/06/19

---

|                 |                      |                 |
|-----------------|----------------------|-----------------|
| <b>Statute:</b> | <b>Description :</b> | <b>Method :</b> |
|-----------------|----------------------|-----------------|

---

**Involvements**

| <b>Date</b> | <b>Type</b> | <b>Description</b>                                                |                 |
|-------------|-------------|-------------------------------------------------------------------|-----------------|
| 04/06/19    | Name        | ESTES, DORISSA A                                                  | Arrested        |
| 04/06/19    | Offense     | Resisting Arrest - 1 count                                        | Charged With    |
| 04/06/19    | Offense     | Possession of syringe, needle, certain<br>circumstances - 1 count | Charged With    |
| 04/06/19    | Offense     | Prohibited Weapons/Certain Wea - 1 count                          | Charged With    |
| 04/06/19    | Cad Call    | 07:52:57 04/06/19 SUSPICIOUS                                      | Initiating Call |

## Narrative

On April 6, 2019 at approximately 08:00am, I, Ptlw Shewchuk #2237 was dispatched to 500 Broad street in the rear parking lot for a report of a suspicious subject attempting to enter vehicles. The subject was described as wearing a black hoodie and had a brown and white K9 with them at the time. As I entered the rear parking lot of 500 Broad street in my marked patrol vehicle, I was approached by the caller Megan Ferry, who stated she saw the subject near the vehicles towards the fence, but lost sight of the subject and K9.

I drove into the parking lot further and I observed a female subject wearing a black hoodie with the passenger rear door open of a silver SUV NJ REG RPH41R with a brown and white K9 running along the fence on a leash.

I exited my patrol vehicle and approached the female subject later identified as, Dorissa Estes 5/20/1994, and asked her what she was doing in the vehicle. Estes K9 attempted to charge at me and I asked Estes to please hold on to her dog.

Estes stated she was walking her dog and she was looking for her mothers vehicle and she just wanted to continue to walk her dog. I then asked Estes for identification. Sgt Dixon #2220 arrived on scene and he recognized the subject from a previous incident that occurred in town.

Dispatch confirmed the subject was negative for warrants.

Sgt Dixon and I continued to tell Estes to keep her hands out of her pockets when we spoke to her. Sgt Dixon secured the K9 in his marked patrol vehicle for our safety and to continue our investigation. I asked Estes to empty her pockets on the trunk of vehicle she was standing next to. After she emptied her pockets, I instructed Estes to face the vehicle and place her hands on the vehicle so I could search her person. Estes continued to face me and was not complying with my continuous orders to face the vehicle. Sgt Dixon observed the Estes clenching her hands as if she was trying to conceal something. I instructed Estes to put her hands behind her back, and she dropped a syringe onto the ground. I then attempted to place Estes in handcuffs and she began forcefully resisting by pulling away and pushing into me. I placed Estes into a compliance hold and Sgt Dixon guided Estes to the ground. Estes was still refusing to comply with our orders and would not place her hands behind her back. Estes continued to not comply with our verbal commands. Estes began screaming "Fuck you, you fucking assholes." As myself and Sgt Dixon placed Estes in handcuffs, we observed another syringe cap fall from her person.

After placing Estes on the curb, she requested First Aid for medical attention.

As myself and Sgt Dixon waited for Keyport First Aid to arrive on scene, Estes continued to scream and stated "you are all asshole cops."

Myself and Sgt Dixon placed Estes in my marked patrol vehicle and transported Estes to Keyport Police Headquarters and notified Keyport First Aid to respond to KPD. While transporting Estes to KPD, she continued screaming and stated "you fucking bitch, you don't even care about me. fuck you." I asked Estes if she had any more needles on her person, since I observed a cap fall from her person when we were placing her in handcuffs. Estes stated, "I don't have any fucking needles on me. That wasn't even mine." I then asked Estes if she had anything else sharp on her person. Estes admitted to having a large knife in her jacket pocket.

After searching Estes' person further at Keyport Police Headquarters, the second needle was retrieved and the large knife was found in the jacket pocket. The knife and both needles were photographed. Both needles were placed in the sharps container. The knife was placed into the evidence locker.

---

Keyport First Aid arrived at KPD and they attended to Estes medical needs and she RMA'd.

Dorissa Estes' mother, Donna Estes, retrieved the K9 from Keyport Police Headquarters.  
Donna Estes- (908-461-9087)

Estes was charged with 2C:29-2a(1) Resisting Arrest, 2C:36:6A Possession of a Hypodermic Needle, and 2C:39-3E Prohibited weapons and devices-certain weapons.  
Estes was also charged with 2C:33-2(a)1 Disorderly conduct Summons # SC 012493 with a municipal court date of April 11, 2019 at 3:30pm.

TOT MCCI.

**Supplement**

12:01:56 04/06/2019 - Mellaci, D

CAD Call info/comments

male going car to car trying doors. caller drove past him red hair w/m hood on.

07:53:04 04/06/2019 - Schwarz, C

5'4 and 5'5

07:53:18 04/06/2019 - Schwarz, C

walking towards the side of the senior bldg.

07:53:21 04/06/2019 - Schwarz, C

walking a dog.

07:53:28 04/06/2019 - Schwarz, C

dog is brown and white.

07:54:19 04/06/2019 - Schwarz, C

Caller doesnt see him any more.

07:58:19 04/06/2019 - Mellaci, D - From: Shewchuk, A

out with subject rear parking lot

08:02:58 04/06/2019 - Mellaci, D

e80661776155944 nj negative warrants

08:08:38 04/06/2019 - Mellaci, D - From: Dixon, S

female 10-41

08:11:51 04/06/2019 - Mellaci, D - From: Dixon, S

req first aid

08:17:32 04/06/2019 - Mellaci, D - From: Dixon, S

rph41r nj veh the subject was going through when pd pulled up

08:18:44 04/06/2019 - Mellaci, D - From: Dixon, S

req humane society to hq

08:19:25 04/06/2019 - Munson, K

second alert

08:20:46 04/06/2019 - Mellaci, D - From: Dixon, S

have first aid respond to HQ

08:22:05 04/06/2019 - Mellaci, D - From: Shewchuk, A

transporting female 10-41 to HQ sm - 39243.6

09:13:36 04/06/2019 - Mellaci, D - From: Dixon, S

canceled humane from HQ 41's mother taking the dog

---

**Name Involvements:**

**Arrested :** 554820

**Last:** ESTES

**DOB:** 05/20/94

**First:** DORISSA

**Dr Lic:**

4

**Mid:** A

**Address:** 28 REIDS HILL RD

**Race:** W

**Sex:** F

**Phone:**

**City:** MORGANVILLE, NJ 07751-4222



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP02208

**Nature:** STOP

**Location:** P22

**Address:** MAPLE PL & SR 35 S

KEYPORT NJ 07735

**Offense Codes:** CSPM, CSPP

**Received By:** Sheehan, S

**How Received:** O

**Agency:** P22

**Responding Officers:** Leonard, R, Ruth, J

**Responsible Officer:** Leonard, R

**Disposition:** 03/12/19

**When Reported:** 08:47:30 03/12/19

**Occurred Between:** 08:47:30 03/12/19 and 08:47:30 03/12/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** CSPM Cont Subs, Possess, Marijuana

**Additional Offense:** CSPP Cont Subs, Possess, Paraphrnla

## Circumstances

**Responding Officers:**

**Unit :**

Leonard, R

P22036

Ruth, J

P22024

**Responsible Officer:** Leonard, R

**Agency:** P22

**Received By:** Sheehan, S

**Last Radio Log:** 10:57:35 03/12/19 C

**How Received:** O Ofcr. Initiated

**Clearance:** RR Report Required

**When Reported:** 08:47:30 03/12/19

**Disposition:** **Date:** 03/12/19

**Judicial Status:**

**Occurred between:** 08:47:30 03/12/19

**Misc Entry:**

**and:** 08:47:30 03/12/19

**Statute:**

**Description :**

**Method :**

## Involvements

---

| Date     | Type     | Description                                    |                 |
|----------|----------|------------------------------------------------|-----------------|
| 03/12/19 | Name     | ENNA, MICHAEL                                  | Arrested        |
| 03/12/19 | Offense  | Poss Marijuan/Hash(under 50/5) - 1 count       | Charged With    |
| 03/12/19 | Offense  | Use or possession with intent to use - 1 count | Charged With    |
| 03/12/19 | Offense  | - 1 count                                      | Charged With    |
| 03/12/19 | Vehicle  | RED 2017 FORD F15 NJ                           | Vehicle         |
| 03/12/19 | Cad Call | 08:47:30 03/12/19 STOP                         | Initiating Call |
| 03/12/19 | Property | MARIJUANA 0                                    | Property        |
| 03/12/19 | Property | MARIJUANA K.I.N.D 0                            | Property        |
| 03/12/19 | Property | BLU BONG FLAVORS 0                             | Property        |

---

**Narrative**

On 03/12/2019 I, Ptl. Leonard, was on routine patrol running random plates when I got a hit for an expired license. After observing the driver and confirming the driver matched the description of the registered owner, I then conducted a traffic stop on that vehicle ( NJ reg V27HPG) in the area of Maple and 35S for that Expired Drivers license. When I approached the Vehicle I spoke with the driver a Michael Enna of 60 Harding Place Keansburg who was also the registered owner of he vehicle. When I asked Enna For his license, registration, and insurance card, Enna presented me with his valid registration card, an expired insurance card, and an expired DL from the state of Florida. When asked Enna stated he has houses in Florida, NJ, and Arizona. When asked why his DL was expired he he said he didn't know but thought it was because he gave up his Jersey DL for his Florida one. He then presented me with a valid DL from the state of Arizona. Later back at headquarters Enna was able to present a valid Insurance card off of his phone.

While talking with Enna I observed the odor of Raw Marijuana emanating from the vehicle. When asked about it Enna admitted to having marijuana in the vehicle and also handed me an Arizona State Medical Marijuana card. I advised Enna that NJ does not recognize Medical Marijuana cards from out of state. I then had Enna step out of the Vehicle and asked him where the marijuana was located. Enna told me it was located in a bag on the floor of the back seat. I located a cooler type lunch box from the back seat of the vehicle and inside the open outer left pocket I located a green plastic prescription type bottle containing suspect marijuana, there was no labeling on the bottle indicating it was prescribed to Enna. With that I also found a blue vape pen that Enna Admitted contained THC oil and a K. I. N. D 80% THC oil vape cartridge.

Enna was then escorted back to Keyport Police headquarters where he was booked and processed and released on summons #1322 S 2019 000030 for a violation of 2C:35-10A(4) and 2C:36-2. Enna was advised of his court date on 03/21/2019 at 1530hrs.

---

**Supplement**

10:57:35 03/12/2019 - Sheehan, S

CAD Call info/comments

=====

09:20:50 03/12/2019 - Sheehan, S - From: Leonard, R

10-4

09:30:22 03/12/2019 - Sheehan, S - From: Ruth, J

10-4

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**Vehicles****Vehicle Number:****428636****License Plate:** V27HPG**State:** NJ**Vehicle Year:** 2017**Make:** FORD Ford**Color:** RED /**Vehicle Type:** PTK Passenger Truck**License Type:****Expires:** 04/30/19**VIN:** 1FTFX1EF6HKC27184**Model:** F15**Doors:** 0**Value:** \$0.00**Owner:****Last:****First:****Mid:****DOB:** \*\*/\*\*/\*\***Dr Lic:****Address:****Race:****Sex:****Phone:****City:** ,**Agency:****Date Recov/Rcvd:** \*\*/\*\*/\*\***Officer:****Area:****UCR Status:****Wrecker Service:****Local Status:****Storage Location:****Status Date:** \*\*/\*\*/\*\***Release Date:** \*\*/\*\*/\*\***Comments:**

**Property**

|                                              |                                             |
|----------------------------------------------|---------------------------------------------|
| <b>Property Number:</b> 19KPP0001            | <b>Owner Applied Nmbr:</b>                  |
| <b>Item:</b> MARIJUANA                       |                                             |
| <b>Brand:</b>                                | <b>Model:</b>                               |
| <b>Year:</b> 0                               | <b>Quantity:</b> 1                          |
| <b>Meas:</b> XX                              | <b>Serial Nmbr:</b>                         |
| <b>Total Value:</b> \$0.00                   | <b>Color:</b>                               |
| <b>Owner:</b> ENNA MICHAEL 274634            |                                             |
| <b>Agency:</b> P22 Keyport Police Department | <b>Tag Number:</b>                          |
| <b>Accum Amt Recov:</b> \$0.00               | <b>Officer:</b> Leonard, R                  |
| <b>UCR:</b> DNE Drug/Narc, Marijuana         | <b>UCR Status:</b> EVD                      |
| <b>Local Status:</b> EVD                     | <b>Storage Location:</b>                    |
| <b>Crime Lab Number:</b>                     | <b>Status Date:</b> 03/12/19                |
| <b>Date Released:</b> **/**/**               | <b>Date Recov/Rcvd:</b> **/**/**            |
| <b>Released By:</b>                          | <b>Amt Recovered:</b> \$0.00                |
| <b>Released To:</b>                          | <b>Custody:</b> 00:00:00 03/12/19           |
| <b>Reason:</b> evidence                      |                                             |
| <b>Comments:</b>                             |                                             |
| <b>Property Number:</b> 19KPP0002            | <b>Owner Applied Nmbr:</b>                  |
| <b>Item:</b> MARIJUANA                       |                                             |
| <b>Brand:</b> K.I.N.D                        | <b>Model:</b>                               |
| <b>Year:</b> 0                               | <b>Quantity:</b> 1                          |
| <b>Meas:</b> XX                              | <b>Serial Nmbr:</b> 0000000DCJJ00<br>257791 |
| <b>Total Value:</b> \$0.00                   | <b>Color:</b>                               |
| <b>Owner:</b> ENNA MICHAEL 274634            |                                             |
| <b>Agency:</b> P22 Keyport Police Department | <b>Tag Number:</b>                          |
| <b>Accum Amt Recov:</b> \$0.00               | <b>Officer:</b> Leonard, R                  |
| <b>UCR:</b> DNE Drug/Narc, Marijuana         | <b>UCR Status:</b> EVD                      |
| <b>Local Status:</b> EVD                     | <b>Storage Location:</b>                    |
| <b>Crime Lab Number:</b>                     | <b>Status Date:</b> 03/12/19                |
| <b>Date Released:</b> **/**/**               | <b>Date Recov/Rcvd:</b> **/**/**            |
| <b>Released By:</b>                          | <b>Amt Recovered:</b> \$0.00                |
| <b>Released To:</b>                          | <b>Custody:</b> 00:00:00 03/12/19           |
| <b>Reason:</b> evidence                      |                                             |
| <b>Comments:</b>                             |                                             |
| <b>Property Number:</b> 19KPP0003            | <b>Owner Applied Nmbr:</b>                  |
| <b>Item:</b> BONG                            |                                             |

---

|                                              |                                   |
|----------------------------------------------|-----------------------------------|
| <b>Brand:</b> FLAVORS                        | <b>Model:</b>                     |
| <b>Year:</b> 0                               | <b>Quantity:</b> 1                |
| <b>Meas:</b> XX                              | <b>Serial Nmbr:</b>               |
| <b>Total Value:</b> \$0.00                   | <b>Color:</b> BLU                 |
| <b>Owner:</b> ENNA MICHAEL 274634            |                                   |
| <b>Agency:</b> P22 Keyport Police Department | <b>Tag Number:</b>                |
| <b>Accum Amt Recov:</b> \$0.00               | <b>Officer:</b> Leonard, R        |
| <b>UCR:</b> DNE Drug/Narc, Marijuana         | <b>UCR Status:</b> EVD            |
| <b>Local Status:</b> EVD                     | <b>Storage Location:</b>          |
| <b>Crime Lab Number:</b>                     | <b>Status Date:</b> 03/12/19      |
| <b>Date Released:</b> **/**/**               | <b>Date Recov/Rcvd:</b> **/**/**  |
| <b>Released By:</b>                          | <b>Amt Recovered:</b> \$0.00      |
| <b>Released To:</b>                          | <b>Custody:</b> 13:54:00 03/12/19 |
| <b>Reason:</b>                               |                                   |
| <b>Comments:</b>                             |                                   |

---

**Name Involvements:**

**Arrested :** 274634

**Last:** ENNA

**DOB:** 11/22/68

**First:** MICHAEL

**Dr Lic:**

2

**Mid:**

**Address:** 60 HARDING AVE

**Race:** W

**Sex:** M

**Phone:**

**City:** KEANSBURG, NJ 07734



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP02406

**Nature:** STOP

**Address:** BROADWAY & NORTH WEST

FIRST ST

**Location:** P22

KEYPORT NJ 07735

**Offense Codes:** CSPM

**Received By:** Crotchfelt, A

**How Received:** O

**Agency:** P22

**Responding Officers:** Leonard, R

**Responsible Officer:** Leonard, R

**Disposition:** 03/17/19

**When Reported:** 11:42:24 03/17/19

**Occurred Between:** 11:42:24 03/17/19 and 11:42:24 03/17/19

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

## Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

## Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** CSPM Cont Subs, Possess, Marijuana

## Circumstances

**Responding Officers:**

**Unit :**

Leonard, R

P22036

**Responsible Officer:** Leonard, R

**Agency:** P22

**Received By:** Crotchfelt, A

**Last Radio Log:** 13:05:32 03/17/19 C

**How Received:** O Ofcr. Initiated

**Clearance:** RR Report Required

**When Reported:** 11:42:24 03/17/19

**Disposition:** **Date:** 03/17/19

**Judicial Status:**

**Occurred between:** 11:42:24 03/17/19

**Misc Entry:**

**and:** 11:42:24 03/17/19

**Statute:**

**Description :**

**Method :**

## Involvements

**Date**

**Type**

**Description**

---

|          |          |                                          |                 |
|----------|----------|------------------------------------------|-----------------|
| 03/17/19 | Citation | Moving Violation                         | Citation        |
| 03/17/19 | Offense  | Poss Marijuan/Hash(under 50/5) - 1 count | Charged With    |
| 03/17/19 | Vehicle  | WHI 2006 BMW 530 NJ                      | Vehicle         |
| 03/17/19 | Cad Call | 11:42:24 03/17/19 STOP                   | Initiating Call |
| 03/17/19 | Property | MARIJUANA 0                              | Property        |

---

**Narrative**

On 03/13/2019 at approx. 1142hrs I, Ptl. Leonard, conducted a traffic stop on NJ reg K46KUG in the area of Broadway and N West First Street. I approached the vehicle and spoke with the driver Peter Funk Jr. of 136 Shore Dr. Long Branch NJ. While speaking with Funk I observed the odor of raw Marijuana emanating from the vehicle. When asked, Funk admitted to Smoking marijuana in the vehicle the previous night but said there was none in the vehicle currently.

While talking to Funk I observed a passenger in the vehicle when asked the passenger Identified herself, by giving me her New Jersey Driver's license, as Kayla Doyle of 1035 Woodmere Dr. Cliffwood Bch. I advised Funk that I would be searching the vehicle. Funk asked what if he doesn't consent to the search I advised him that based of the Odor of Raw Marijuana I was going to Search the vehicle. When asked one more time if there was any marijuana in the vehicle funk replied "you're going to search the vehicle anyway".

While searching the vehicle Doyle admitted to Sgt. Ruth that she had a bag of Marijuana that she placed in the glove box. I located a ziploc bag containing brownish green vegetation believed to be marijuana, in the glove box where Doyle said it would be.

At this point I placed Doyle Under arrest for a violation or 2c:35-10A(4) and transported her to Keyport Police headquarters where she was booked, processed and released on summons #1322 S 2019 000032 and released with a court date of 03/21/2019 at 1530hrs.

The driver of the Vehicle, Peter Funk Jr., was issued MV Summons #1322 E19 000650 for a violation of 39:3-77, with a pay by date of 03/31/2019.

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**Supplement**

13:05:32 03/17/2019 - Crotchfelt, A

CAD Call info/comments

=====

12:01:51 03/17/2019 - Crotchfelt, A

23521.8 trans 1 f to hq

12:05:29 03/17/2019 - Crotchfelt, A - From: Leonard, R  
em 23522.5

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**Vehicles****Vehicle Number:**

429713

**License Plate:** K46KUG**State:** NJ**Vehicle Year:** 2006**Make:** BMW BMW**Color:** WHI /**Vehicle Type:** PCAR Passenger Car**License Type:****Expires:** 01/31/20**VIN:** WBANE73506CM3106

2

**Model:** 530**Doors:** 0**Value:** \$0.00**Owner:****Last:** FUNK JR**First:** PETER**Mid:** J**DOB:** 05/12/94**Dr Lic:**

2

**Address:** 136 SHORE DR; PATTEN  
WOODS**Race:** W**Sex:** M**Phone:****City:** LONG BRANCH, NJ 07740**Agency:****Date Recov/Rcvd:** \*\*/\*\*/\*\***Officer:****Area:****UCR Status:****Wrecker Service:****Local Status:****Storage Location:****Status Date:** \*\*/\*\*/\*\***Release Date:** \*\*/\*\*/\*\***Comments:**

---

**Property**

**Property Number:** 19KPP0005  
**Item:** MARIJUANA

**Owner Applied Nmbr:**

**Brand:**  
**Year:** 0  
**Meas:**  
**Total Value:** \$0.00  
**Owner:** DOYLE KAYLA P 385791  
**Agency:** P22 Keyport Police Department  
**Accum Amt Recov:** \$0.00  
**UCR:**  
**Local Status:** EVD  
**Crime Lab Number:**  
**Date Released:** \*\*/\*\*/\*\*  
**Released By:**  
**Released To:**  
**Reason:** evidence  
**Comments:**

**Model:**  
**Quantity:** 1  
**Serial Nmbr:**  
**Color:**  
**Tag Number:**  
**Officer:** Leonard, R  
**UCR Status:** EVD  
**Storage Location:**  
**Status Date:** 03/17/19  
**Date Recov/Rcvd:** \*\*/\*\*/\*\*  
**Amt Recovered:** \$0.00  
**Custody:** 13:07:00 03/17/19



# Keyport Police Department

70 W FRONT ST; PD 22 KEYPORT , NJ 07735 ( ) -

Officer Report for Incident 19KP02603

Nature: STOP

Location: P22

Address: MAPLE PL & NAPPI PL

KEYPORT NJ 07735

Offense Codes: CSPM

Received By: Neary, Ma

How Received: O

Agency: P22

Responding Officers: Ely, R, Shewchuk, A

Responsible Officer: Shewchuk, A

Disposition: ACT 03/27/19

When Reported: 13:41:10 03/23/19

Occurred Between: 13:41:10 03/23/19 and 13:41:10 03/23/19

Assigned To:

Detail:

Date Assigned: \*\*/\*\*/\*\*

Status:

Status Date: \*\*/\*\*/\*\*

Due Date: \*\*/\*\*/\*\*

## Complainant:

Last:

First:

Mid:

DOB: \*\*/\*\*/\*\*

Dr Lic:

Address:

Race:

Sex:

Phone:

City: ,

## Offense Codes

Reported:

Observed:

Additional Offense: CSPM Cont Subs, Possess, Marijuana

## Circumstances

Responding Officers:

Unit :

Ely, R

P22212

Shewchuk, A

P22037

Responsible Officer: Shewchuk, A

Agency: P22

Received By: Neary, Ma

Last Radio Log: 16:13:23 03/23/19 C

How Received: O Ofcr. Initiated

Clearance: RR Report Required

When Reported: 13:41:10 03/23/19

Disposition: ACT Date: 03/27/19

Judicial Status:

Occurred between: 13:41:10 03/23/19

Misc Entry:

and: 13:41:10 03/23/19

Statute:

Description :

Method :

## Involvements

Date

Type

Description

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|          |          |                                          |                   |
|----------|----------|------------------------------------------|-------------------|
| 03/27/19 | Name     | FLAKES, PATTY A                          | Owner             |
| 03/24/19 | Name     | WOOD, JASON A                            | Arrested          |
| 03/23/19 | Offense  | Poss Marijuan/Hash(under 50/5) - 1 count | Charged With      |
| 03/24/19 | Vehicle  | WHI 2015 JEEP WRA NJ                     | Vehicle           |
| 03/23/19 | Cad Call | 13:41:10 03/23/19 STOP                   | Initiating Call   |
| 03/27/19 | Evidence |                                          | Evidence Incident |

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**Narrative**

On March 23, 2019 at approximately 1:40 pm, I, Ptlw Shewchuk was dispatched to the intersection of Maple & Nappi Pl to assist an officer with a traffic stop. At the time of this stop, the Saint Patrick's day Parade was in effect and was moving through town, and numerous streets were shut down and detoured including the W4th bridge, off Maple Place.

Upon arrival in my marked patrol vehicle, I was met by Officer Ely, who had conducted a traffic stop after Officer Eng advised him that the vehicle had disregarded the traffic signal on Broadway and Officers instructions, and began traveling West onto the W 4th overpass.

As I approached the driver side of the vehicle, I could smell the odor of raw marijuana emanating from the vehicle. I asked the driver, later identified as, Jason Wood, to step out of the vehicle. I asked Wood to step to the back of his vehicle so I could further conduct my investigation to the traffic stop. I asked Mr. Wood if he had any marijuana in the vehicle and he denied having any in the vehicle, despite telling him that two officers could smell the odor. After asking Mr. Wood numerous times if he had any marijuana in the vehicle, he denied each time. I then asked Mr. Wood to sit on the curb next to my marked patrol vehicle with the overhead lights activated. I approached the passenger side of the vehicle to speak with the passenger, Ms. Patty Flakes. After speaking with Ms. Flakes, I walked back to my patrol vehicle to begin issuing traffic summons to Jason Wood. After calling Wood's DL into county dispatch, they advised me his Drivers license was suspended. I advised Officer Ely that his license was suspended and continued to issue the traffic summons'.

County Dispatch then advised me that a passerby called and said they saw the subject sitting on the curb and was attempting to hide something in the grass. Officer Ely then searched the grass and found a blunt wrapped containing green vegetation, suspect marijuana. Mr. Wood was then arrested and transported to Keyport Police Headquarters where he was charged with 2C: 35-10a(4) possession of marijuana under 50 grams, a disorderly persons offense. Mr. Wood was released on summons S2019000037 with a Municipal court date of April 4, 2019 at 3:30pm. Mr. Wood was issued ECitation #1322E19000695 Operating MV while Poss of CDS, #1322E19000694 Driving w/ Suspended Lic/Reg, and #1322E19000693 Careless Driving.

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**Supplement**

16:13:23 03/23/2019 - Neary, Ma

CAD Call info/comments

=====

13:42:47 03/23/2019 - Neary, Ma

\*URGENT\* Address change from MAPLE PL to MAPLE PL & NAPPI PL

13:56:52 03/23/2019 - Neary, Ma

22037 has a 10-41

13:59:59 03/23/2019 - Johnson, H

advised per caller passer buy the adult male on curb stuffed something into the grass on the left side

14:03:54 03/23/2019 - Neary, Ma - From: Shewchuk, A

enroute hq with 1 male 10-41

## Vehicles

**Vehicle Number:**

169810

**License Plate:** J86KNZ**State:** NJ**Vehicle Year:** 2015**Make:** JEEP Jeep**Color:** WHI /**Vehicle Type:** PCAR Passenger Car**License Type:** PC Regular Passenger Automobile**Expires:** 09/30/19**VIN:** 1C4BJWDG7FL754844**Model:** WRA**Doors:** 2**Value:** \$0.00**Owner:****Last:** FLAKES**First:** PATTY**Mid:** A**DOB:** 05/09/97**Dr Lic:****Address:** 5 KEARNEY ST

2

**Race:** B**Sex:** F**Phone:** () -**City:** KEYPORT, NJ 07735**Agency:****Date Recov/Rcvd:** \*\*/\*\*/\*\***Officer:****Area:****UCR Status:****Wrecker Service:****Local Status:****Storage Location:****Status Date:** \*\*/\*\*/\*\***Release Date:** \*\*/\*\*/\*\***Comments:**

**Name Involvements:****Arrested :** 131088**Last:** WOOD**DOB:** 12/01/95**First:** JASON**Dr Lic:**

54

**Mid:** A**Address:** 5 KEARNEY STR**Race:** W**Sex:** M**Phone:** () -**City:** KEYPORT, NJ 07735**Owner :** 465987**Last:** FLAKES**DOB:** 05/09/97**First:** PATTY**Dr Lic:**

2

**Mid:** A**Address:** 5 KEARNEY ST**Race:** B**Sex:** F**Phone:** () -**City:** KEYPORT, NJ 07735



CALL FOR SERVICE DETAILS

NJ0132200 KEYPORT POLICE

CFS Number: 19-1399  
CFS Date: 15-FEB-2019 14:03  
Actual CFS Type: 67 C.D.S.  
CFS Received As: 35 SUSPICIOUS PERSONS

Disposition: 41  
Entered By: gillarms

Location: 78 BROAD ST  
THIRD ST  
KEYPORT

Apt:

Primary Unit: KP-30

Officer: CPA AUMACK, CASSANDRA

Involved Party: ARREST  
NOLL, MICHAEL  
54 RARITAN REACH RD

Apt:  
Phone:

Involved Party: SOUTH AMBOY  
CALLER  
CAPUTO, GRACE  
78 BROAD ST  
THIRD ST  
KEYPORT

Apt:  
Phone:

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag | State |
|--------------------|------|------|-------|------|-------|-----|-------|
|--------------------|------|------|-------|------|-------|-----|-------|

Narrative:

\*\*\*\*\*ORIGINAL TIME OF CALL: 1346 HRS\*\*\*\*\*

CALLER (EMPLOYEE FROM DUNKIN DONUTS) CAME INSIDE THE PREMISES AND TOLD HE COULD NOT USE THE BATHROOM. SUBJ STILL WENT INTO THE BATHROOM. WHEN HE CAME OUT, HE APPEARED TO BE STUMBLING AND ALMOST FELL INTO ONCOMING TRAFFIC WHILE CROSSING THE STREET. SUBJ WENT INTO THE APTS ABOVE FAST COPY. SUBJ DESCRIBED AS A WHITE MALE W/BUE EYES, 5'7", WEARING A GRAY HOODIE. PTLW AUMACK RESPONDING.

INV NEGATIVE WARRANTS ATS/ACS, NCIC.

1405: PTLW AUMACK RPTS SHE HAS 1 IN CUSTODY.

1429: ARRESTEE PLACED IN CELL 1.

1438: PTLW AUMACK REQ FA DISPATCHED. FA GEN PAGED.

1442: 2ND REQ FA GEN PAGED.

1446: 3RD REQ FA GEN PAGED. MUTUAL AID ALSO REQ'D OF KEANSBURG.

1448: LT FERM REQ HAZLET HOPE DISPATCHED. SERVICE ADVISED REP WILL BE RESPONDING.

1449: 4TH REQ FA GEN PAGED. KEANSBURG PD DISPATCHED.

1451: UNION BEACH 6557 RESPONDING.

1519: HAZLET HOPE ON LOC.

1527: KFA TO BAYSHORE

PTLW AUMACK ISSUED 1322 S 2019 23 STAT: 2C:36-6A & 2C:36-2 MANDATORY COURT: 02/21/19 3:30PM

Date and Time

CFS Remarks

## ARREST REPORT

PG. 1 OF 1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | 3. DEPT. CASE NO.<br><b>19-113DB</b>                                                                                                                                                                                                                                                                                                                                              |                               | 4. PROS CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | 5. INCIDENT NO.<br><b>19-1399</b>                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 6. SUBJECT NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       | 7. NAME (LAST, FIRST, MIDDLE)<br><b>NOLL, MICHAEL T</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 8. PHONE (H)<br>PHONE (C)                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | 9. ALIAS/NICKNAME                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>54 RARITAN REACH RD. SOUTH AMBOY, NJ 08879</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 11. POB<br><b>EDISON NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | 12. US CITIZEN?<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK                                                                                                                                 |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 13. AGE<br><b>37</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14. DOB (MM/DD/YY)<br><b>08/30/81</b> | 15. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16. RACE<br><b>W</b> | 17. HISPANIC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                                                                                                                                                  | 18. HT. (FT/IN)<br><b>510</b> | 19. WEIGHT<br><b>175</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | 20. HAIR<br><b>BLN</b> | 21. EYES<br><b>BLU</b>                                                                                                                                                                                                                              | 22. <input type="checkbox"/> RIGHT-HANDED<br><input type="checkbox"/> LEFT-HANDED |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 25. OCCUPATION                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | 26. <input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> SEPERATED                                                              |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 27. EMPLOYER/SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 28. BUSINESS PHONE (AREA)                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | 29. SOCIAL SECURITY NO.                                                                                                                                                                                                                             |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 30. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | 31. FBI NO.                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 32. SBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 34. OTHER ID NO. (TYPE)                                                                                                                                                                                                                                                                                                                                                           |                               | 35. DRIVER'S LICENSE NO.                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | 36. STATE<br><b>NJ</b>                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 37. COMPLEXION<br><input checked="" type="checkbox"/> 1. PALE<br><input type="checkbox"/> 2. LIGHT<br><input type="checkbox"/> 3. MEDIUM<br><input type="checkbox"/> 4. DARK<br><input type="checkbox"/> 5. TANNED<br><input type="checkbox"/> 6. JAUNDICED<br><input type="checkbox"/> 7. ACNE<br><input type="checkbox"/> 8. FRECKLED<br><input type="checkbox"/> 9. POCKED<br><input type="checkbox"/> 10. RUDDY<br><input type="checkbox"/> 11. OTHER                                                                                                                |                                       | 38. HAIR STYLE<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. AFRO<br><input type="checkbox"/> 3. BRAIDED<br><input type="checkbox"/> 4. BUSHY<br><input type="checkbox"/> 5. CREW CUT<br><input type="checkbox"/> 6. MILITARY<br><input type="checkbox"/> 7. PONYTAIL<br><input type="checkbox"/> 8. PROCESSED<br><input checked="" type="checkbox"/> 9. STRAIGHT<br><input type="checkbox"/> 10. WAVY / CURLY<br><input type="checkbox"/> 11. WIG<br><input type="checkbox"/> 12. OTHER |                      | 39. HAIR LENGTH<br><input type="checkbox"/> 1. SHAVED<br><input type="checkbox"/> 2. BALD<br><input checked="" type="checkbox"/> 3. BALDING<br><input type="checkbox"/> 4. SHORT<br><input type="checkbox"/> 5. NECK LEN<br><input type="checkbox"/> 6. COLLAR<br><input type="checkbox"/> 7. SHOULDER<br><input type="checkbox"/> 8. LONGER<br><input type="checkbox"/> 9. OTHER |                               | 40. FACIAL HAIR<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input checked="" type="checkbox"/> 2. CLEAN SHAVEN<br><input type="checkbox"/> 3. UNSHAVEN<br><input type="checkbox"/> 4. SIDEBURNS<br><input type="checkbox"/> 5. MUSTACHE<br><input type="checkbox"/> 6. FU MANCHU<br><input type="checkbox"/> 7. LOWER LIP<br><input type="checkbox"/> 8. GOATEE<br><input type="checkbox"/> 9. FULL BEARD<br><input type="checkbox"/> 10. OTHER |                        | 41. BUILD<br><input checked="" type="checkbox"/> 1. THIN<br><input type="checkbox"/> 2. MEDIUM<br><input type="checkbox"/> 3. STOCKY<br><input type="checkbox"/> 4. HEAVY<br><input type="checkbox"/> 5. OBESE<br><input type="checkbox"/> 6. OTHER |                                                                                   | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL<br><input type="checkbox"/> 2. ACCENT<br><input type="checkbox"/> 3. NON-ENGLISH<br><input type="checkbox"/> 4. HIGH-PITCH<br><input type="checkbox"/> 5. LOW-PITCH<br><input type="checkbox"/> 6. NASAL<br><input type="checkbox"/> 7. RASPY<br><input type="checkbox"/> 8. STUTTERS<br><input type="checkbox"/> 9. OTHER |  |
| 43. WEAPON<br><input checked="" type="checkbox"/> 1. NONE<br><input type="checkbox"/> 2. AUTOMATIC<br><input type="checkbox"/> 3. HANDGUN<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> 5. RIFLE<br><input type="checkbox"/> 6. OTHER FIREARM<br><input type="checkbox"/> 7. UNKNOWN FIREARM<br><input type="checkbox"/> 8. KNIFE/CUT INST.<br><input type="checkbox"/> 9. CLUB/BLACK/JACK<br><input type="checkbox"/> 10. OTHER                                                                                                                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>81 BROAD ST. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 45. ARREST DATE (MM/DD/YY)<br><b>02/15/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | 46. TIME<br><b>1405</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>81 BROAD ST. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                        |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 48. ARREST<br><input type="checkbox"/> WARRANT <input checked="" type="checkbox"/> ON VIEW<br><input type="checkbox"/> SUMMONS <input type="checkbox"/> ON P. C.                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 49. CRIMINAL WAR./SUMMONS NO.<br><b>S-2019-00023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 50. CRIME / OFFENSE<br><b>Possession of CDS paraphenalia;<br/>Possession or distribution of sy</b>                                                                                                                                                                                                                                                                                |                               | 51. NJ STATUTE<br><b>36-2<br/>36-6</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 52. UCR CODE                                                                                                                                                                                                                                        |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 53. TOTAL NO. OF CHARGES<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | 54. MV SUMMONS/WARNING NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | 55. DATE OF OFFENSE<br><b>02/15/19</b>                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 56. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 57. FINGERPRINTED<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | 58. PHOTOGRAPHED<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                                                                                                                                                                                                                                                                           |                               | 59. PHOTO NUMBER<br><b>132201002170</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                        | 60. NCIC CHECK<br><input type="checkbox"/> 1. WANTED <input checked="" type="checkbox"/> 3. NO RECORD                                                                                                                                               |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 61. CONSTITUTIONAL RIGHTS BY WHOM<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | HOW RESPONDED :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 62. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)<br><b>STATE OF NEW JERSEY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | ADDRESS (STREET, MUN., STATE, ZIP)<br><b>70 WEST FRONT ST. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | PHONE NO. (AREA)                                                                                                                                                                                                                                    |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 63. JUDGE SETTING BAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 64. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | 65. TIME                                                                                                                                                                                                                                                                                                                                                                          |                               | 66. AMOUNT<br><b>RELEASED ON SUMMONS</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                        | 67. RESULT                                                                                                                                                                                                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 68. FINAL DISPOSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 69. DATE<br><b>02/15/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                               |                               | SIGNATURE OF ARRESTEE                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 71. VEHICLE OWNER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 72. YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 73. MAKE             | 74. MODEL                                                                                                                                                                                                                                                                                                                                                                         | 75. BODY TYPE                 | 76. COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                             | 77. REGISTRATION NO.   | STATE                                                                                                                                                                                                                                               | 78. V.I.N./OTHER IDENTIFYING NO.                                                  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 79. JUVENILE OR NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | PARENT/GUARDIAN/ PROBATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | NAME                                                                                                                                                                                                                                                                                                                                                                              |                               | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 81. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 82. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | 83. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 84. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                                          |                               | 85. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | 86. TIME                                                                                                                                                                                                                                            |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 87. JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPARTMENT<br><input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | 88. REFERRED TO ADULT COURT<br>REFERRED TO JV COURT OR PROBATION<br>REFERRED TO CHILD WELFARE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 89. OFFICER RELEASING JUVENILE SIGNATURE                                                                                                                                                                                                                                                                                                                                          |                               | BADGE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 89. NARRATIVE / ADDITIONAL CHARGES<br><br><b>The above was arrested on possession of paraphenilia and possession of a hypodermic needle after both items were located on him.</b><br><br><b>Noll was processed and released from Keyport Police Headquarters on a summons and has a mandatory court day of February 21, 2019 at 3:30 hours at Keyport Municipal Court. Noll was charged with violations of N.J.S.A. 2C:36-2, possession of paraphernalia, and a violation of N.J.S.A. 2C:36-6a, possession of a hypodermic needle, both disorderly persons offenses.</b> |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 90. PRINT NAME / OFF. NAME<br><b>AUMACK, CASSANDRA P</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | SIGNATURE                                                                                                                                                                                                                                                                                                                                                                         |                               | 91. BADGE NO.<br><b>CPA</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | 92. PAGE NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 93. REPORT DATE<br><b>15-FEB-2019</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | 94. REVIEWED BY                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |  |



CALL FOR SERVICE DETAILS

NJ0132200 KEYPORT POLICE

CFS Number: 19-1645  
CFS Date: 24-FEB-2019 19:31  
Actual CFS Type: 32 DISORDERLY PERSONS  
CFS Received As: 32 DISORDERLY PERSONS

Disposition: 41  
Entered By: elyr

Location: 209 WASHINGTON ST  
PROVOST AV  
KEYPORT

Apt:

Primary Unit: KP-27

Officer: SCW WHEELER, STEVEN

Involved Party: ARREST  
KSEPKA, NICOLE  
209 WASHINGTON ST  
PROVOST AV  
KEYPORT

Apt:  
Phone:

Involved Party: ARREST  
MERLA, GIOVANNI  
328 BROAD ST  
HURLEY ST  
KEYPORT

Apt:  
Phone:

Involved Party: CALLER  
KSEPKA, MICHAEL  
209 WASHINGTON ST  
PROVOST AV  
KEYPORT

Apt:  
Phone:

Involved Party: INV  
KSEPKA, DEBRA  
209 WASHINGTON ST  
PROVOST AV  
KEYPORT

Apt:  
Phone:

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag | State |
|--------------------|------|------|-------|------|-------|-----|-------|
|--------------------|------|------|-------|------|-------|-----|-------|

**Narrative:** Caller reports some sort of dispute with 2 subjects that he believes to be under the influence of drugs. Patrols responding.  
19:35hr Patrols on location. While patrols were on scene several clicks were heard over radio and hqts could not make radio contact with the patrols. Aberdeen was requested to check on the officers.  
19:39hrs. Patrols radioed that they were fighting with both subjects but are now ok and have 2 in custody. Aberdeen on location.  
19:41hrs. Ptl DeGroat requests first aid to hqts to evaluate 1 prisoner. First Aid paged.  
19:45hrs 2258 in service. Ptl Ferm enroute to hqts with 1 female prisoner.  
19:46hrs Ptl DeGroat enroute with 1 male prisoner.  
19:49hrs Both patrols at hqts and 2258 on location.  
19:53hrs 2258 transporting to Bayshore with Ptl DeGroat on board with Giovanni Merla in custody.  
19:57hrs Nicole Ksepka was placed in Cell #1 by Ptl Ferm.  
20:10hrs Sgt Wheeler requests a female officer from a surrounding town for a search. Matawan will send officer over.  
20:23hrs Matawan Ptlw Heppel #139 arrived and did search on female with negative results.  
20:30hrs Lt Ferm at Bayshore Hospital for prisoner watch to relieve Ptl DeGroat.  
21:01hrs Nicole Ksepka states while jumping up and down in cell and yelling that she



**CALL FOR SERVICE DETAILS**

**NJ0132200      KEYPORT POLICE**

**Narrative:** cannot breathe. She was moved to a larger cell and still claims same symptoms. First Aid requested.  
21:08hrs. 2258 in service. While awaiting first aid, Nicole was continually pacing back and forth and adjusting hair into ponytail.  
21:11hrs 2258 at hqts to check on patient.  
21:17hrs 2258 clearing, patient refused further medical attention.  
22:23hrs Ptl DeGroat and Ptl Leonard transporting Nicole Ksepka to M.C.C.I. starting mileage 8690.6.  
Ptl FERM issued #W19-25 against Nicole Ksepka for 2C:33-2(A)(1) Disorderly Conduct, 2C:12-1(B)(5)(A) Aggravated Assault on Police Officer, 2C:29:2(A)(1) Resisting Arrest and 2C:29:1(A) NO Bail T.O.T M.C.C.I.  
0023: LT FERM ENROUTE FROM BCH BACK TO HQ WITH 1 MALE  
0030: LT FERM ARRIVING AT HQ  
Ptl. DeGroat issued W# 1322.w2019.000026 to Giovanni Merla for 2C:28-6(1), 2C35-10A(4), 2C:35-10A(1), 2C:36-2, 2C:29-2A(3)(B), 2C:35-10C x2, 2C:33-2A(2), 2C:29-1A.  
Ptl .DeGroat transporting Giovanni Merla to MCCI

**Date and Time**

**CFS Remarks**



CALL FOR SERVICE DETAILS

NJ0132200 KEYPORT POLICE

CFS Number: 19-1787  
CFS Date: 28-FEB-2019 19:59  
Actual CFS Type: 44 MV STOP  
CFS Received As: 44 MV STOP

Disposition: 41  
Entered By: gillarms

Location: HWY 35 HY  
BROADWAY WY  
KEYPORT

Apt:

Primary Unit: KP-31  
Officer: CDE DEGROAT, CHRISTOPHER

Involved Party: ARREST  
HALL, TATIANNA  
306 SAWMILL RD  
BRICK

Apt:  
Phone:

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag    | State |
|--------------------|------|------|-------|------|-------|--------|-------|
|                    | 2013 | JEEP | LAR   |      | BLACK | S56KDJ | NJ    |

Narrative: PTL DEGROAT ON MV STOP HWY 35N IN FRONT OF KNIGHTS OF COLUMBUS.  
PTL FERM ASSISTED.  
NJDL SUSPENDED. ACS WARRANT LOCATED OUT OF BRICK TWP WARRANT  
#T 157419 BAIL \$119.  
2008: PTL DEGROAT TRANSPORTING 1 FEMALE IN CUSTODY TO KPDHQ.  
START MILE: 8907.4. PTL FERM DRIVING VEH TO KPDHQ, START MILE: 118343  
WITH LESS THAN 1/8 TANK OF GAS.  
2012: PTL FERM AT KPDHQ. END MILE: 118345 WITH LESS THAN 1/8 TANK OF  
GAS.  
2013: PTL DEGROAT AT KPDHQ. END MILE: 8909.0.  
2039: PTL FERM ESCORTING ARRESTEE TO BANK OF AMERICA TO OBTAIN  
THE BALANCE OF HER BAIL MONEY. START MILE: 37659.1.  
2043: PTL FERM CLEAR OF ESCORT, END MILE: 37659.8.  
2050: ARRESTEE PLACED IN CELL #1 BY PTL FERM PENDING PROCESSING.  
2144: PTL DEGROAT ISSUED 1322 SC 2019 28 STAT: 2C:35-10A(4), E19-479  
VIO:39:3-40 (NJDL), E19-480 VIO:39:4-49.1 MANDATORY COURT: 03/14/19.  
ARRESTEE POSTED CASH BAIL, WAS PROCESSED BY PTL DEGROAT AND  
RELEASED ON BAIL & SUMMONSES.

Date and Time

CFS Remarks

## ARREST REPORT

PG. 1 OF 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | 3. DEPT. CASE NO.<br><b>19-136DB</b>                                                                                                                                                                                                                                                                                                                                              |                               | 4. PROS. CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | 5. INCIDENT NO.<br><b>19-1787</b>                                                                                                                                                                                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 6. SUBJECT NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | 7. NAME (LAST, FIRST, MIDDLE)<br><b>HALL, TATIANNA J</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 8. PHONE (H)<br>PHONE (C)                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | 9. ALIAS/NICKNAME                                                                                                                                                                                                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>306 SAWMILL RD. BRICK, NJ 08724</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 11. POB                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | 12. US CITIZEN?<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK                                                                                                                                 |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 13. AGE<br><b>26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 14. DOB (MM/DD/YY)<br><b>03/19/92</b> | 15. SEX<br><b>F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16. RACE<br><b>B</b> | 17. HISPANIC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                                                                                                                                                  | 18. HT. (FT/IN)<br><b>508</b> | 19. WEIGHT<br><b>130</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | 20. HAIR<br><b>BRO</b> | 21. EYES<br><b>BRO</b>                                                                                                                                                                                                                              | 22. <input checked="" type="checkbox"/> RIGHT-HANDED<br><input type="checkbox"/> LEFT-HANDED |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS<br>...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 25. OCCUPATION<br><b>medical assistant</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                        | 26. <input checked="" type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> SEPERATED                                                   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 27. EMPLOYER/SCHOOL<br><b>Sea View Rehab</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 28. BUSINESS PHONE (AREA)                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)<br><b>NEPTUNE, NJ</b>                                                                                                                                                                             |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 31. FBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 32. SBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                              |                               | 34. OTHER ID NO. (TYPE)                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | 35. DRIVER'S LICENSE NO.<br><b>NJ</b>                                                                                                                                                                                                               |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 37. COMPLEXION<br><input checked="" type="checkbox"/> 1. PALE<br><input type="checkbox"/> 2. LIGHT<br><input type="checkbox"/> 3. MEDIUM<br><input type="checkbox"/> 4. DARK<br><input type="checkbox"/> 5. TANNED<br><input type="checkbox"/> 6. JAUNDICED<br><input type="checkbox"/> 7. ACNE<br><input type="checkbox"/> 8. FRECKLED<br><input type="checkbox"/> 9. POKED<br><input type="checkbox"/> 10. RUDDY<br><input type="checkbox"/> 11. OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 38. HAIR STYLE<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. AFRO<br><input type="checkbox"/> 3. BRAIDED<br><input type="checkbox"/> 4. BUSHY<br><input type="checkbox"/> 5. CREW CUT<br><input type="checkbox"/> 6. MILITARY<br><input type="checkbox"/> 7. PONYTAIL<br><input type="checkbox"/> 8. PROCESSED<br><input type="checkbox"/> 9. STRAIGHT<br><input type="checkbox"/> 10. WAVY / CURLY<br><input checked="" type="checkbox"/> 11. WIG<br><input type="checkbox"/> 12. OTHER |                      | 39. HAIR LENGTH<br><input type="checkbox"/> 1. SHAVED<br><input type="checkbox"/> 2. BALD<br><input type="checkbox"/> 3. BALDING<br><input type="checkbox"/> 4. SHORT<br><input type="checkbox"/> 5. NECK LEN<br><input type="checkbox"/> 6. COLLAR<br><input checked="" type="checkbox"/> 7. SHOULDER<br><input type="checkbox"/> 8. LONGER<br><input type="checkbox"/> 9. OTHER |                               | 40. FACIAL HAIR<br><input checked="" type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. CLEAN SHAVEN<br><input type="checkbox"/> 3. UNSHAVEN<br><input type="checkbox"/> 4. SIDEBURNS<br><input type="checkbox"/> 5. MUSTACHE<br><input type="checkbox"/> 6. FU MANCHU<br><input type="checkbox"/> 7. LOWER LIP<br><input type="checkbox"/> 8. GOATEE<br><input type="checkbox"/> 9. FULL BEARD<br><input type="checkbox"/> 10. OTHER |                        | 41. BUILD<br><input checked="" type="checkbox"/> 1. THIN<br><input type="checkbox"/> 2. MEDIUM<br><input type="checkbox"/> 3. STOCKY<br><input type="checkbox"/> 4. HEAVY<br><input type="checkbox"/> 5. OBESE<br><input type="checkbox"/> 6. OTHER |                                                                                              | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL<br><input type="checkbox"/> 2. ACCENT<br><input type="checkbox"/> 3. NON-ENGLISH<br><input type="checkbox"/> 4. HIGH-PITCH<br><input type="checkbox"/> 5. LOW-PITCH<br><input type="checkbox"/> 6. NASAL<br><input type="checkbox"/> 7. RASPY<br><input type="checkbox"/> 8. STUTTERS<br><input type="checkbox"/> 9. OTHER |  |
| 43. WEAPON<br><input checked="" type="checkbox"/> 1. NONE<br><input type="checkbox"/> 2. AUTOMATIC<br><input type="checkbox"/> 3. HANDGUN<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> 5. RIFLE<br><input type="checkbox"/> 6. OTHER FIREARM<br><input type="checkbox"/> 7. UNKNOWN FIREARM<br><input type="checkbox"/> 8. KNIFE/CUT INST.<br><input type="checkbox"/> 9. CLUB/BLACK/JACK<br><input type="checkbox"/> 10. OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>HWY 35 HY. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 45. ARREST DATE (MM/DD/YY)<br><b>02/28/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | 46. TIME<br><b>1959</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>HWY 35 HY. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 48. ARREST<br><input type="checkbox"/> WARRANT <input type="checkbox"/> ON VIEW<br><input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> ON P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | 49. CRIMINAL WAR./SUMMONS NO.<br><b>1322.S2019.000028<br/>T157419</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | 50. CRIME / OFFENSE<br><b>Possession of C.D.S.<br/>CONTEMPT OF COURT<br/>C.D.S. IN VEHICLE<br/>DRIVING WHILE SUSPENDED</b>                                                                                                                                                                                                                                                        |                               | 51. NJ STATUTE<br><b>2C:35-10A<br/>2A:10-1<br/>39:4-49.1<br/>39:3-40</b>                                                                                                                                                                                                                                                                                                                                                                              |                        | 52. UCR CODE                                                                                                                                                                                                                                        |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 53. TOTAL NO. OF CHARGES<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | 54. MV SUMMONS/WARNING NO.<br><b>E19.479<br/>E19.480</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 55. DATE OF OFFENSE<br><b>02/28/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | 56. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 57. FINGERPRINTED<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 58. PHOTOGRAPHED<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | 59. PHOTO NUMBER                                                                                                                                                                                                                                                                                                                                                                  |                               | 60. NCIC CHECK <input checked="" type="checkbox"/> 2. NO CHECK<br><input type="checkbox"/> 1. WANTED <input type="checkbox"/> 3. NO RECORD                                                                                                                                                                                                                                                                                                            |                        | 61. CONSTITUTIONAL RIGHTS BY WHOM<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br>HOW RESPONDED :                                                                                                                         |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 62. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)<br><b>DEGROAT, CHRIS PTL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | ADDRESS (STREET, MUN., STATE, ZIP)<br><b>70 W FRONT ST. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | PHONE NO. (AREA)                                                                                                                                                                                                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 63. JUDGE SETTING BAIL<br><b>02/27/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | 64. DATE<br><b>02/27/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | 65. TIME<br><b>0000</b>                                                                                                                                                                                                                                                                                                                                                           |                               | 66. AMOUNT<br><b>\$119</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | 67. RESULT<br><b>CASH BAIL POSTED</b>                                                                                                                                                                                                               |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 68. FINAL DISPOSITION<br><b>02/28/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 69. DATE<br><b>02/28/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                               |                               | SIGNATURE OF ARRESTER                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 71. VEHICLE OWNER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | 72. YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 73. MAKE             | 74. MODEL                                                                                                                                                                                                                                                                                                                                                                         | 75. BODY TYPE                 | 76. COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                             | 77. REGISTRATION NO.   | STATE                                                                                                                                                                                                                                               | 78. V.I.N./OTHER IDENTIFYING NO.                                                             |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 79. JUVENILE OR NEXT OF KIN INFORMATION PARENT/GUARDIAN/ PROBATION NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 81. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 82. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 83. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 84. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | 85. DATE                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 86. TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 87. JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPARTMENT<br><input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | 88. REFERRED TO ADULT COURT<br><input type="checkbox"/> REFERRED TO JV COURT OR PROBATION<br><input type="checkbox"/> REFERRED TO CHILD WELFARE AGENCY                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               | 89. OFFICER RELEASING JUVENILE SIGNATURE<br>BADGE NO.                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 89. NARRATIVE / ADDITIONAL CHARGES<br>On February 28th 2019 at approximately 19:59 hours while on routine patrol in the Boro of Keyport I, Ptl. DeGroat, performed a random check on Nj Reg: S56-KDJ. The check indicated that the owners drivers license was suspended. I activated my overhead lights and conducted a motor vehicle stop in the area of Hwy 35 North and W. 4th St. I requested the drivers documents to confirm identification and immediately smelled the odor of raw marijuana coming from the vehicle. The driver, who was then identified as Tatianna J. Hall, provided her documents. I asked her if there was anything in the vehicle I should know about, specifically marijuana as I smelled the odor coming from her car. She stated "No, but I did smoke earlier so the smell might be on my clothes". At that time I instructed her to step out of the vehicle and to the rear as I would be conducting a search. She complied and as we reached the rear of the vehicle Ptl. Ferm and Sgt. Wheeler arrived on scene. I then searched the vehicle while they watched her. During my search I |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |  |

## ARREST REPORT

PG. 2 OF 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                   |                   |                 |                 |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-------------------|-----------------|-----------------|-----------------|
| 1. DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. ORI NO. | 3. DEPT. CASE NO. | 4. PROB. CASE NO. | 5. INCIDENT NO. |                 |                 |
| KEYPORT POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NJ0132200  | 19-136DB          |                   | 19-1787         |                 |                 |
| <p>located a small plastic baggie containing a greenish vegetation (marijuana) in the center console. I continued my search and located a second small plastic baggie containing a greenish vegetation (marijuana) on the floor under the passengers seat. At that time headquarters informed in addition to a suspended drivers license Hall also had an active warrant #T157419 out of Brick Twp for FTA, Bail amount \$119.00.</p> <p>Hall was placed under arrest and brought to Keyport Pd for processing. Her vehicle was seized for forfeiture and Ptl. Ferm transported it back to Keyport Pd. Hall was able to post bail for the Brick warrant and was given a court date of 3/14/19 at 16:00 hours. In regards to her violations in the Boro of Keyport she was released with a court date of 3/14/19 at 15:30 hours and issued the following summons: 1322.S2019.000028 for 2C:35-10A(4), E19.479 for 39:3-40 and E19.480 for 39:4-49.1</p> |            |                   |                   |                 |                 |                 |
| 90. PRINT RANK / OFF. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SIGNATURE  |                   | 91. BADGE NO.     | 92. PAGE NO.    | 93. REPORT DATE | 94. REVIEWED BY |
| OF. DEGROAT, CHRISTOPHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                   | CDE               | 2 OF 2          | 28-FEB-2019     |                 |



CALL FOR SERVICE DETAILS

NJ0132200 KEYPORT POLICE

CFS Number: 19-1796  
CFS Date: 01-MAR-2019 10:38  
Actual CFS Type: 44 MV STOP  
CFS Received As: 44 MV STOP

Disposition: 41  
Entered By: gallagd

Location: SECOND ST  
ATLANTIC ST  
KEYPORT

Apt:

Primary Unit: KP-36

Officer: JWL LEONARD, RICHARD

Involved Party: DRI  
SPURLOCK, THEOPHES  
6 STILLWELL ST

Apt:  
Phone:

MATAWAN

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag    | State |
|--------------------|------|------|-------|------|-------|--------|-------|
|                    |      |      |       |      |       | D86GEW | NJ    |

Narrative: PTL.LEONARD STOPPED NJREG D86GEW ON SECOND ST KEYPORT  
PTL.LEONARD REQUESTED WARRANT CHECK ON DRIVER HE IS NEG  
PTL.LEONARD ADVISES HE ISSUED ONE ESUMMONS #19-484 STAT 39:3-4  
PBD 03152019 AND ESUMMONS #19-485 STAT 39:4-49.1 PBD 03142019  
PTL.LEONARD RADIOED HQ HE HAS SUBJECT IN CUSTODY ENROUTE TO HQ  
PTL.LEONARD AT HQ WITH MALE  
SGT RUTH DROVE VEHICLE TO HQ,VEHICLE PARKED BEHIND HQ A 2003  
CHEVY TAHOE COLOR RED  
PTL.LEONARD PROCESSING MALE  
PTL.LEONARD PLACED MALE IN CELL#4  
PTL.LEONARD RELEASED MALE WITH THE FOLLOWING SUMMONSES:  
SUMMONS #S-29 STAT 2C:35-10A COURT 03 142019 PTL.LEONARD BACK IN  
SERVICE

FOR FUTHER INFO SEE INVEST REPORT

Date and Time

CFS Remarks

## ARREST REPORT

PG. 1 OF 1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                    | 3. DEPT. CASE NO.<br><b>19-139DB</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. PROS CASE NO.                                                                                                                                                                                                                                    | 5. INCIDENT NO<br><b>19-1796</b>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6. SUBJECT NO<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. NAME (LAST, FIRST, MIDDLE)<br><b>SPURLOCK, THEOPHES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                   | 8. PHONE (H)<br>PHONE (C)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                     | 9. ALIAS/NICKNAME                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>6 STILLWELL ST. MATAWAN, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   | 11. POB<br><b>Indiana</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                     | 12. US CITIZEN?<br>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 13. AGE<br><b>57</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 14. DOB (MM/DD/YY)<br><b>08/04/61</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                               | 16. RACE<br><b>B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17. HISPANIC<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                    | 18. HT. (FT/IN)<br><b>509</b>                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 19. WEIGHT<br><b>165</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20. HAIR<br><b>GRY</b>                                                                                                                                                                                                                                                                                                                                                            | 21. EYES<br><b>BRO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | 22. <input type="checkbox"/> RIGHT-HANDED<br><input type="checkbox"/> LEFT-HANDED                                                                                                                                                                   | 23. <input checked="" type="checkbox"/> RESIDENT<br><input type="checkbox"/> NON-RESIDENT<br><input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS<br>---                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   | 25. OCCUPATION                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     | 26. <input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> SEPERATED                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 27. EMPLOYER/SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   | 28. BUSINESS PHONE /FAX/FET                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   | 30. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 31. FBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 32. SBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                              | 34. OTHER ID NO. (TYPE)                                                                                                                                                                                                                                                                                                                                                                                                                               | 35. DRIVER'S LICENSE NO.                                                                                                                                                                                                                            | 36. STATE<br><b>NJ</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 37. COMPLEXION<br><input type="checkbox"/> 1. PALE<br><input type="checkbox"/> 2. LIGHT<br><input type="checkbox"/> 3. MEDIUM<br><input checked="" type="checkbox"/> 4. DARK<br><input type="checkbox"/> 5. TANNED<br><input type="checkbox"/> 6. JAUNDICED<br><input type="checkbox"/> 7. ACNE<br><input type="checkbox"/> 8. FRECKLED<br><input type="checkbox"/> 9. POKED<br><input type="checkbox"/> 10. RUDDY<br><input type="checkbox"/> 11. OTHER                                                               | 38. HAIR STYLE<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. AFRO<br><input type="checkbox"/> 3. BRAIDED<br><input type="checkbox"/> 4. BUSHY<br><input type="checkbox"/> 5. CREW CUT<br><input type="checkbox"/> 6. MILITARY<br><input type="checkbox"/> 7. PONYTAIL<br><input type="checkbox"/> 8. PROCESSED<br><input type="checkbox"/> 9. STRAIGHT<br><input checked="" type="checkbox"/> 10. WAVY / CURLY<br><input type="checkbox"/> 11. WIG<br><input type="checkbox"/> 12. OTHER | 39. HAIR LENGTH<br><input type="checkbox"/> 1. SHAVED<br><input type="checkbox"/> 2. BALD<br><input type="checkbox"/> 3. BALDING<br><input checked="" type="checkbox"/> 4. SHORT<br><input type="checkbox"/> 5. NECK LEN<br><input type="checkbox"/> 6. COLLAR<br><input type="checkbox"/> 7. SHOULDER<br><input type="checkbox"/> 8. LONGER<br><input type="checkbox"/> 9. OTHER | 40. FACIAL HAIR<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. CLEAN SHAVEN<br><input type="checkbox"/> 3. UNSHAVEN<br><input type="checkbox"/> 4. SIDEBURNS<br><input type="checkbox"/> 5. MUSTACHE<br><input type="checkbox"/> 6. FU MANCHU<br><input checked="" type="checkbox"/> 7. LOWER LIP<br><input type="checkbox"/> 8. GOATEE<br><input type="checkbox"/> 9. FULL BEARD<br><input type="checkbox"/> 10. OTHER | 41. BUILD<br><input checked="" type="checkbox"/> 1. THIN<br><input type="checkbox"/> 2. MEDIUM<br><input type="checkbox"/> 3. STOCKY<br><input type="checkbox"/> 4. HEAVY<br><input type="checkbox"/> 5. OBESE<br><input type="checkbox"/> 6. OTHER | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL<br><input type="checkbox"/> 2. ACCENT<br><input type="checkbox"/> 3. NON-ENGLISH<br><input type="checkbox"/> 4. HIGH-PITCH<br><input type="checkbox"/> 5. LOW-PITCH<br><input type="checkbox"/> 6. NASAL<br><input type="checkbox"/> 7. RASPY<br><input type="checkbox"/> 8. STUTTERS<br><input type="checkbox"/> 9. OTHER | 43. WEAPON<br><input checked="" type="checkbox"/> 1. NONE<br><input type="checkbox"/> 2. AUTOMATIC<br><input type="checkbox"/> 3. HANDGUN<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> 5. RIFLE<br><input type="checkbox"/> 6. OTHER FIREARM<br><input type="checkbox"/> 7. UNKNOWN FIREARM<br><input type="checkbox"/> 8. KNIFE/CUT INST.<br><input type="checkbox"/> 9. CLUB/BLACK/JACK<br><input type="checkbox"/> 10. OTHER |
| 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>57 SECOND ST. KEYPORT, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 45. ARREST DATE (MM/DD/YY)<br><b>03/01/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 46. TIME<br><b>1111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>57 SECOND ST. KEYPORT, NJ</b>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 48. ARREST<br><input type="checkbox"/> WARRANT <input type="checkbox"/> ON VIEW<br><input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> P. C.                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 49. CRIMINAL WAR./SUMMONS NO.<br><b>1322S2019000029</b>                                                                                                                                                                                                                                                                                                                           | 50. CRIME / OFFENSE<br><b>Possession of C.D.S.</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                     | 51. NJ STATUTE<br><b>2C:35-10A</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 52. UCR CODE<br><b>187</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 53. TOTAL NO. OF CHARGES<br><b>1</b>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 54. DATE OF OFFENSE<br><b>03/01/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 55. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 56. FINGERPRINTED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                               | 57. PHOTOGRAPHED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                 | 58. PHOTO NUMBER                                                                                                                                                                                                                                                                                                                                                                  | 59. NCIC CHECK<br><input type="checkbox"/> 1. WANTED <input type="checkbox"/> 3. NO RECORD                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                     | 60. CONSTITUTIONAL RIGHTS BY WHOM<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 61. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   | 62. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     | 63. PHONE NO. (AREA)                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 64. JUDGE SETTING BAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 65. DATE<br><b>03/01/19</b>                                                                                                                                                                                                                                                                                                                                                       | 66. TIME<br><b>1530</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | 67. RESULT                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 68. FINAL DISPOSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 69. DATE<br><b>03/01/19</b>                                                                                                                                                                                                                                                                                                                                                       | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                     | SIGNATURE OF ARRESTEE                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 71. VEHICLE OWNER NAME<br><b>SPURLOCK, THEOPHES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 72. YEAR<br><b>2003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 73. MAKE<br><b>CHEV</b>                                                                                                                                                                                                                                                                                                                                                           | 74. MODEL<br><b>TAH</b>                                                                                                                                                                                                                                                                                                                                                                                                                               | 75. BODY TYPE<br><b>4D</b>                                                                                                                                                                                                                          | 76. COLOR<br><b>RED</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 77. REGISTRATION NO.<br><b>D86GEW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 78. STATE<br><b>NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 79. V.I.N./OTHER IDENTIFYING NO.<br><b>1GNEK13263J314595</b>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 79. JUVENILE OR NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PARENT/GUARDIAN/ PROBATION                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PHONE                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 81. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 82. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 83. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 84. DATE                                                                                                                                                                                                                                            | 85. TIME                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 86. JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPARTMENT<br><input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 87. REFERRED TO ADULT COURT<br><input type="checkbox"/> REFERRED TO JV COURT OR PROBATION<br><input type="checkbox"/> REFERRED TO CHILD WELFARE AGENCY                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 88. OFFICER RELEASING JUVENILE SIGNATURE                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 89. NARRATIVE / ADDITIONAL CHARGES<br><b>On 01-Mar-2019 while conducting a traffic stop on NJ reg D86GEW I, Ptl, Leonard, smelled a strong odor of Marijuana emanating from the vehicle. The driver Theophes Spurlock admitted to having marijuana in the vehicle. He was placed under arrest transported to Keyport police Headquarters. He was charged with 2c:35-10A(4), possession of Marijuana under 50 Grams, and released on summons number 1322 S 2019 000049 with a court date of 14-Mar-2019 at 1530hrs.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 89. BADGE NO.<br><b>RWL</b>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 90. PAGE NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                       | 91. REPORT DATE<br><b>01-MAR-2019</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 92. PRINT RANK / OFF. NAME<br><b>LEONARD, RICHARD W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 93. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 94. REVIEWED BY                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



CALL FOR SERVICE DETAILS

NJ0132200

KEYPORT POLICE

CFS Number: 19-786  
CFS Date: 25-JAN-2019 22:52  
Actual CFS Type: 44 MV STOP  
CFS Received As: 44 MV STOP

Disposition: 41  
Entered By: gillarms

Location: HWY 36 HY  
MAIN ST  
KEYPORT

Apt:

Primary Unit: KP-31

Officer: CDE DEGROAT, CHRISTOPHER

Involved Party: ARREST  
NORMAN, LEON  
8 CHERRY ST

Apt:  
Phone:

Involved Party: TINTON FALLS  
OWN  
WHITEHURST JR, AARON  
39 HOWARD AV

Apt:  
Phone:

TINTON FALLS

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag    | State |
|--------------------|------|------|-------|------|-------|--------|-------|
|                    | 2015 | BMW  | 228   |      | WHITE | V59KBX | NJ    |

Narrative: PTL DEGROAT REQ ADD'L UNIT. PTL FERM / SGT WHEELER RESPONDING.  
2300: SGT WHEELER RPTS 1 IN CUSTODY.  
2306: PTL DEGROAT TRANSPORTING 1 IN CUSTODY TO KPDHQ.  
PTL FERM DRIVING VEH TO HQ. START MILE: 71471.  
2310: PTL FERM AT HQ W/VEH. END MILE: 71472  
ACS WARRANT LOCATED FOR ARRESTEE: TINTON FALLS S 2013 467 BAIL \$351

DW 1/26/19 01:15 HRS  
ARRESTEE WAS RELEASED, POSTED BAIL OF \$229.00 AND WAS ROR'D FOR  
THE REST. TINTON FALLS PD SGT TERBECKI #51 FAXED OVER ROR.  
ROR WAS FAXED BACK TO TINTON FALLS PD AFTER SIGNED BY ACU.  
ACI ISSUED S.2019.00014 FOR 2C:35-10A(1) COURT DATE 1-31-2019  
E19.214 AND E19.215 COURT DATE 2-7-2019  
01:14 ACU WAS RELEASED

\*\*\*\*VEHICLE OWNER HAS MULTIPLE WARRANTS\*\*\*\*

Date and Time

CFS Remarks

## ARREST REPORT

PG. 1 OF 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3. DEPT. CASE NO.<br><b>19-72DB</b> | 4. PROB. CASE NO.                                                                                                                                                                                                                                                                                                                                                                      | 5. INCIDENT NO.<br><b>19-786</b>                                                                                                                                                                  |
| 6. SUBJECT NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       | 7. NAME (LAST, FIRST, MIDDLE)<br><b>NORMAN, LEON N</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | 8. PHONE (H)<br>PHONE (C)                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                   |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>8 CHERRY ST. TINTON FALLS, NJ 07724</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | 11. POB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 12. US CITIZEN?<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                   |
| 13. AGE<br><b>34</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14. DOB (MM/DD/YY)<br><b>01/24/85</b> | 15. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16. RACE<br><b>B</b>                | 17. HISPANIC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                                                                                                                                                       | 18. HT. (FT/IN)<br><b>510</b>                                                                                                                                                                     |
| 19. WEIGHT<br><b>180</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | 20. HAIR<br><b>BLK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21. EYES<br><b>BRO</b>              | 22. <input checked="" type="checkbox"/> RIGHT-HANDED<br><input type="checkbox"/> LEFT-HANDED                                                                                                                                                                                                                                                                                           | 23. <input checked="" type="checkbox"/> RESIDENT<br><input type="checkbox"/> NON-RESIDENT<br><input type="checkbox"/> UNKNOWN                                                                     |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS<br>...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25. OCCUPATION                      |                                                                                                                                                                                                                                                                                                                                                                                        | 26. <input checked="" type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> SEPERATED |
| 27. EMPLOYER/SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 28. BUSINESS PHONE (AREA)           |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 30. SOCIAL SECURITY NO.             |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 31. FBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 32. SBI NO.<br><b>916143D</b>         | 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 34. OTHER ID NO. (TYPE)             | 35. LICENSE NO.                                                                                                                                                                                                                                                                                                                                                                        | 36. STATE<br><b>NJ</b>                                                                                                                                                                            |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 37. COMPLEXION<br><input type="checkbox"/> 1. PALE<br><input type="checkbox"/> 2. LIGHT<br><input type="checkbox"/> 3. MEDIUM<br><input checked="" type="checkbox"/> 4. DARK<br><input type="checkbox"/> 5. TANNED<br><input type="checkbox"/> 6. JAUNDICED<br><input type="checkbox"/> 7. ACNE<br><input type="checkbox"/> 8. FRECKLED<br><input type="checkbox"/> 9. POCKED<br><input type="checkbox"/> 10. RUDDY<br><input type="checkbox"/> 11. OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 38. HAIR STYLE<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input checked="" type="checkbox"/> 2. AFRO<br><input type="checkbox"/> 3. BRAIDED<br><input type="checkbox"/> 4. BUSHY<br><input type="checkbox"/> 5. CREW CUT<br><input type="checkbox"/> 6. MILITARY<br><input type="checkbox"/> 7. PONYTAIL<br><input type="checkbox"/> 8. PROCESSED<br><input type="checkbox"/> 9. STRAIGHT<br><input type="checkbox"/> 10. WAVY / CURLY<br><input type="checkbox"/> 11. WIG<br><input type="checkbox"/> 12. OTHER |                                     | 39. HAIR LENGTH<br><input type="checkbox"/> 1. SHAVED<br><input type="checkbox"/> 2. BALD<br><input type="checkbox"/> 3. BALDING<br><input checked="" type="checkbox"/> 4. SHORT<br><input type="checkbox"/> 5. NECK LEN<br><input type="checkbox"/> 6. COLLAR<br><input type="checkbox"/> 7. SHOULDER<br><input type="checkbox"/> 8. LONGER<br><input type="checkbox"/> 9. OTHER      |                                                                                                                                                                                                   |
| 40. FACIAL HAIR<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input checked="" type="checkbox"/> 2. CLEAN SHAVEN<br><input type="checkbox"/> 3. UNSHAVEN<br><input type="checkbox"/> 4. SIDEBURNS<br><input type="checkbox"/> 5. MUSTACHE<br><input type="checkbox"/> 6. FU MANCHU<br><input type="checkbox"/> 7. LOWER LIP<br><input type="checkbox"/> 8. GOATEE<br><input type="checkbox"/> 9. FULL BEARD<br><input type="checkbox"/> 10. OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 41. BUILD<br><input type="checkbox"/> 1. THIN<br><input checked="" type="checkbox"/> 2. MEDIUM<br><input type="checkbox"/> 3. STOCKY<br><input type="checkbox"/> 4. HEAVY<br><input type="checkbox"/> 5. OBESE<br><input type="checkbox"/> 6. OTHER                                                                                                                                                                                                                                                                     |                                     | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL<br><input type="checkbox"/> 2. ACCENT<br><input type="checkbox"/> 3. NON-ENGLISH<br><input type="checkbox"/> 4. HIGH-PITCH<br><input type="checkbox"/> 5. LOW-PITCH<br><input type="checkbox"/> 6. NASAL<br><input type="checkbox"/> 7. RASPY<br><input type="checkbox"/> 8. STUTTERS<br><input type="checkbox"/> 9. OTHER |                                                                                                                                                                                                   |
| 43. WEAPON<br><input checked="" type="checkbox"/> 1. NONE<br><input type="checkbox"/> 2. AUTOMATIC<br><input type="checkbox"/> 3. HANDGUN<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> 5. RIFLE<br><input type="checkbox"/> 6. OTHER FIREARM<br><input type="checkbox"/> 7. UNKNOWN FIREARM<br><input type="checkbox"/> 8. KNIFE/CUT INST.<br><input type="checkbox"/> 9. CLUB/BLACK/JACK<br><input type="checkbox"/> 10. OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>HWY 36 HY. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 45. ARREST DATE (MM/DD/YY)<br><b>01/25/18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | 46. TIME<br><b>2300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>HWY 36 HY. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |
| 48. ARREST<br><input type="checkbox"/> WARRANT <input type="checkbox"/> ON VIEW<br><input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> ON P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 49. CRIMINAL WAR./SUMMONS NO.<br><b>1322.S.2019.00014</b><br><b>S.2013.000467</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | 50. CRIME / OFFENSE<br><b>CONTEMPT OF COURT</b><br><b>Possession, use or being under</b><br><b>C.D.S. IN VEHICLE</b><br><b>View Obstruction</b>                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 51. NJ STATUTE<br><b>2A:10-1</b><br><b>35-10</b><br><b>39:4-49.1</b><br><b>39:3-74</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 52. UCR CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 53. TOTAL NO. OF CHARGES<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | 54. MV SUMMONS/WARNING NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 55. DATE OF OFFENSE<br><b>01/25/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 56. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 57. FINGERPRINTED<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | 58. PHOTOGRAPHED<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 59. PHOTO NUMBER                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |
| 60. NCIC CHECK <input checked="" type="checkbox"/> 2. NO CHECK<br><input type="checkbox"/> 1. WANTED <input type="checkbox"/> 3. NO RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | 61. CONSTITUTIONAL RIGHTS BY WHOM<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br>HOW RESPONDED :                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 62. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | PHONE NO. (AREA)                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |
| 63. JUDGE SETTING BAIL<br><b>SUSAN CLARK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | 64. DATE<br><b>01/26/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | 65. TIME<br><b>0036</b>                                                                                                                                                                                                                                                                                                                                                                | 66. AMOUNT<br><b>\$229</b>                                                                                                                                                                        |
| 67. RESULT<br><b>CASH BAIL POSTED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 68. FINAL DISPOSITION<br><b>01/26/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 69. DATE<br><b>01/26/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 71. VEHICLE OWNER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 72. YEAR<br>----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 73. MAKE<br>---                     | 74. MODEL<br>---                                                                                                                                                                                                                                                                                                                                                                       | 75. BODY TYPE<br>--                                                                                                                                                                               |
| 76. COLOR<br>-----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | 77. REGISTRATION NO.<br>-----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | 78. V.I.N./OTHER IDENTIFYING NO.<br>-----                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                   |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 79. JUVENILE OR NEXT OF KIN INFORMATION PARENT/GUARDIAN/ PROBATION NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 81. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 82. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | 83. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | 84. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |
| 85. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | 86. TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 87. JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPARTMENT<br><input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | 88. REFERRED TO ADULT COURT<br><input type="checkbox"/> REFERRED TO JV COURT OR PROBATION<br><input type="checkbox"/> REFERRED TO CHILD WELFARE AGENCY                                                                                                                                                                                                                                                                                                                                                                  |                                     | 89. OFFICER RELEASING JUVENILE SIGNATURE<br>---                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| BADGE NO.<br>---                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |
| 89. NARRATIVE / ADDITIONAL CHARGES<br><p>On January 25th 2019 at approximately 23:00 hours while on routine patrol I, Ptl. DeGroat, conducted a motor vehicle stop on Nj Reg : V59-KBX. I spoke with the driver, who was identified as Leon N. Norman, and requested his license, registration and insurance. He provided his license and began to look around the vehicle for the registration and insurance stating that he rented the vehicle from someone he knew. While he was searching for the other documents I observed a small clear zip lock baggie with green aliens printed on it which contained a powdery white substance believed to be CDS. I ordered Norman out of the vehicle and conducted a search of the vehicle. I took possession of the small zip lock baggie and nothing further was found.</p> <p>While searching the vehicle headquarters informed that Norman also had an active warrant (S.2013.0007467) out of Tinton Falls for offense 2A:10-1 in the amount of \$351.00. Norman was</p> |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |

## ARREST REPORT

PG. 2 OF 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                   |                   |                 |                 |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-------------------|-----------------|-----------------|-----------------|
| 1. DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. ORI NO. | 3. DEPT. CASE NO. | 4. PROB. CASE NO. | 5. INCIDENT NO. |                 |                 |
| KEYPORT POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NJ0132200  | 19-72DB           |                   | 19-786          |                 |                 |
| <p>placed under arrest for possession of CDS and his outstanding warrant. The vehicle was seized for forfeiture and Ptl. Ferm drove it back to headquarters. The CDS was tested with a NIK test kit lot #1008260 2 and tested positive for the presence of cocaine. Norman was processed and charged with 2C:35-10A(1) possession of CDS warrant S.2019.000014. He was also issued summons E19.215 for 39:4-49.1 CDS in a motor vehicle, and E19.214 for 39:3-74 obstruction of view. He posted bail in the amount of \$229.00 for the warrant from Tinton Falls and was given a court date of 1-31-2019 at 08:00 hours. He was released on summons at 01:09 hours.</p> |            |                   |                   |                 |                 |                 |
| 90. PRINT RANK / OFF. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SIGNATURE  |                   | 91. BADGE NO.     | 92. PAGE NO.    | 93. REPORT DATE | 94. REVIEWED BY |
| OF. DEGROAT, CHRISTOPHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                   | CDE               | 2 OF 2          | 26-JAN-2019     |                 |



CALL FOR SERVICE DETAILS

NJ0132200 KEYPORT POLICE

CFS Number: 19-893  
CFS Date: 30-JAN-2019 08:16  
Actual CFS Type: 35 SUSPICIOUS PERSONS  
CFS Received As: 35 SUSPICIOUS PERSONS

Disposition: 41  
Entered By: gallagd

Location: 99 GREENGROVE AV  
EIGHTH ST  
KEYPORT

Apt:

Primary Unit: KP-20

Officer: SWD DIXON, STEVEN

Involved Party: ARREST  
KEEGAN, PATRICK  
20 HANCOCK ST

Apt:  
Phone:

Involved Party: KEANSBURG  
CALLER  
LOPEZ, EDWIN  
99 GREENGROVE AV  
EIGHTH ST  
KEYPORT

Apt:  
Phone:

Involved Party: INV  
JOHNSON, AMANDA  
99 GREENGROVE AV  
EIGHTH ST  
KEYPORT

Apt: 30  
Phone:

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag | State |
|--------------------|------|------|-------|------|-------|-----|-------|
|--------------------|------|------|-------|------|-------|-----|-------|

**Narrative:** EMPLOYEE FROM GREENGROVE APTS 99 GREENGROVE AV KEYPORT  
CALLED REQUESTING PATROLS CHECK OUT A MALE JUST SITTING IN THE  
LAUDRY ROOM OF APARTMENT COMPLEX AND HE THINKS IT MIGHT BE THE  
ONE THAT BEEN BREAKING INTO THE BASEMENTS DISP SGT DIXON  
SGT DIXON PTLW.SHEWSCHUK ON SCENE  
SGT DIXON REQUESTED WARRANT CHECK ON MALE  
ADVISES SGT DIXON THERE IS AN ACTIVE WARRANT OUT OF OAKHURST  
COURTS FOR MALE STAT 2C:36-2A BAIL SET\$250.00  
SGT DIXON RADIOED HQ IS HAS ONE IN CUSTODY ENROUTE TO HQ  
PTLW.SHEWCHUK RADIOED HQ SHE IS ENROUTE TO APT#30 TO SPEAK WITH  
MALE GIRLFRIEND  
PTLW.SHEWCHUK REQUESTED WARRANT CHECK ON FEMALE SHE NEG  
SGT DIXON AT HQ WITH MALE  
SGT DIXON PLACED MAL IN CELL#1  
CALLED OAKHURST PD THEY ADVISED WARRANT IS ACTUALLY WEST LONG  
BRANCH COURT (AS THEY SHARE COURTS) CALLED WLBDP THEY WILL GET  
BACK TO US  
WEST LONG BRANCH PD FAXED ROR BOND FOR MALE TO SIGN  
FAXED ROR BACK TO THEM  
PTL.ADOLPH ISSUED SUMMONS#2019-15 TO MALE STAT 2C:36-6A,2C:39-3E  
COURT DATE 03122019  
PTL.ADOLPH REQUESTED HAZLET HOPE BE PAGED TO HQ TO SPEAK WITH  
MALE  
HAZLET HOPE ENROUTE  
HAZLET HOPE REP SPEAKING WITH MALE  
PATROLS BACK IN SERVICE



**CALL FOR SERVICE DETAILS**

**NJ0132200      KEYPORT POLICE**

---

**Narrative:**

FOR FUTHER INFO SEE INVEST REPORT

**Date and Time**

**CFS Remarks**

## ARREST REPORT

PG. 1 OF 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3. DEPT. CASE NO.<br><b>19-79DB</b> | 4. PROG. CASE NO.                                                                                                                                                                                                                                                                                                                                                                            | 5. INCIDENT NO.<br><b>19-893</b>                                                                                    |
| 6. SUBJECT NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7. NAME (LAST, FIRST, MIDDLE)<br><b>KEEGAN, PATRICK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8. PHONE (H)<br>PHONE (C)           |                                                                                                                                                                                                                                                                                                                                                                                              | 9. ALIAS/NICKNAME                                                                                                   |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>20 HANCOCK ST. KEANSBURG, NJ 07734</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11. POB                             |                                                                                                                                                                                                                                                                                                                                                                                              | 12. US CITIZEN?<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK |
| 13. AGE<br><b>47</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14. DOB (MM/DD/YY)<br><b>12/16/71</b>                   | 15. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16. RACE<br><b>W</b>                | 17. HISPANIC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                                                                                                                                                             | 18. HT. (FT/IN)<br><b>509</b>                                                                                       |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS<br>---                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25. OCCUPATION<br><b>cook</b>       | 26. <input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> WIDOWED<br><input checked="" type="checkbox"/> SEPERATED                                                                                                                                                                                            |                                                                                                                     |
| 27. EMPLOYER/SCHOOL<br><b>McDonalds</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 28. BUSINESS PHONE (AREA)           |                                                                                                                                                                                                                                                                                                                                                                                              | 30. SOCIAL SECURITY NO.                                                                                             |
| 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)<br><b>825 NJ 36 UNION BEACH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 36. STATE<br><b>NJ</b>              |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 31. FBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 32. SBI NO.                                             | 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 34. OTHER ID NO. (TYPE)             | 35. LICENSE NO.                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 37. COMPLEXION<br><input checked="" type="checkbox"/> 1. PALE<br><input type="checkbox"/> 2. LIGHT<br><input type="checkbox"/> 3. MEDIUM<br><input type="checkbox"/> 4. DARK<br><input type="checkbox"/> 5. TANNED<br><input type="checkbox"/> 6. JAUNDICED<br><input type="checkbox"/> 7. ACNE<br><input type="checkbox"/> 8. FRECKLED<br><input type="checkbox"/> 9. POCKED<br><input type="checkbox"/> 10. RUDDY<br><input type="checkbox"/> 11. OTHER                                                                                                                                                                                                                                                                                                |                                                         | 38. HAIR STYLE<br><input checked="" type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. AFRO<br><input type="checkbox"/> 3. BRAIDED<br><input type="checkbox"/> 4. BUSHY<br><input type="checkbox"/> 5. CREW CUT<br><input type="checkbox"/> 6. MILITARY<br><input type="checkbox"/> 7. PONYTAIL<br><input type="checkbox"/> 8. PROCESSED<br><input type="checkbox"/> 9. STRAIGHT<br><input type="checkbox"/> 10. WAVY / CURLY<br><input type="checkbox"/> 11. WIG<br><input type="checkbox"/> 12. OTHER |                                     | 39. HAIR LENGTH<br><input checked="" type="checkbox"/> 1. SHAVED<br><input type="checkbox"/> 2. BALD<br><input type="checkbox"/> 3. BALDING<br><input checked="" type="checkbox"/> 4. SHORT<br><input type="checkbox"/> 5. NECK LEN<br><input type="checkbox"/> 6. COLLAR<br><input type="checkbox"/> 7. SHOULDER<br><input type="checkbox"/> 8. LONGER<br><input type="checkbox"/> 9. OTHER |                                                                                                                     |
| 40. FACIAL HAIR<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input checked="" type="checkbox"/> 2. CLEAN SHAVEN<br><input type="checkbox"/> 3. UNSHAVEN<br><input type="checkbox"/> 4. SIDEBURNS<br><input type="checkbox"/> 5. MUSTACHE<br><input type="checkbox"/> 6. FU MANCHU<br><input type="checkbox"/> 7. LOWER LIP<br><input type="checkbox"/> 8. GOATEE<br><input type="checkbox"/> 9. FULL BEARD<br><input type="checkbox"/> 10. OTHER                                                                                                                                                                                                                                                                                                    |                                                         | 41. BUILD<br><input checked="" type="checkbox"/> 1. THIN<br><input type="checkbox"/> 2. MEDIUM<br><input type="checkbox"/> 3. STOCKY<br><input type="checkbox"/> 4. HEAVY<br><input type="checkbox"/> 5. OBESE<br><input type="checkbox"/> 6. OTHER                                                                                                                                                                                                                                                                     |                                     | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL<br><input type="checkbox"/> 2. ACCENT<br><input type="checkbox"/> 3. NON-ENGLISH<br><input type="checkbox"/> 4. HIGH-PITCH<br><input type="checkbox"/> 5. LOW-PITCH<br><input type="checkbox"/> 6. NASAL<br><input type="checkbox"/> 7. RASPY<br><input type="checkbox"/> 8. STUTTERS<br><input type="checkbox"/> 9. OTHER       |                                                                                                                     |
| 43. WEAPON<br><input type="checkbox"/> 1. NONE<br><input type="checkbox"/> 2. AUTOMATIC<br><input type="checkbox"/> 3. HANDGUN<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> 5. RIFLE<br><input type="checkbox"/> 6. OTHER FIREARM<br><input type="checkbox"/> 7. UNKNOWN FIREARM<br><input type="checkbox"/> 8. KNIFE/CUT INST.<br><input type="checkbox"/> 9. CLUB/BLACK/JACK<br><input type="checkbox"/> 10. OTHER                                                                                                                                                                                                                                                                                                               |                                                         | 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>99 GREENGROVE AV. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 45. ARREST DATE (MM/DD/YY)<br><b>01/30/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         | 46. TIME<br><b>0825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>99 GREENGROVE AV. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 48. ARREST<br><input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> ON VIEW<br><input type="checkbox"/> SUMMONS <input type="checkbox"/> ON P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | 49. CRIMINAL WAR./SUMMONS NO.<br><b>S2018000160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | 50. CRIME / OFFENSE<br><b>Possession or distribution of sy<br/>Prohibited weapons and devices</b>                                                                                                                                                                                                                                                                                            |                                                                                                                     |
| 51. NJ STATUTE<br><b>36-6<br/>39-3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         | 52. UCR CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 53. TOTAL NO. OF CHARGES<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         | 54. NV SUMMONS/WARNING NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 55. DATE OF OFFENSE<br><b>01/30/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         | 56. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 57. FINGERPRINTED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         | 58. PHOTOGRAPHED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 59. PHOTO NUMBER                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |
| 60. NCIC CHECK<br><input type="checkbox"/> 1. WANTED <input type="checkbox"/> 3. NO RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         | 61. CONSTITUTIONAL RIGHTS BY WHOM<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <b>MRA ADOLPH, MARK</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                     | HOW RESPONDED :                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 62. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | PHONE NO. (AREA)                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |
| 63. JUDGE SETTING BAIL<br><b>LOUIS GARIPPO JR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         | 64. DATE<br><b>01/30/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | 65. TIME<br><b>1150</b>                                                                                                                                                                                                                                                                                                                                                                      | 66. AMOUNT<br><b>\$250</b>                                                                                          |
| 67. RESULT<br><b>R.O.R'd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         | 68. FINAL DISPOSITION<br><b>ROR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 69. DATE<br><b>01/30/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 71. VEHICLE OWNER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         | 72. YEAR<br>---                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 73. MAKE<br>---                     | 74. MODEL<br>---                                                                                                                                                                                                                                                                                                                                                                             | 75. BODY TYPE<br>---                                                                                                |
| 76. COLOR<br>---                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | 77. REGISTRATION NO.<br>---                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | 78. V.I.N/OTHER IDENTIFYING NO.<br>---                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 79. JUVENILE OR NEXT OF KIN INFORMATION PARENT/GUARDIAN/ PROBATION NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 81. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |
| 82. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         | 83. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | 84. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |
| 85. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         | 86. TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 87. JUVENILE DISPOSITION                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |
| 88. OFFICER RELEASING JUVENILE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         | BADGE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | 89. NARRATIVE / ADDITIONAL CHARGES                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |
| <p>On January 30, 2019, I, Ptl Adolph was dispatched to 99 Green Grove Apartments laundry room for a report of a suspicious person. Upon arrival I was met by Mr. Patrick Keegan age 47. Subject was identified and had a warrant out of West Long Branch for \$250.00 Warrant # S 2018000160.</p> <p>Keegan was placed under arrest and transported to Keyport Police Headquarters where he was booked and processed. After performing a search of Keegan's belongings, I found a hypodermic needle and a knife/metal knuckles. Keegan was charged with Possession of a hypodermic syringe 2C:36-6a and Prohibited weapons and devices 2C:39-3e.</p> <p>Keegan was ROR'd with a new court date in West Long Branch on February 6, 2019 at 11:00 am.</p> |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |

## ARREST REPORT

PG. 2 OF 2

|                                                                                                       |                                |                                     |                               |                                       |
|-------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|-------------------------------|---------------------------------------|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                | 2. ORI NO.<br><b>NJ0132200</b> | 3. DEPT. CASE NO.<br><b>19-79DB</b> | 4. PROB. CASE NO.             | 5. INCIDENT NO.<br><b>19-893</b>      |
| Keegan was also released on Summons 201900015 with a superior court date of March 12, 2019 at 9:00am. |                                |                                     |                               |                                       |
| 90. PRINT RANK / OFF. NAME<br><b>ADOLPH, MARK ROBERT</b>                                              | SIGNATURE                      | 91. BADGE NO.<br><b>MRA</b>         | 92. PAGE NO.<br><b>2 OF 2</b> | 93. REPORT DATE<br><b>30-JAN-2019</b> |
|                                                                                                       |                                | 94. REVIEWED BY                     |                               |                                       |



CALL FOR SERVICE DETAILS

NJ0132200

KEYPORT POLICE

CFS Number: 19-1007  
CFS Date: 03-FEB-2019 00:07  
Actual CFS Type: 44 MV STOP  
CFS Received As: 44 MV STOP

Disposition: 41  
Entered By: koempelv

Location: THIRD ST  
FULTON ST  
KEYPORT

Apt:

Primary Unit: KP-32

Officer: RHA HASSMILLER, ROBERT

Involved Party: ARREST  
CROOM, DAESHON  
709 SUNSHINE CT

Apt:  
Phone:

Involved Party: PARLIN  
INV  
BRUNDAGE, COLIN  
16 DRAKE AV

Apt:  
Phone:

Involved Party: MONROE  
OWN  
TYREE, CORINNE  
709 SUNSHINE CT

Apt:  
Phone:

PARLIN

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag    | State |
|--------------------|------|------|-------|------|-------|--------|-------|
|                    |      |      |       |      |       | SLT30N | NJ    |
|                    |      |      |       |      |       | E96KLS | NJ    |

Narrative: LT FERM STOP A MOTOR VEHICLE AT THIRD ST KEYPORT  
PTL. ATKINSON ASKED FOR A WARRANT CHECK ON THE INVOLVED. CAME  
BACK NEGATIVE  
PTL. HASSMILLER PLACED ARESTEE INTO CUSTODY  
0132: PTL. ATKINSON ESCORTED ARESTEE BACK TO HQ STARTING MILEAGE  
366433  
0134: PTL. ATKINSON ARRIVED AT HQ END MILEAGE 366434  
ARRESTEE PLACED IN CELL 1 AT APPROX 01:50, REFER TO CELL LOG SHEET.  
NJREG: SLT30N IS THE FICTICIOUS PLATE AND COMES BACK TO THE ABOVE  
INV CORINNE TYRONE. ACTUAL PLATE OF THE VEH THE ARRESTEE WAS  
DRIVING IS NJREG: E96KLS VIN#: JT8BH68X6W0004258  
PTL HASSMILLER ISSUED SUMMONS #113898 FOR 39:4-50 DWI COURT DATE  
2/11/2019  
PTL HASSMILLER ISSUED SUMMONS #113900 FOR 39:4-97 CARELESS COURT  
DATE 2/11/2019  
PTL HASSMILLER ISSUED SUMMONS #113899 39:4-96 RECKLESS COURT DATE  
2/11/2019  
PTL HASSMILLER ISSUED SUMMONS #114425 39:3-4 UNREGISTERED COURT  
DATE 2/11/2019  
PTL HASSMILLER ISSUED SUMMONS #114424 39:66-2 UNINSURED COURT  
DATE 2/11/2019  
PTL HASSMILLER ISSUED SUMMONS #114427 39:3-33 FICTICIOUS PLATES  
COURT DATE 2/11/2019



**CALL FOR SERVICE DETAILS**

**NJ0132200**

**KEYPORT POLICE**

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**Narrative:** PTL HASSMILLER ISSUED SUMMONS #114426 39:4-49.1 CDS IN MV COURT  
DATE 2/11/2019

**Date and Time**

**CFS Remarks**

## ARREST REPORT

PG. 1 OF 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. DEPT. CASE NO.<br><b>19-82DB</b>                                                                                                                                                                                                                                                                                                                                               |  | 4. PROB. CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | 5. INCIDENT NO.<br><b>19-1007</b>                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 6. SUBJECT NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 7. NAME (LAST, FIRST, MIDDLE)<br><b>CROOM, DAESHON A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 8. PHONE (H)<br>PHONE (C)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         | 9. ALIAS/NICKNAME                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>709 SUNSHINE CT. MIDDLETOWN, NJ 08859</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 11. POB                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | 12. US CITIZEN?<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 13. AGE<br><b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 14. DOB (MM/DD/YY)<br><b>06/30/96</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 15. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                               |  | 16. RACE<br><b>B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         | 17. HISPANIC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 18. HT. (FT/IN)<br><b>601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 19. WEIGHT<br><b>130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 20. HAIR<br><b>BLK</b>                                                                                                                                                                                                                                                                                                                                                            |  | 21. EYES<br><b>BRO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | 22. <input checked="" type="checkbox"/> RIGHT-HANDED<br><input type="checkbox"/> LEFT-HANDED                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS<br><b>---</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 25. OCCUPATION<br><b>parts dismantler</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         | 26. <input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> DIVORCED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> SEPERATED                                                              |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 27. EMPLOYER/SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 28. BUSINESS PHONE (AREA)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         | 30. SOCIAL SECURITY NO.                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 31. FBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         | 32. SBI NO.                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 34. OTHER ID NO. (TYPE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 35. INMATE NO.                                                                                                                                                                                                                                                                                                                                                                    |  | 36. STATE<br><b>NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 37. COMPLEXION<br><input type="checkbox"/> 1. PALE<br><input type="checkbox"/> 2. LIGHT<br><input type="checkbox"/> 3. MEDIUM<br><input checked="" type="checkbox"/> 4. DARK<br><input type="checkbox"/> 5. TANNED<br><input type="checkbox"/> 6. JAUNDICED<br><input type="checkbox"/> 7. ACNE<br><input type="checkbox"/> 8. FRECKLED<br><input type="checkbox"/> 9. POKED<br><input type="checkbox"/> 10. RUDDY<br><input type="checkbox"/> 11. OTHER                                                                                                                                                                                                                                                                                                                                                                                                            |  | 38. HAIR STYLE<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input checked="" type="checkbox"/> 2. AFRO<br><input type="checkbox"/> 3. BRAIDED<br><input type="checkbox"/> 4. BUSHY<br><input type="checkbox"/> 5. CREW CUT<br><input type="checkbox"/> 6. MILITARY<br><input type="checkbox"/> 7. PONYTAIL<br><input type="checkbox"/> 8. PROCESSED<br><input type="checkbox"/> 9. STRAIGHT<br><input type="checkbox"/> 10. WAVY / CURLY<br><input type="checkbox"/> 11. WIG<br><input type="checkbox"/> 12. OTHER |  | 39. HAIR LENGTH<br><input type="checkbox"/> 1. SHAVED<br><input type="checkbox"/> 2. BALD<br><input type="checkbox"/> 3. BALDING<br><input checked="" type="checkbox"/> 4. SHORT<br><input type="checkbox"/> 5. NECK LEN<br><input type="checkbox"/> 6. COLLAR<br><input type="checkbox"/> 7. SHOULDER<br><input type="checkbox"/> 8. LONGER<br><input type="checkbox"/> 9. OTHER |  | 40. FACIAL HAIR<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. CLEAN SHAVEN<br><input checked="" type="checkbox"/> 3. UNSHAVEN<br><input type="checkbox"/> 4. SIDEBURNS<br><input type="checkbox"/> 5. MUSTACHE<br><input type="checkbox"/> 6. FU MANCHU<br><input type="checkbox"/> 7. LOWER LIP<br><input type="checkbox"/> 8. GOATEE<br><input type="checkbox"/> 9. FULL BEARD<br><input type="checkbox"/> 10. OTHER |                                                                                                                         | 41. BUILD<br><input checked="" type="checkbox"/> 1. THIN<br><input type="checkbox"/> 2. MEDIUM<br><input type="checkbox"/> 3. STOCKY<br><input type="checkbox"/> 4. HEAVY<br><input type="checkbox"/> 5. OBESE<br><input type="checkbox"/> 6. OTHER |              | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL<br><input type="checkbox"/> 2. ACCENT<br><input type="checkbox"/> 3. NON-ENGLISH<br><input type="checkbox"/> 4. HIGH-PITCH<br><input type="checkbox"/> 5. LOW-PITCH<br><input type="checkbox"/> 6. NASAL<br><input type="checkbox"/> 7. RASPY<br><input type="checkbox"/> 8. STUTTERS<br><input type="checkbox"/> 9. OTHER |  |
| 43. WEAPON<br><input checked="" type="checkbox"/> 1. NONE<br><input type="checkbox"/> 2. AUTOMATIC<br><input type="checkbox"/> 3. HANDGUN<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> 5. RIFLE<br><input type="checkbox"/> 6. OTHER FIREARM<br><input type="checkbox"/> 7. UNKNOWN FIREARM<br><input type="checkbox"/> 8. KNIFE/CUT INST.<br><input type="checkbox"/> 9. CLUB/BLACK/JACK<br><input type="checkbox"/> 10. OTHER                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>THIRD ST. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 45. ARREST DATE (MM/DD/YY)<br><b>02/03/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 46. TIME<br><b>0145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>THIRD ST. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 48. ARREST<br><input type="checkbox"/> WARRANT <input type="checkbox"/> ON VIEW<br><input checked="" type="checkbox"/> SUMMONS <input type="checkbox"/> ON P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 49. CRIMINAL WAR./SUMMONS NO.<br><b>s2019000016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 50. CRIME / OFFENSE<br><b>Possession of C.D.S.<br/>DRIVING WHILE INTOXICATED<br/>RECKLESS DRIVING<br/>CARELESS DRIVING<br/>UNREGISTERED VEHICLE<br/>NO INSURANCE<br/>C.D.S. IN VEHICLE</b>                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 51. NJ STATUTE<br><b>2C:35-10A<br/>39:4-50<br/>39:4-96<br/>39:4-97<br/>39:3-4<br/>39:6B-2<br/>39:4-49.1<br/>39:3-33</b> |                                                                                                                                                                                                                                                     | 52. UCR CODE |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 53. TOTAL NO. OF CHARGES<br><b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 54. MV SUMMONS/WARNING NO.<br><b>k113898 k113900<br/>k113899 k114424</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 55. DATE OF OFFENSE<br><b>02/03/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 56. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 57. FINGERPRINTED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 58. PHOTOGRAPHED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 59. PHOTO NUMBER                                                                                                                                                                                                                                                                                                                                                                  |  | 60. MCIC CHECK <input type="checkbox"/> 2. NO CHECK<br><input type="checkbox"/> 1. WANTED <input checked="" type="checkbox"/> 3. NO RECORD                                                                                                                                                                                                                                                                                                            |                                                                                                                         | 61. CONSTITUTIONAL RIGHTS BY WHOM<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <b>FERM FERM, MICHAEL</b>                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 62. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)<br><b>HASSMILLER, PATROLMAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 63. JUDGE SETTING BAIL<br><b>70 W FRONT ST. KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 64. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 65. TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 66. AMOUNT                                                                                                                                                                                                                                                                                                                                                                        |  | 67. RESULT                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 68. FINAL DISPOSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 69. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                               |  | SIGNATURE OF ARRESTEE                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 71. VEHICLE OWNER NAME<br><b>CROOM, DAESHON A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 72. YEAR<br><b>1998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 73. MAKE<br><b>LEX</b>                                                                                                                                                                                                                                                                                                                                                            |  | 74. MODEL<br><b>GS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | 75. BODY TYPE<br><b>4D</b>                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 76. COLOR<br><b>BLK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 77. REGISTRATION NO.<br><b>E96KLS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | STATE<br><b>NJ</b>                                                                                                                                                                                                                                                                                                                                                                |  | 78. V.I.N./OTHER IDENTIFYING NO.<br><b>JT8BH68X6W0004258</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 79. JUVENILE OR NEXT OF KIN INFORMATION PARENT/GUARDIAN/ PROBATION NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 81. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 82. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 83. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 84. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         | 85. DATE                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 86. TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 87. JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPARTMENT<br><input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 88. REFERRED TO ADULT COURT<br><input type="checkbox"/> REFERRED TO JV COURT OR PROBATION<br><input type="checkbox"/> REFERRED TO CHILD WELFARE AGENCY                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 88. OFFICER RELEASING JUVENILE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 89. NARRATIVE / ADDITIONAL CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | BADGE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <p>On February 3rd 2019 at approximately 12:00 Am I observed a black Lexus on Third St near Church St parked along the curblin. Upon doing a "randomn inquiry" of the NJREG SLT30N I saw that it came back to a red GMC JIMMY with an expired reg from 04/2012. I radioed into HQ and confirmed that plate. HQ radioed back that the Reg came back to a Red GMC JIMMY. Believing it could potentially be a stolen vehicle, I advised Lt FERM and stayed in the area to see if someone drove the vehicle. Around 1:00 am I observed the vehicle turn on and drive away West on Third St.</p> <p>At this point I radioed to Lt FERM who was on Third St also, that the vehicle had the wrong plate on it and Lt FERM initiated a car stop with that vehicle on the corner of Third St and Broad St. I then circled around and made contact with the vehicle also.</p> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                                                        |  |

## ARREST REPORT

PG. 2 OF 2

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-------------------|-----------------|-----------------|
| 1. DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. ORI NO. | 3. DEPT. CASE NO. | 4. PROB. CASE NO. | 5. INCIDENT NO. |                 |
| KEYPORT POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NJ0132200  | 19-82DB           |                   | 19-1007         |                 |
| <p>Upon first contact I could immediately smell the scent of Unburnt Marijuana emanating from the vehicle. After identifying the driver, Daeshon A Croom and the passenger Colin Brundage, Lt Ferm asked them if they had any drugs in the car they wanted to turn over. Daeshon A Croom advised there was "weed" in the trunk. Lt Ferm asked him again if he would like to hand it over to us. Croom then opened his trunk, lifted the floor to access the spare tire, and procured a zip lock baggie with greenish brown vegetation in it believed to be Marijuana.</p> <p>Croom was placed under arrest and transported to KPD HQ. Colin Brundage was released after being checked for warrants and the vehicle was driven into KPDHQ for impound. Seizure and forfeiture forms were filled out and handed over to the DB in regards to the vehicle.</p> <p>When I asked Croom about the fictitious plates, he advised that he bought the car an hour ago and used his moms old plates to put on the back of it to drive it home. The vehicle was uninsured and unregistered to Croom. While speaking with Croom I observed his bloodshot watery eyes, very relaxed demeanor, slurred speech, swaying while standing in place, and the odor of burnt marijuana emanating from his persons. Croom admitted that he was smoking marijuana earlier in the day.</p> <p>After finger printing Croom, I administered standardized Field Sobriety in the booking hallway. Croom was then processed by Lt Ferm and administered Alcotest. Croom's results were 0.0% and I then performed a DRE evaluation on Croom and found him to be under the influence of Marijuana while he was operating the motor vehicle.</p> <p>Croom was issued summons for 2C:35-10A(4) with a court date of 2/14/19 at 3:30pm. Croom was also issued MV summons with a court date of 2/14/19 at 3:30 pm. He was then released to Colin Brundage after he signed the potential liability warning form.</p> |            |                   |                   |                 |                 |
| 90. PRINT RANK / OFF. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SIGNATURE  | 91. BADGE NO.     | 92. PAGE NO.      | 93. REPORT DATE | 94. REVIEWED BY |
| HASSMILLER, ROBERT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | RHA               | 2 OF 2            | 03-FEB-2019     |                 |



CALL FOR SERVICE DETAILS

NJ0132200

KEYPORT POLICE

CFS Number: 19-1234  
CFS Date: 10-FEB-2019 00:11  
Actual CFS Type: 44 MV STOP  
CFS Received As: 44 MV STOP

Disposition: 41  
Entered By: whitemad

Location: MAPLE PL  
MAIN ST  
KEYPORT

Apt:

Primary Unit: KP-36

Officer: JWL LEONARD, RICHARD

Involved Party: DRI  
SALOOM, JUSTIN R  
375 TAYLORS MILL RD

Apt:  
Phone:

Involved Party: INV  
VESQUE JR, DANIEL L  
353 OAK KNOLL XX  
MANALAPAN TOWNSHIP

Apt:  
Phone:

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag    | State |
|--------------------|------|------|-------|------|-------|--------|-------|
|                    | 2008 | MAZ  | CX9   |      | BL    | T98KWY | NJ    |

Narrative: PTL LEONARD HAS ABOVE VEHICLE STOPPED REQUESTING ANOTHER PATROL.  
SGT WHEELER PTL FERM ENROUTE.  
SGT WHEELER LEFT FOR PENDING CALL.  
PTL FERM REQUESTED BOTH RAN ATS ACS NCIC, SAME DONE WITH NEGATIVE RESULTS ATT.  
PTL FERM GIVING D.V JR A RIDE TO KPDHQ MILAGE 36743.2  
PTL FERM AT HQ ENDING MILAGE 35744.0  
PTL LEONARD ENROUTE WITH MALE 41  
PTL FERM ENROUTE WITH VEHICLE TO HQ MILAGE 100608 WITH A FULL TANK OF GAS.  
PTL FERM PARKED IN REAR OF HQ ENDING 100609 FULL TANK.  
PTL LEONARD ISSUED ESUMMONS TO J.S.  
#000323 FOR 39:3-13.4(B)  
#000322 FOR 39:3-66  
#000321 FOR 39:4-49.1  
COURT DATE 2/21/19 1530 HRS.  
PTL LEONARD ISSUED CHARGES TO J.S.  
SUMMONS #1322 S 00021  
2C:35-10A(4), 2C:36-2  
02/21/2019

Date and Time

CFS Remarks

## ARREST REPORT

PG. 1 OF 1

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. DEPT. CASE NO.<br><b>19-98DB</b>                                                                                                                                                                                                                                                                                                                                               |  | 4. PROB. CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 5. INCIDENT NO.<br><b>19-1234</b>                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 6. SUBJECT NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 7. NAME (LAST, FIRST, MIDDLE)<br><b>SALOOM, JUSTIN R</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 8. PHONE (H)<br><b>732-791-6213</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 9. ALIAS / NICKNAME                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>375 TAYLOR MILLS RD. MANALAPAN, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 11. POB<br><b>Red Bank NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 12. US CITIZEN?<br><input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 13. AGE<br><b>19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 14. DOB (MM/DD/YY)<br><b>07/14/99</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 15. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                               |  | 16. RACE<br><b>W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 17. HISPANIC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 18. HT. (FT/IN)<br><b>508</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 19. WEIGHT<br><b>130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 20. HAIR<br><b>BRO</b>                                                                                                                                                                                                                                                                                                                                                            |  | 21. EYES<br><b>BRO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 22. <input type="checkbox"/> RIGHT-HANDED <input type="checkbox"/> LEFT-HANDED                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS<br><b>---</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 25. OCCUPATION                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 26. <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPERATED                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 27. EMPLOYER/SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 28. BUSINESS PHONE (AREA)                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 29. SOCIAL SECURITY NO.                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 30. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 31. FBI NO.                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 32. SBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 34. OTHER ID NO. (TYPE)                                                                                                                                                                                                                                                                                                                                                           |  | 35. DRIVER'S LICENSE NO.<br><b>S03144237907992</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  | 36. STATE<br><b>NJ</b>                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 37. COMPLEXION<br><input checked="" type="checkbox"/> 1. PALE<br><input type="checkbox"/> 2. LIGHT<br><input type="checkbox"/> 3. MEDIUM<br><input type="checkbox"/> 4. DARK<br><input type="checkbox"/> 5. TANNED<br><input type="checkbox"/> 6. JAUNDICED<br><input type="checkbox"/> 7. ACNE<br><input type="checkbox"/> 8. FRECKLED<br><input type="checkbox"/> 9. POKED<br><input type="checkbox"/> 10. RUDDY<br><input type="checkbox"/> 11. OTHER                                                                                                                                                 |  | 38. HAIR STYLE<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. AFRO<br><input type="checkbox"/> 3. BRAIDED<br><input type="checkbox"/> 4. BUSHY<br><input type="checkbox"/> 5. CREW CUT<br><input type="checkbox"/> 6. MILITARY<br><input type="checkbox"/> 7. PONYTAIL<br><input type="checkbox"/> 8. PROCESSED<br><input type="checkbox"/> 9. STRAIGHT<br><input checked="" type="checkbox"/> 10. WAVY / CURLY<br><input type="checkbox"/> 11. WIG<br><input type="checkbox"/> 12. OTHER |  | 39. HAIR LENGTH<br><input type="checkbox"/> 1. SHAVED<br><input type="checkbox"/> 2. BALD<br><input type="checkbox"/> 3. BALDING<br><input type="checkbox"/> 4. SHORT<br><input type="checkbox"/> 5. NECK LEN<br><input checked="" type="checkbox"/> 6. COLLAR<br><input type="checkbox"/> 7. SHOULDER<br><input type="checkbox"/> 8. LONGER<br><input type="checkbox"/> 9. OTHER |  | 40. FACIAL HAIR<br><input checked="" type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. CLEAN SHAVEN<br><input type="checkbox"/> 3. UNSHAVEN<br><input type="checkbox"/> 4. SIDEBURNS<br><input type="checkbox"/> 5. MUSTACHE<br><input type="checkbox"/> 6. FU MANCHU<br><input type="checkbox"/> 7. LOWER LIP<br><input type="checkbox"/> 8. GOATEE<br><input type="checkbox"/> 9. FULL BEARD<br><input type="checkbox"/> 10. OTHER |  | 41. BUILD<br><input checked="" type="checkbox"/> 1. THIN<br><input type="checkbox"/> 2. MEDIUM<br><input type="checkbox"/> 3. STOCKY<br><input type="checkbox"/> 4. HEAVY<br><input type="checkbox"/> 5. OBESE<br><input type="checkbox"/> 6. OTHER |  | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL<br><input type="checkbox"/> 2. ACCENT<br><input type="checkbox"/> 3. NON-ENGLISH<br><input type="checkbox"/> 4. HIGH-PITCH<br><input type="checkbox"/> 5. LOW-PITCH<br><input type="checkbox"/> 6. NASAL<br><input type="checkbox"/> 7. RASPY<br><input type="checkbox"/> 8. STUTTERS<br><input type="checkbox"/> 9. OTHER |  |
| 43. WEAPON<br><input checked="" type="checkbox"/> 1. NONE<br><input type="checkbox"/> 2. AUTOMATIC<br><input type="checkbox"/> 3. HANDGUN<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> 5. RIFLE<br><input type="checkbox"/> 6. OTHER FIREARM<br><input type="checkbox"/> 7. UNKNOWN FIREARM<br><input type="checkbox"/> 8. KNIFE/CUT INST.<br><input type="checkbox"/> 9. CLUB/BLACK/JACK<br><input type="checkbox"/> 10. OTHER                                                                                                                                                    |  | 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>MAPLE PL, KEYPORT, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 45. ARREST DATE (MM/DD/YY)<br><b>02/10/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 46. TIME<br><b>0011</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>MAPLE PL, KEYPORT, NJ</b>                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 48. ARREST<br><input type="checkbox"/> WARRANT <input type="checkbox"/> ON VIEW<br><input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> ON P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 49. CRIMINAL WAR./SUMMONS NO.<br><b>2019000021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 50. CRIME / OFFENSE<br><b>Possession of C.D.S.<br/>Possession of CDS paraphernalia</b>                                                                                                                                                                                                                                                                                            |  | 51. NJ STATUTE<br><b>2C:35-10A<br/>36-2</b>                                                                                                                                                                                                                                                                                                                                                                                                           |  | 52. UCR CODE<br><b>187<br/>187</b>                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 53. TOTAL NO. OF CHARGES<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 54. MV SUMMONS/WARNING NO.<br><b>E19000321 E19000323<br/>E19000322</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 55. DATE OF OFFENSE<br><b>02/10/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 56. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 57. FINGERPRINTED<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 58. PHOTOGRAPHED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 59. PHOTO NUMBER                                                                                                                                                                                                                                                                                                                                                                  |  | 60. NCIC CHECK<br><input type="checkbox"/> 1. WANTED <input type="checkbox"/> 3. NO RECORD                                                                                                                                                                                                                                                                                                                                                            |  | 61. CONSTITUTIONAL RIGHTS BY WHOM<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 62. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | PHONE NO. (AREA)                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 63. JUDGE SETTING BAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 64. DATE<br><b>02/12/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 65. TIME<br><b>0934</b>                                                                                                                                                                                                                                                                                                                                                           |  | 66. AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 67. RESULT                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 68. FINAL DISPOSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 69. DATE<br><b>02/12/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                               |  | SIGNATURE OF ARRESTEE                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 71. VEHICLE OWNER NAME<br><b>SALOOM, JUSTIN R</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 72. YEAR<br><b>2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 73. MAKE<br><b>MAZ</b>                                                                                                                                                                                                                                                                                                                                                            |  | 74. MODEL<br><b>CX9</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 75. BODY TYPE<br><b>4D</b>                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 76. COLOR<br><b>BLK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 77. REGISTRATION NO.<br><b>T98KWY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | STATE<br><b>NJ</b>                                                                                                                                                                                                                                                                                                                                                                |  | 78. V.I.N/OTHER IDENTIFYING NO.<br><b>JM3TB38V180132602</b>                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 79. JUVENILE OR NEXT OF KIN INFORMATION PARENT/GUARDIAN/ PROBATION NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 81. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 82. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 83. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 84. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                                          |  | 85. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 86. TIME                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 87. JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPARTMENT<br><input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 88. OFFICER RELEASING JUVENILE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | BADGE NO.                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 89. NARRATIVE / ADDITIONAL CHARGES<br><p>On 10-Febuary-2019 while conducting a routine traffic stop on NJ Reg T98KWY I observed an odor of Marijuana emanating from the vehicle. The driver, Justin R. Saloom admitted to drugs being in the vehicle and turned over a black draw string bag containing on clear glass blown pipe used for smoking marijuana and 22 THC Vape cartridges from the floor of the back seat.</p> <p>Saloom was then booked and processed and charged with 2c:35-10A(4) and 2C:36-2. He was released with summons number 1322S2019000021 and a court date of 21-feb-2019.</p> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 90. PRINT RANK / OFF. NAME<br><b>LEONARD, RICHARD W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 91. BADGE NO.<br><b>RWL</b>                                                                                                                                                                                                                                                                                                                                                       |  | 92. PAGE NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 93. REPORT DATE<br><b>12-FEB-2019</b>                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 94. REVIEWED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |



CALL FOR SERVICE DETAILS

NJ0132200

KEYPORT POLICE

CFS Number: 19-147  
CFS Date: 06-JAN-2019 20:14  
Actual CFS Type: 41 PRISONER  
CFS Received As: 41 PRISONER

Disposition: 41  
Entered By: antorinm

Location: W FRONT ST  
AMERICAN LEGION DR  
KEYPORT

Apt:

Primary Unit: KP-26

Officer: GWJ JOHNSON, GREGORY

Involved Party: ARREST  
SWANSON, MATTHEW  
397 ATLANTIC ST  
HWY 36 HY  
KEYPORT

Apt:  
Phone:

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag    | State |
|--------------------|------|------|-------|------|-------|--------|-------|
|                    | 1995 | CHE  | BLA   |      | WHITE | RZL50X | NJ    |

Narrative: SGT JOHNSON ADVISES HE IS OUT ON A MV STOP WITH THE ABOVE VEH AT  
THE ABOVE LOCATION

PTL LEONARD OUT WITH SGT JOHNSON  
SGT JOHNSON ADVISES EN ROUTE TO HQ WITH 1 MALE PRISONER

SGT JOHNSON REQ 77 CHECK  
NEGATIVE 77 CHECK

SGT JOHNSON ISSUED FOLLOWING SUMMONS TO ABOVE ARREST:  
ESUMMONS STAT: 39: 3-40  
ESUMMONS STAT: 39: 3-4  
ESUMMONS STAT: 39: 3-29C  
ESUMMONS STAT: 39: 4-49.1  
ESUMMONS STAT: 39: 4-51B

ABOVE ARREST PLACED INTO CELL 1 BY PTL LEONARD 20:55  
ABOVE ARREST ISSUED FOLLOWING CHARGES:  
2C: 35-10A (4)  
2C: 36-2  
ABOVE ARREST RELEASED BY PTL LEONARD 22:12

Date and Time

CFS Remarks

## ARREST REPORT

PG. 1 OF 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 3. DEPT. CASE NO.<br><b>19-13DB</b>                                                                                                                                                                                                                                                                                                                       |  | 4. PROS. CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                          |  | 5. INCIDENT NO.<br><b>19-147</b>                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 6. SUBJECT NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7. NAME (LAST, FIRST, MIDDLE)<br><b>SWANSON, MATTHEW R</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                           |  | 8. PHONE (H)<br><b>739-497-7549</b>                                                                                                                                                                                                                                                                                                                                                                                        |  | 9. ALIAS/NICKNAME                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>LKA 397 ATLANTIC ST, KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  | 11. POB<br><b>Red Bank NJ</b>                                                                                                                                                                                                                                                                                                                                                                                              |  | 12. US CITIZEN?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 13. AGE<br><b>32</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 14. DOB (MM/DD/YY)<br><b>12/30/86</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 15. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                       |  | 16. RACE<br><b>W</b>                                                                                                                                                                                                                                                                                                                                                                                                       |  | 17. HISPANIC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 18. HT. (FT/IN)<br><b>511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 19. WEIGHT<br><b>190</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 20. HAIR<br><b>BRO</b>                                                                                                                                                                                                                                                                                                                                    |  | 21. EYES<br><b>HAZ</b>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 22. <input type="checkbox"/> RIGHT-HANDED <input type="checkbox"/> LEFT-HANDED                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS<br><b>Tattoos - Arm, left ; Tattoos - Arm, right; ; Cross/ Cross</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  | 25. OCCUPATION<br><b>Unemployed</b>                                                                                                                                                                                                                                                                                                                                                                                        |  | 26. <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPERATED                                                |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 27. EMPLOYER/SCHOOL<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  | 28. BUSINESS PHONE (AREA)                                                                                                                                                                                                                                                                                                                                                                                                  |  | 29. SOCIAL SECURITY NO.                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  | 30. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                    |  | 31. FBI NO.                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 32. SBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 34. OTHER ID NO. (TYPE)                                                                                                                                                                                                                                                                                                                                   |  | 35. DRIVER'S LICENSE NO.<br><b>S95665297912865</b>                                                                                                                                                                                                                                                                                                                                                                         |  | 36. STATE<br><b>NJ</b>                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 37. COMPLEXION<br><input checked="" type="checkbox"/> 1. PALE <input type="checkbox"/> 2. LIGHT <input type="checkbox"/> 3. MEDIUM <input type="checkbox"/> 4. DARK <input type="checkbox"/> 5. TANNED <input type="checkbox"/> 6. JAUNDICED <input type="checkbox"/> 7. ACNE <input type="checkbox"/> 8. FRECKLED <input type="checkbox"/> 9. POKED <input type="checkbox"/> 10. RUDDY <input type="checkbox"/> 11. OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 38. HAIR STYLE<br><input type="checkbox"/> 1. NOT APPLICABLE <input type="checkbox"/> 2. AFRO <input type="checkbox"/> 3. BRAIDED <input type="checkbox"/> 4. BUSHY <input type="checkbox"/> 5. CREW CUT <input type="checkbox"/> 6. MILITARY <input type="checkbox"/> 7. PONYTAIL <input type="checkbox"/> 8. PROCESSED <input type="checkbox"/> 9. STRAIGHT <input checked="" type="checkbox"/> 10. WAVY / CURLY <input type="checkbox"/> 11. WIG <input type="checkbox"/> 12. OTHER |  | 39. HAIR LENGTH<br><input type="checkbox"/> 1. SHAVED <input type="checkbox"/> 2. BALD <input type="checkbox"/> 3. BALDING <input type="checkbox"/> 4. SHORT <input type="checkbox"/> 5. NECK LEN <input type="checkbox"/> 6. COLLAR <input type="checkbox"/> 7. SHOULDER <input checked="" type="checkbox"/> 8. LONGER <input type="checkbox"/> 9. OTHER |  | 40. FACIAL HAIR<br><input type="checkbox"/> 1. NOT APPLICABLE <input checked="" type="checkbox"/> 2. CLEAN SHAVEN <input type="checkbox"/> 3. UNSHAVEN <input type="checkbox"/> 4. SIDEBURNS <input type="checkbox"/> 5. MUSTACHE <input type="checkbox"/> 6. FU MANCHU <input type="checkbox"/> 7. LOWER LIP <input type="checkbox"/> 8. GOATEE <input type="checkbox"/> 9. FULL BEARD <input type="checkbox"/> 10. OTHER |  | 41. BUILD<br><input checked="" type="checkbox"/> 1. THIN <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. STOCKY <input type="checkbox"/> 4. HEAVY <input type="checkbox"/> 5. OBESE <input type="checkbox"/> 6. OTHER |  | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL <input type="checkbox"/> 2. ACCENT <input type="checkbox"/> 3. NON-ENGLISH <input type="checkbox"/> 4. HIGH-PITCH <input type="checkbox"/> 5. LOW-PITCH <input type="checkbox"/> 6. NASAL <input type="checkbox"/> 7. RASPY <input type="checkbox"/> 8. STUTTERS <input type="checkbox"/> 9. OTHER |  |
| 43. WEAPON<br><input checked="" type="checkbox"/> 1. NONE <input type="checkbox"/> 2. AUTOMATIC <input type="checkbox"/> 3. HANDGUN <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> 5. RIFLE <input type="checkbox"/> 6. OTHER FIREARM <input type="checkbox"/> 7. UNKNOWN FIREARM <input type="checkbox"/> 8. KNIFE/CUT INST. <input type="checkbox"/> 9. CLUB/BLACK/JACK <input type="checkbox"/> 10. OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>WEST FRONT/ LEGION ST, KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 45. ARREST DATE (MM/DD/YY)<br><b>01/06/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 46. TIME<br><b>2014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>WEST FRONT/ LEGION ST, KEYPORT, NJ 07735</b>                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 48. ARREST<br><input type="checkbox"/> WARRANT <input type="checkbox"/> ON VIEW <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> ON P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 49. CRIMINAL WAR./SUMMONS NO.<br><b>S2019 000002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 50. CRIME / OFFENSE<br><b>Possession of C.D.S.<br/>Possession of CDS paraphernalia;<br/>DRIVING WHILE SUSPENDED</b>                                                                                                                                                                                                                                       |  | 51. NJ STATUTE<br><b>2C:35-10A<br/>36-2<br/>39:3-40</b>                                                                                                                                                                                                                                                                                                                                                                    |  | 52. UCR CODE                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 53. TOTAL NO. OF CHARGES<br><b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 54. MV SUMMONS/WARNING NO.<br><b>E19 00047 E19 00049<br/>E19 00048 E19 00050</b>                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 55. DATE OF OFFENSE<br><b>01/06/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 56. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 57. FINGERPRINTED<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 58. PHOTOGRAPHED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                |  | 59. PHOTO NUMBER                                                                                                                                                                                                                                                                                                                                          |  | 60. NCIC CHECK<br><input type="checkbox"/> 1. WANTED <input type="checkbox"/> 2. NO CHECK <input type="checkbox"/> 3. NO RECORD                                                                                                                                                                                                                                                                                            |  | 61. CONSTITUTIONAL RIGHTS BY WHOM<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 62. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  | PHONE NO. (AREA)                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 63. JUDGE SETTING BAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 64. DATE<br><b>01/06/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 65. TIME<br><b>2112</b>                                                                                                                                                                                                                                                                                                                                   |  | 66. AMOUNT<br><b>\$0</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  | 67. RESULT<br><b>RELEASED ON SUMMONS</b>                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 68. FINAL DISPOSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 69. DATE<br><b>01/06/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                       |  | SIGNATURE OF ARRESTEE                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 71. VEHICLE OWNER NAME<br><b>STRICK, LINDA S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 72. YEAR<br><b>1995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 73. MAKE<br><b>CHEV</b>                                                                                                                                                                                                                                                                                                                                   |  | 74. MODEL<br><b>XX</b>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 75. BODY TYPE<br><b>--</b>                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 76. COLOR<br><b>WHI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 77. REGISTRATION NO.<br><b>RZL50X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | STATE<br><b>NJ</b>                                                                                                                                                                                                                                                                                                                                        |  | 78. V.I.N/OTHER IDENTIFYING NO.<br><b>1GNCT18W1SK244094</b>                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 79. JUVENILE OR NEXT OF KIN INFORMATION PARENT/GUARDIAN/ PROBATION NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 81. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 82. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 83. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 84. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 85. DATE                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 86. TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 87. JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 88. REFERRED TO ADULT COURT <input type="checkbox"/> REFERRED TO JV COURT OR PROBATION <input type="checkbox"/> REFERRED TO CHILD WELFARE AGENCY                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                           |  | 89. OFFICER RELEASING JUVENILE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| BADGE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |
| 89. NARRATIVE / ADDITIONAL CHARGES<br>On January 6, 2019 at approximately 2014hrs, I, Sgt. Johnson, was traveling west on West Front Street when I observed a white Chevy Blazer bearing New Jersey tag RZL50X also driving west directly in front of my vehicle. I then conducted a random records check of the above listed tag at which time the above listed registration was revealed to be expired as of December 31, 2018. I then initiated my traffic stop on the vehicle.<br><br>As I approached the driver's side window, I could immediately smell a strong odor of raw marijuana emanating from within the vehicle. I then made contact with the driver who later produced a New Jersey driver's license bearing number S95665297912865 identifying himself as Matthew R Swanson 12-30-86. Swanson's mother, Linda Strick, was seated in the passenger seat. I advised Swanson and Strick that I could smell an extremely strong odor of marijuana |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                |  |

## ARREST REPORT

PG. 2 OF 2

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-------------------|-----------------|-----------------|
| 1. DEPARTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. ORI NO. | 3. DEPT. CASE NO. | 4. PROS. CASE NO. | 5. INCIDENT NO. |                 |
| KEYPORT POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NJ0132200  | 19-13DB           |                   | 19-147          |                 |
| <p>emanating from within the vehicle. Swanson then told me they had just recently smoked marijuana. I asked Swanson where the marijuana was now located and he responded, "In the center console." Swanson then retrieved a clear plastic ziplock bag containing a second clear plastic bag which contained a brownish green vegetation believed to be marijuana. Also inside the ziplock bag was a package of Zig Zag rolling papers commonly used to smoke marijuana. Swanson voluntarily handed both items over to me. I asked both Swanson and his mother who owned the marijuana and Swanson responded, "It's mine." As I requested both subjects exit the vehicle, I observed a large open bottle of Traveler's Blended Whiskey touching the back of the center console in plain view.</p> <p>Swanson was then placed under arrest for possession of marijuana &lt;50g and possession of drug paraphernalia. I then conducted a records check of Swanson's above listed driver's license which revealed his driver's license to be suspended. Swanson was then transported to Keyport Police Headquarters for processing. The above listed items were turned into evidence with property receipt. Swanson was then issued summons S2019 000002 and released with a mandatory court date of January 17, 2019 at 3:30pm. Swanson was also issued the following motor vehicle summonses with same court date:</p> <p>E19 00047 Operating motor vehicle while driver's license suspended<br/>E19 00048 Expired Registration<br/>E19 00049 Failure to exhibit insurance information<br/>E19 00050 Possession of CDS in a motor vehicle<br/>E19 00051 Possession of open container in a motor vehicle</p> |            |                   |                   |                 |                 |
| 90. PRINT RANK / OFF. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIGNATURE  | 91. BADGE NO.     | 92. PAGE NO.      | 93. REPORT DATE | 94. REVIEWED BY |
| SGT. JOHNSON, GREGORY W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | GWJ               | 2 OF 2            | 06-JAN-2019     |                 |



CALL FOR SERVICE DETAILS

NJ0132200 KEYPORT POLICE

CFS Number: 19-248  
CFS Date: 10-JAN-2019 09:49  
Actual CFS Type: 44 MV STOP  
CFS Received As: 44 MV STOP

Disposition: 41  
Entered By: gallagd

Location: 0 LEGION DR  
KEYPORT

Apt:

Primary Unit: KP-36  
Officer: RWL LEONARD, RICHARD

Involved Party: DRI  
CONRAD, JAMES  
230 OSBORN ST  
KEYPORT

Apt:  
Phone:

| Involved Vehicles: | Year | Make | Model | Body | Color | Tag    | State |
|--------------------|------|------|-------|------|-------|--------|-------|
|                    |      |      |       |      |       | X72JPZ | NJ    |

Narrative: PTL.LEONARD STOPPED NJREG X72JPZ ON LEGION DRIVE KEYPORT  
PTL.LEONARD REQUESTED WARRANT CHECK ON THE ABOVE HE IS NEGPZT  
THIS TIME  
SGT RUTH RADIOED HQ HE IS BRINGING NJREG X72JPZ TO HQ MIL#27426 1/2  
TANK OF GAS  
PTL.LEONARD HAS DRIVER IN CUSTODY ENROUTE TO HQ  
SGT RUTH PARKED VEHICLE IN BACK OF HQ  
PTL.LEONARD PLACED MALE IN CELL#1  
PTL.LEONARD ISSUED ESUMMONES TO DRIVER :ESUMMONS #19-71 STAT  
39:4-49.1 COURT DATE 01172019,ESUMMONS#19-72 STAT 39:3-77 COURT  
DATE 01172019  
PTL.LEONARD ALSO ISSUED SUMMONS32019-09 TO DRIVER STAT 2C:35-  
10A(4) COURT DATE 02262019  
PTL.LEONARD RELEASED MALE  
PATROLS BACK IN SERVICE

FOR FUTHER INFO SEE INVEST REPORT

Date and Time

CFS Remarks

## ARREST REPORT

PG. 1 OF 1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DEPARTMENT<br><b>KEYPORT POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2. ORI NO.<br><b>NJ0132200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. DEPT. CASE NO.<br><b>19-24DB</b>                                                                                                                                                                                                                                                                                                                                               |  | 4. PROS CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 5. INCIDENT NO.<br><b>19-248</b>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 6. SUBJECT NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 7. NAME (LAST, FIRST, MIDDLE)<br><b>CONRAD, JAMES M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 8. PHONE (H)<br>PHONE (C)                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 9. ALIAS/NICKNAME                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 10. ADDRESS (STREET, MUN., STATE, ZIP)<br><b>230 OSBORN ST. KEYPORT, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 11. POB                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 12. US CITIZEN?<br><input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 13. AGE<br><b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 14. DOB (MM/DD/YY)<br><b>09/06/96</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 15. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                               |  | 16. RACE<br><b>W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 17. HISPANIC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 18. HT. (FT/IN)<br><b>603</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 19. WEIGHT<br><b>220</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 20. HAIR<br><b>BRO</b>                                                                                                                                                                                                                                                                                                                                                            |  | 21. EYES<br><b>BLU</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 22. <input type="checkbox"/> RIGHT-HANDED <input type="checkbox"/> LEFT-HANDED                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 24. DESCRIPTIVE- SCARS-MARKS- TATTOOS<br>...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 25. OCCUPATION                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 26. <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPERATED                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 27. EMPLOYER/SCHOOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 28. BUSINESS PHONE (AREA)<br><b>908-907-0980</b>                                                                                                                                                                                                                                                                                                                                                                                                      |  | 29. SOCIAL SECURITY NO.                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 29. EMPLOYER'S ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 30. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 31. FBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 32. SBI NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 33. LOCAL AGENCY NO.                                                                                                                                                                                                                                                                                                                                                              |  | 34. OTHER ID NO. (TYPE)                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 35. CASE NO.<br><b>C64293837409964</b>                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 36. STATE<br><b>NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| CHECK AS MANY AS APPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 37. COMPLEXION<br><input checked="" type="checkbox"/> 1. PALE<br><input type="checkbox"/> 2. LIGHT<br><input type="checkbox"/> 3. MEDIUM<br><input type="checkbox"/> 4. DARK<br><input type="checkbox"/> 5. TANNED<br><input type="checkbox"/> 6. JAUNDICED<br><input type="checkbox"/> 7. ACNE<br><input type="checkbox"/> 8. FRECKLED<br><input type="checkbox"/> 9. POCKED<br><input type="checkbox"/> 10. RUDDY<br><input type="checkbox"/> 11. OTHER                                                                                                                                                                                             |  | 38. HAIR STYLE<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. AFRO<br><input type="checkbox"/> 3. BRAIDED<br><input type="checkbox"/> 4. BUSHY<br><input type="checkbox"/> 5. CREW CUT<br><input type="checkbox"/> 6. MILITARY<br><input type="checkbox"/> 7. PONYTAIL<br><input type="checkbox"/> 8. PROCESSED<br><input checked="" type="checkbox"/> 9. STRAIGHT<br><input type="checkbox"/> 10. WAVY / CURLY<br><input type="checkbox"/> 11. WIG<br><input type="checkbox"/> 12. OTHER |  | 39. HAIR LENGTH<br><input type="checkbox"/> 1. SHAVED<br><input type="checkbox"/> 2. BALD<br><input type="checkbox"/> 3. BALDING<br><input type="checkbox"/> 4. SHORT<br><input type="checkbox"/> 5. NECK LEN<br><input checked="" type="checkbox"/> 6. COLLAR<br><input type="checkbox"/> 7. SHOULDER<br><input type="checkbox"/> 8. LONGER<br><input type="checkbox"/> 9. OTHER |  | 40. FACIAL HAIR<br><input type="checkbox"/> 1. NOT APPLICABLE<br><input type="checkbox"/> 2. CLEAN SHAVEN<br><input type="checkbox"/> 3. UNSHAVEN<br><input type="checkbox"/> 4. SIDEBURNS<br><input checked="" type="checkbox"/> 5. MUSTACHE<br><input type="checkbox"/> 6. FU MANCHU<br><input type="checkbox"/> 7. LOWER LIP<br><input type="checkbox"/> 8. GOATEE<br><input type="checkbox"/> 9. FULL BEARD<br><input type="checkbox"/> 10. OTHER |  | 41. BUILD<br><input checked="" type="checkbox"/> 1. THIN<br><input type="checkbox"/> 2. MEDIUM<br><input type="checkbox"/> 3. STOCKY<br><input type="checkbox"/> 4. HEAVY<br><input type="checkbox"/> 5. OBESE<br><input type="checkbox"/> 6. OTHER |  | 42. SPEECH<br><input checked="" type="checkbox"/> 1. NORMAL<br><input type="checkbox"/> 2. ACCENT<br><input type="checkbox"/> 3. NON-ENGLISH<br><input type="checkbox"/> 4. HIGH-PITCH<br><input type="checkbox"/> 5. LOW-PITCH<br><input type="checkbox"/> 6. NASAL<br><input type="checkbox"/> 7. RASPY<br><input type="checkbox"/> 8. STUTTERS<br><input type="checkbox"/> 9. OTHER |  |
| 43. WEAPON<br><input checked="" type="checkbox"/> 1. NONE<br><input type="checkbox"/> 2. AUTOMATIC<br><input type="checkbox"/> 3. HANDGUN<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> 5. RIFLE<br><input type="checkbox"/> 6. OTHER FIREARM<br><input type="checkbox"/> 7. UNKNOWN FIREARM<br><input type="checkbox"/> 8. KNIFE/CUT INST.<br><input type="checkbox"/> 9. CLUB/BLACK/JACK<br><input type="checkbox"/> 10. OTHER                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 44. LOCATION OF OFFENSE (STREET, MUN., STATE, ZIP)<br><b>KEYPORT, NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 45. ARREST DATE (MM/DD/YY)<br><b>01/10/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 46. TIME<br><b>0948</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 47. LOCATION OF ARREST (STREET, MUN., STATE, ZIP)<br><b>KEYPORT, NJ</b>                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 48. ARREST<br><input type="checkbox"/> WARRANT <input checked="" type="checkbox"/> ON VIEW<br><input type="checkbox"/> SUMMONS <input type="checkbox"/> ON P. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 49. CRIMINAL WAR./SUMMONS NO.<br><b>1322S2019000009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 50. CRIME / OFFENSE<br><b>Possession of C.D.S.</b>                                                                                                                                                                                                                                                                                                                                |  | 51. NJ STATUTE<br><b>2C:35-10A</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 52. UCR CODE<br><b>187</b>                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 53. TOTAL NO. OF CHARGES<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 54. MV SUMMONS/WARNING NO.<br><b>E19000071</b><br><b>E19000072</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 55. DATE OF OFFENSE<br><b>01/10/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 56. TELETYPE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 57. FINGERPRINTED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 58. PHOTOGRAPHED<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 59. PHOTO NUMBER                                                                                                                                                                                                                                                                                                                                                                  |  | 60. NCIC CHECK<br><input type="checkbox"/> 1. WANTED <input type="checkbox"/> 2. NO CHECK <input type="checkbox"/> 3. NO RECORD                                                                                                                                                                                                                                                                                                                       |  | 61. CONSTITUTIONAL RIGHTS BY WHOM<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 62. COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | PHONE NO. (AREA)                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 63. JUDGE SETTING BAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 64. DATE<br><b>01/10/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 65. TIME<br><b>1803</b>                                                                                                                                                                                                                                                                                                                                                           |  | 66. AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 67. RESULT                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 68. FINAL DISPOSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 69. DATE<br><b>01/10/19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 70. PERSONAL PROPERTY TAKEN?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                                                                                                                                               |  | SIGNATURE OF ARRESTEE                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 71. VEHICLE OWNER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 72. YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 73. MAKE                                                                                                                                                                                                                                                                                                                                                                          |  | 74. MODEL                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 75. BODY TYPE                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 76. COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 77. REGISTRATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | STATE                                                                                                                                                                                                                                                                                                                                                                             |  | 78. V.I.N./OTHER IDENTIFYING NO.                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| JUVENILE RELEASE SECTION/NEXT OF KIN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 79. JUVENILE OR NEXT OF KIN INFORMATION PARENT/GUARDIAN/ PROBATION NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 80. ADDRESS (STREET, MUN., STATE, ZIP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 81. PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 82. DATE CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 83. TIME CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 84. RELEASED TO /DETAINED AT (SIGNATURE)                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 85. DATE                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 86. TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 87. JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPARTMENT<br><input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 88. REFERRED TO ADULT COURT<br><input type="checkbox"/> REFERRED TO JV COURT OR PROBATION<br><input type="checkbox"/> REFERRED TO CHILD WELFARE AGENCY                                                                                                                                                                                                                                                                                                                                                                  |  | 88. OFFICER RELEASING JUVENILE SIGNATURE                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | BADGE NO.                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 89. NARRATIVE / ADDITIONAL CHARGES<br><b>On 10-JUL-2019 I, Ptl. Leonard, I smelled a strong odor of Marijuana emanating from the vehicle in front of me. I initiated a traffic stop on the vehicle and the driver voluntarily admitted to me that he had a some marijuana in a jar located on the floor of the back seat. I located tow mason jars containing suspect marijuana. At this point I placed Conrad under arrest for a violation of 2c:35-10a(4) and transported him back to headquarters. Conrad was booked and processed and released on summons number 1322 S 2019 000009 and released with a court date of 17-Jan-2019 at 1530hrs.</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 90. PRINT RANK / OFF. NAME<br><b>LEONARD, RICHARD W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SIGNATURE                                                                                                                                                                                                                                                                                                                                                                         |  | 91. BADGE NO.<br><b>RWL</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 92. PAGE NO.<br><b>1 OF 1</b>                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                   |  | 93. REPORT DATE<br><b>10-JAN-2019</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 94. REVIEWED BY                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |