

INCIDENT REPORT PUBLIC COPY

NJSA 47,1A-1.1

Agency Name
Berkeley Township Police Department

ORI
NJ0150500

Case#
19-000359

Date / Time Reported
02/04/2019 00:51 Mon

Last Known Secure
02/04/2019 00:51 Mon

At Found
02/04/2019 00:51 Mon

Location of Incident
300-BLK Western Blvd, Berkeley Township NJ 08721-

Premise Type
Residence Home

Zone/Tract

#1 Crime Incident(s) (Com)
Driving While Intoxicated
39:4-50 M

Weapon / Tools **NO WEAPON**
Entry Exit Security Activity

#2 Crime Incident (Com)
Failure To Stop Or Yield
39:4-144

Weapon / Tools
Entry Exit Security Activity

#3 Crime Incident (Com)
Disregard Of Marked Lanes - Must Stay In One Lane - 39:4-88B

Weapon / Tools
Entry Exit Security Activity

MO

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# of Victims	1	Type:	INDIVIDUAL/ NOT LAW		Injury:	None					
V1	Victim/Business Name (Last, First, Middle)				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
					1,	Age 41	W	M	N/A	Resident	
Home Address										Home Phone	
Employer Name/Address								Business Phone		Mobile Phone	
VYR	Make	Model	Style	Color	Lic/Lis	VIN					

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CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)											
Type: Injury:											
Code	Name (Last, First, Middle)				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
						Age					
Home Address										Home Phone	
Employer Name/Address								Business Phone		Mobile Phone	
Type: Injury:											
Code	Name (Last, First, Middle)				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
						Age					
Home Address										Home Phone	
Employer Name/Address								Business Phone		Mobile Phone	

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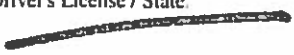
1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)											
VI #	Code	Status FrmTo	Value	OJ	QTY	Property Description	Make/Model	Serial Number			
1	99	4	\$700.00		1	CHAIN LINK FENCE	/Chan Link				
1	99	4	\$900.00		1	BLACKTOP DRIVEWAY					

Officer/ID#	CAMARAZA, JACOB R (5144)		Supervisor	FLANEGAN, ROBERT (5392)	
Invest ID#	(0)		Case Disposition:	Adult Summoned	
Status	Complainant Signature	Case Status Cleared By Arrest	02/04/2019	02/04/2019	Page 1

Incident Report Suspect List

Berkeley Township Police Department

OCA: 19-000359

1	Name (Last, First, Middle)					Also Known As					Home Address																																																																									
	CASTORINO, RICHARD MICHAEL										6481 ARAGON WAY APT 206 FORT MYERS, FL 33966-4750																																																																									
	Business Address																																																																																			
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State																																																																									
	08/17/1987	31	W	M		509	170	BRO	GRN																																																																											
Scars, Marks, Tattoos, or other distinguishing features																																																																																				
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Notes							Physical Char																																																																													

COURT I.D. PREFIX TICKET NUMBER
1505 BMC 063457
Municipal Court Berkeley Twp.
631 Pinewald-Keswick Rd.
Bayville, NJ 08721-0287

POLICE RECORD

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

Driver's
Lic. No. [REDACTED]
Exp. Date 08/26 FL State [REDACTED] ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name First Initial Last (Please Print)
Richard M Castorino
Address 6481 Aragon way APT 206
City Fort Myers State FL Zip Code 33966 Telephone
Birth Date 08/17/1987 Eyes [REDACTED] Sex M Weight 150 Height 509 Restrictions

DID UNLAWFULLY (PARK) OPERATE

Make of Vehicle Year Body Type
AUDI 2011 2 Door B14 ☐ Commercial Vehicle
Lic. Plate No. State Exp. Date
H94 KBL NJ 05/19 ☐ Omnibus
☐ Hazardous Material
☐ Out of Service
Offense Date Month Day Year Time Hour :51 AM PM
02 04 2019

LOCATION OF OFFENSE Describe Location
Municipality Berkeley Township County Ocean Mun. Code (Offense) 1 5 0 5
354 Western Blvd

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

TRAFFIC OFFENSES - (check one) - TITLE 39:

- | | |
|--|---|
| ☐ 3-4 Unregistered vehicle | ☐ 4-85 Improper passing |
| ☒ 3-29 Failure to exhibit documents | ☐ 4-97 Careless driving |
| ☐ D.L. or ☐ REG. or ☐ INS | ☐ 4-124 Failure to turn |
| ☐ 3-33 Unclear plates | ☐ 4-144 Failure to stop or yield |
| ☐ 3-66 Maintenance of lamps | ☐ 8-1 Failure to inspect |
| ☐ 3-76.21 Failure to wear seatbelt | ☐ 8-4 Failure to make repairs |
| ☐ 4-81 Failure to observe signal | |
| ☐ 4-98 Speeding _____ MPH in a _____ MPH zone | |

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

- ☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Statute No. 39:41-50 Ordinance / Code No.

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

Signature of Complaining Witness
John Connor
Month Day Year
02 04 2019
Officer's ID. No. 5144

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED
COURT DATE Month Day Year Time Hour :00 AM PM
02 13 2019 10:00 AM

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

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

Equipment ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBDT
Equipment Operator's Name Operator ID No. Unit Code

INCIDENT DATA

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Incident Report Suspect List

Berkeley Township Police Department

OCA: 19-000372

1	Name (Last, First, Middle) CAETANO, CRISTIANO					Also Known As					Home Address 919 ANGLESEA AVE BERKELEY TOWNSHIP, NJ 08721-1101																																													
	Business Address																																																							
	DOB 10/1966	Age 52	Race W	Sex M	Eth	Hgt 507	Wgt 141	Hair	Eye BRO	Skin	Driver's License / State 																																													
	Scars, Marks, Tattoos, or other distinguishing features																																																							
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COURT I.D.		PREFIX		TICKET NUMBER		Municipal Court Berkeley Twp. 631 Pinewald-Keswick Rd. Bayville, NJ 08721-0287	
1505		BMC		062634			
POLICE RECORD							
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:							
Driver's Lic. No.							
		Exp. Date		State		☐ Commercial License	
		12/19/05		NJ			
THE UNDERSIGNED CERTIFIES THAT							
Name		First		Initial		Last (Please Print)	
		Cristiano				Cartano	
Address							
919 Angelsea Ave							
City		Bayville		State		Zip Code	
		NJ				08721	
Birth Date		Eyes		Sex		Weight	
12/19/66							
Height		Restrictions					
DID UNLAWFULLY (PARK) (OPERATE) A							
Make of Vehicle		Year		Body Type		Color	
Nissan		2006		Wagon		WT	
Lic. Plate No.		State		Exp. Date		☐ Commercial Vehicle	
ZHC605		NJ		11/19		☐ Omnibus	
						☐ Hazardous Material	
						☐ Out of Service	
Offense Date		Month		Day		Year	
		02		05		19	
LOCATION OF OFFENSE		Municipality		County		Mun. Code (Offense)	
		Berkeley Township		Ocean		1 5 0 5	
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)							
TRAFFIC OFFENSES - (check one) - TITLE 39:							
☐ 3-4 Unregistered vehicle				☐ 4-85 Improper passing			
☐ 3-29 Failure to exhibit documents				☐ 4-97 Careless driving			
☐ D.L. or ☐ REG. or ☐ INS				☐ 4-124 Failure to turn			
☐ 3-33 Unclear plates				☐ 4-144 Failure to stop or yield			
☐ 3-66 Maintenance of lamps				☐ 8-1 Failure to inspect			
☐ 3-76.21 Failure to wear seatbelt				☐ 8-4 Failure to make repairs			
☐ 4-81 Failure to observe signal							
☐ 4-98 Speeding _____ MPH in a _____ MPH zone							
IN EXCESS OF SPEED LIMIT BY:							
☐ 1-9 MPH		☐ 10-14 MPH		☐ 15-19 MPH		☐ 20-24 MPH	
☐ 25-29 MPH		☐ 30-34 MPH		☐ 65 MPH Zone		☐ Safe Corridor	
☐ Construction Zone							
PENALTY SCHEDULE ON REVERSE							
PARKING OFFENSE							
☐ Overtime Meter No.				☐ Prohibited Area			
				☐ Double			
OTHER TRAFFIC/PARKING OFFENSE (Describe)							
DwI							
Statute No.				Ordinance / Code No.			
39:4-50							
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.							
Signature of Complaining Witness				Officer's ID. No.			
P.H. Mulvihill				5112			
NOTICE TO APPEAR							
☒ COURT APPEARANCE REQUIRED		COURT DATE		Month		Day	
		02		13		19	
						Time	
						10:00 AM	
☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury							
CONDITIONS							
AREA		☐ Business		☐ School		☐ Residential	
ROAD		☐ Dry		☐ Wet		☐ Snow	
TRAFFIC		☐ Light		☐ Medium		☐ Heavy	
VISIBILITY		☐ Clear		☐ Rain		☐ Snow	
						☐ Fog	
Equipment		☐ Helicopter		☐ Pace		☐ Speed Measurement Device	
Equipment Operator's Name		Operator ID No.		Unit Code		☐ EBDT	

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

UTT-1

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

UTT-1

INCIDENT DATA

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OTHERS INVOLVED

PROPERTY

Officer/ID#	BONDULICH, NICHOLAS (5126)		
Invest ID#	(0)	Supervisor	MALLEY, JASON (5375)
Complainant Signature	Case Status Pending /Active 02/14/2019	Case Disposition: Adult Summonssed 02/14/2019	Page 1

Incident Report Suspect List

Berkeley Township Police Department

OCA: 19-000479

1	Name (Last, First, Middle) FRYSTOCK, MATTHEW D						Also Known As			Home Address 1803 SCARLET OAK AVENUE TOMS RIVER, NJ 08755-1063																																						
	Business Address																																															
	DOB 06/15/1986	Age 32	Race W	Sex M	Eth	Hgt 601	Wgt 181	Hair	Eye BLU	Skin	Driver's License / State																																					
	Scars, Marks, Tattoos, or other distinguishing features																																															
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VehYr/Make/Model		Drs	Style		Color		Lic/St		VIN																																							
Notes						Physical Char																																										

COURT I.D. PREFIX TICKET NUMBER
1505 BMC 063358
Municipal Court Berkeley Twp.
631 Pinewald-Keswick Rd.
Bayville, NJ 08721-0267

POLICE RECORD

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

Driver's
Lic. No. [REDACTED]
Exp. Date 7/21 State NJ ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name First Initial Last (Please Print)
MATTHEW D FRYSTOCK

Address
1803 SCARLET OAK AVE

City State Zip Code Telephone
TOM RIVER NJ 08058 838-1111

Birth Date Eyes Sex Weight Height Restrictions

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle Year Body Type Color
Nissan 1984 4-door Blue

Lic. Plate No. State Exp. Date
E74 EVV NJ 01/20

Offense Date Month Day Year Time Hour AM PM
2 14 19 20:26 PM

LOCATION OF OFFENSE CODE Describe Location
431 RT 9

Municipality County Mun. Code (Offense)
Berkeley Township Ocean 1 5 0 5

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

TRAFFIC OFFENSES - (check one) - TITLE 39:

- ☐ 3-4 Unregistered vehicle
☐ 3-29 Failure to exhibit documents
☐ D.L. or ☐ REG or ☐ INS
☐ 3-33 Unclear plates
☐ 3-66 Maintenance of lamps
☐ 3-76.21 Failure to wear seatbelt
☐ 4-81 Failure to observe signal
☐ 4-98 Speeding _____ MPH in a _____ MPH zone
☐ 4-85 Improper passing
☐ 4-97 Careless driving
☐ 4-124 Failure to turn
☐ 4-144 Failure to stop or yield
☐ 8-1 Failure to inspect
☐ 8-4 Failure to make repairs

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

- ☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

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

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

Signature of Complaining Witness
P.T. B. [Signature]
Officer's ID. No. 5126

NOTICE TO APPEAR

☒ COURT APPEARANCE
REQUIRED
COURT DATE Month Day Year Time Hour AM PM
2 27 19 2:00 PM

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

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

Equipment ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBDT
Equipment Operator's Name Operator ID No. Unit Code

redactions pursuant to N.J.S.A.
47:1A-1.1

**INCIDENT REPORT
PUBLIC COPY**

INCIDENT DATA

Agency Name Berkeley Township Police Department
ORI NJ0150500

Case# 19-000501
Date / Time Reported 02/17/2019 00:55 Sun
Last Known Secure 02/17/2019 00:55 Sun
At Found 02/17/2019 00:55 Sun

Location of Incident 100-BLK Mule Rd/plaza Dr, Berkeley Township NJ	Premise Type Highway/road/alley	Zone/Tract
#1 Crime Incident(s) (Com) Driving While Intoxicated 39:4-50 M	Weapon / Tools NO WEAPON	Activity
#2 Crime Incident ()	Entry	Exit
#3 Crime Incident ()	Entry	Exit

MO

VICTIM

# of Victims 1	Type: GOVERNEMENT	Injury:
V1 Victim/Business Name (Last, First, Middle) STATE OF NJ	Victim of Crime # 1	DOB Age
Home Address	Home Phone	
Employer Name/Address	Business Phone	Mobile Phone
VYR	Make	Model
Style	Color	Lic/Lis
VIN		

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)								
Type:	Injury:							
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
Home Address	Home Phone							
Employer Name/Address	Business Phone	Mobile Phone						
Type:	Injury:							
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
Home Address	Home Phone							
Employer Name/Address	Business Phone	Mobile Phone						

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)									
VI #	Code	Status From To	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
	08	9	\$0.00		1	2002 GY C73GZN NJ	CHE BLU	1GNCT18W02K116932	
Officer/ID#	VARADY, SEAN (5136)								
Invest ID#	(0)						Supervisor	FLANEGAN, ROBERT (5392)	
Status	Complainant Signature				Case Status Cleared By Arrest 02/17/2019		Case Disposition: Adult Summoned 02/17/2019		Page 1

Incident Report Suspect List

Berkeley Township Police Department

OCA: 19-000501

1	Name (Last, First, Middle) BENZ, JUSTIN A					Also Known As					Home Address 531 BENZ LANE JACKSON, NJ 08527-3727																																													
	Business Address																																																							
	DOB 03/30/1994	Age 24	Race	Sex M	Eth	Hgt 509	Wgt 121	Hair	Eye BLU	Skin	Driver's License / State. 																																													
	Scars, Marks, Tattoos, or other distinguishing features																																																							
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Notes							Physical Char																																																	

COURT I.D.	PREFIX	TICKET NUMBER	Municipal Court Berkeley Twp. 631 Pinewald-Keswick Rd. Bayville, NJ 08721-0287	
1505	BMC	062871		
POLICE RECORD				
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:				
Driver's Lic. No.				
		Exp. Date	State	☐ Commercial License
		3-31-19	NJ	
THE UNDERSIGNED CERTIFIES THAT				
Name	First	Initial	Last	(Please Print)
Joshua A Benz				
Address	531 Benz Ln			
City	State	Zip Code	Telephone	
Jackson	NJ	08527		
Birth Date	Sex	Weight	Height	Restrictions
3-30-94	M	130	5-9	
DID UNLAWFULLY (PARK) (OPERATE) A				
Make of Vehicle	Year	Body Type	Color	☐ Commercial Vehicle
Chevrolet	02	4 door	GY	☐ Omnibus
Lic. Plate No.	State	Exp. Date	☐ Hazardous Material	
CT3G2W	NJ	9/19	☐ Out of Service	
Offense Date	Month	Day	Year	Time Hour : PM
	2	17	2019	1:17 PM
LOCATION OF OFFENSE	CODE	Describe Location		
		Mile / Place		
Municipality	County	Mun. Code (Offense)		
Berkeley Township	Ocean	1 5 0 5		
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)				
TRAFFIC OFFENSES - (check one) - TITLE 39:				
☒ 3-4 Unregistered vehicle ☒ 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG. or ☐ INS ☒ 3-33 Unclear plates ☒ 3-66 Maintenance of lamps ☒ 3-76.21 Failure to wear seat belt ☒ 4-81 Failure to observe signs ☐ 3-98 Speeding _____ MPH in a _____ MPH zone				
☐ 4-85 Improper passing ☐ 4-97 Careless driving ☐ 4-124 Failure to turn ☐ 4-144 Failure to stop or yield ☐ 8-1 Failure to inspect ☐ 8-4 Failure to make repairs				
IN EXCESS OF SPEED LIMIT BY:				
☐ 1-9 MPH ☐ 10-14 MPH ☐ 15-19 MPH ☐ 20-24 MPH ☐ 25-29 MPH ☐ 30-34 MPH ☐ .65 MPH Zone ☐ Safe Corridor ☐ Construction Zone				
PENALTY SCHEDULE ON REVERSE				
PARKING OFFENSE				
☐ Overtime Meter No. ☐ Prohibited Area ☐ Double				
OTHER TRAFFIC/PARKING OFFENSE (Describe)				
DUI				
Statute No.	Ordinance / Code No.			
39:4-50				
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE				
Signature of Complaining Witness	Month	Day	Year	
[Signature]	2	17	19	
Officer's ID. No.				
5156				
NOTICE TO APPEAR				
COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year
☒		2	20	19
				Time Hour : PM
				8:00 PM
☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury				
CONDITIONS	AREA	☐ Business	☐ School	☐ Residential ☒ Rural
	ROAD	☐ Dry	☐ Wet	☐ Snow ☐ Ice
	TRAFFIC	☐ Light	☐ Medium	☐ Heavy
	VISIBILITY	☐ Clear	☒ Rain	☐ Snow ☐ Fog
Equipment	☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBTD			
Equipment Operator's Name	Operator ID No.		Unit Code	

INCIDENT DATA

MOV
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OTHERS INVOLVED

**P
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P
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Y**

Status

Incident Report Suspect List

Berkeley Township Police Department

OCA: 19-000596

1	Name (Last, First, Middle) ELY, CHESTER J Jr					Also Known As					Home Address 319 MAIN ST BAYVILLE, NJ 08721-0000																																													
	Business Address CENTRAL REGIONAL HIGH SCHOOL																																																							
	DOB 02/24/1993	Age 26	Race W	Sex M	Eth N	Hgt 507	Wgt 150	Hair RED	Eye HAZ	Skin LGT	Driver's License / State 																																													
Scars, Marks, Tattoos, or other distinguishing features																																																								
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="3">SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel Mode of Travel</td> </tr> <tr> <td colspan="4">Veh Yr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> </tr> </table>															Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN			Weapon, Type		Feature		Make		Model		Color		Caliber	Dir of Travel Mode of Travel			Veh Yr/Make/Model				Drs	Style		Color		Lic/St		VIN		
Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN																																													
Weapon, Type		Feature		Make		Model		Color		Caliber	Dir of Travel Mode of Travel																																													
Veh Yr/Make/Model				Drs	Style		Color		Lic/St		VIN																																													
Notes							Physical Char																																																	

Hair Length, Short
Hair Facial, Clean Shaven
Build, THIN
Hair Length, Medium
Build, MEDIUM

COURT I.D.		PREFIX		TICKET NUMBER		Municipal Court Berkeley Twp. 631 Pinewald-Keswick Rd. Bayville, NJ 08721-0287	
1505		BMC		062879			
POLICE RECORD							
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:							
Driver's Lic. No. _____							
Exp. Date _____ State _____						☐ Commercial License	
THE UNDERSIGNED CERTIFIES THAT							
Name		First		Initial		Last (Please Print)	
Address		180 Chester Dr					
City		State		Zip Code		Telephone	
Berkeley		NJ		08201			
Birth Date		Sex		Weight		Height	
2-24-93		M		150		5'10"	
DID UNLAWFULLY (PARK) (OPERATE) A							
Make of Vehicle		Year		Body Type		Color	
Chevrolet		01		Sedan		White	
Lic. Plate No.		State		Exp. Date			
X25 KDM		NJ		7/19			
Offense Date		Month		Day		Year	
		2		25		19	
LOCATION OF OFFENSE		Municipality		County		Mun. Code (Offense)	
		Berkeley Township		Ocean		1 5 0 5	
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)							
TRAFFIC OFFENSES - (check one) - TITLE 39:							
☒ 3-4 Unregistered vehicle ☐ 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG. or ☐ INS ☐ 3-33 Unclear plates ☐ 3-66 Maintenance of lamps ☐ 3-76.2f Failure to wear seatbelt ☐ 4-81 Failure to observe signal ☐ 4-98 Speeding _____ MPH in a _____ MPH zone				☐ 4-85 Improper passing ☐ 4-97 Careless driving ☐ 4-124 Failure to turn ☐ 4-144 Failure to stop or yield ☐ 8-1 Failure to inspect ☐ 8-4 Failure to make repairs			
IN EXCESS OF SPEED LIMIT BY:							
☐ 1-9 MPH ☐ 10-14 MPH ☐ 15-19 MPH ☐ 20-24 MPH ☐ 25-29 MPH ☐ 30-34 MPH ☐ 65 MPH Zone ☐ Safe Corridor ☐ Construction Zone							
PENALTY SCHEDULE ON REVERSE							
PARKING OFFENSE							
☐ Overtime Meter No. ☐ Prohibited Area ☐ Double							
OTHER TRAFFIC/PARKING OFFENSE (Describe)							
CDL in a motor vehicle							
Statute No.				Ordinance Code No.			
39: 4-49.1							
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.						Month	
						Day	
						Year	
Signature of Complaining Witness						Officer's ID. No.	
L. Van						5136	
NOTICE TO APPEAR							
COURT APPEARANCE REQUIRED		COURT DATE		Month		Day	
		3/13		19			
				Year		Time	
						Hour	
						9:00 AM	
☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury							
CONDITIONS	AREA ☐ Business ☐ School ☐ Residential ☐ Rural ☐						
	ROAD ☐ Dry ☐ Wet ☐ Snow ☐ Ice ☐						
	TRAFFIC ☐ Light ☐ Medium ☐ Heavy ☐						
	VISIBILITY ☐ Clear ☐ Rain ☐ Snow ☐ Fog ☐						
Equipment ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBDT							
Equipment Operator's Name				Operator ID No.		Unit Code	

INCIDENT DATA

#1	Crime Incident(s) <i>Driving While Intoxicated</i> 39:4-50	(Com) M
#2	Crime Incident <i>Refusal To Submit To Breath Sample</i> 39:4-50.2	(Com)
#3	Crime Incident <i>Obstructing Admin Of Law / Other Gov Function</i> - 4th Degree - 2C:29-1	(Com) F

Weapon / Tools		<i>NO WEAPON</i>
Entry		Exit
Weapon / Tools		
Entry		Exit
Weapon / Tools		
Entry		Exit

		Activity
t	Security	
		Activity
t	Security	
		Activity
t	Security	

MO

# of Victims		1		Type: SOCIETY/PUBLIC				Injury:			
V1	Victim/Business Name (Last, First, Middle)				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	State Of New Jersey				1,2,3.	Age					
Home Address									Home Phone		
Employer Name/Address								Business Phone		Mobile Phone	
VYR	Make	Model	Style	Color	Lic/Lis			VIN			

VICTIM

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)										
Type:		Injury:								
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
Home Address							Home Phone			
Employer Name/Address					Business Phone			Mobile Phone		
Type:		Injury:								
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
Home Address							Home Phone			
Employer Name/Address					Business Phone			Mobile Phone		

PROPERTY

[illegible]

Officer/ID#	DRIVANOS, RYAN J (5142)			
Invest ID#	(0)		Supervisor	PIZZELLA, TIMOTHY (5116)
Complainant Signature	Case Status Pending /active	03/03/2019	Case Disposition: Adult Summoned	03/03/2019
			Page 1	

Incident Report Suspect List

Berkeley Township Police Department

OCA: 19-000604

1	Name (Last, First, Middle) FULLAM, JAMES						Also Known As				Home Address 520 EAST ARVERNE AVE OCEAN GATE, NJ 08747-0																																											
	Business Address																																																					
	DOB 11/23/1983	Age 35	Race W	Sex M	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State [REDACTED]																																											
	Scars, Marks, Tattoos, or other distinguishing features																																																					
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="2">SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td colspan="2">Caliber</td> <td colspan="2">Dir of Travel Mode of Travel</td> </tr> <tr> <td colspan="4">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> </tr> </table>														Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN		Weapon, Type		Feature		Make		Model		Color		Caliber		Dir of Travel Mode of Travel		VehYr/Make/Model				Drs	Style		Color		Lic/St		VIN		
Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN																																											
Weapon, Type		Feature		Make		Model		Color		Caliber		Dir of Travel Mode of Travel																																										
VehYr/Make/Model				Drs	Style		Color		Lic/St		VIN																																											
Notes							Physical Char																																															

COURT I.D. PREFIX TICKET NUMBER
1505 BMC 063031 Municipal Court Berkeley Twp.
631 Pinewald-Keswick Rd.
Bayville, NJ 08721-0287

POLICE RECORD

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

Driver's
Lic. No. [REDACTED]

Exp. Date 11/12 State NJ ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name First Initial Last (Please Print)

James M Fullam

Address 580 East Arverne Ave

City Ocean Gate State NJ Zip Code 08740 Telephone

Birth Date 11/23/83 Eyes 5 Sex M Weight 150 Height 507 Restrictions

DID UNLAWFULLY (PARK) (OPERATE) A

Make of Vehicle SAH Year 03 Body Type Sedan Color MD ☐ Commercial Vehicle

Lic. Plate No. D47 KTL State NJ Exp. Date 11/19 ☐ Omnibus

Offense Date 02/27/19 Day 27 Year 2019 Time Hour 01:20 PM ☐ Hazardous Material ☐ Out of Service

LOCATION OF OFFENSE 1505 Describe Location RT 91

Municipality Berkeley Township County Ocean Mun. Code (Offense) 1 5 0 5

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

TRAFFIC OFFENSES - (check one) - TITLE 39:

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

IN EXCESS OF SPEED LIMIT BY:

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

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

- ☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

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

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

Signature of Complaining Witness [Signature] Officer's ID. No. 5142

NOTICE TO APPEAR

COURT APPEARANCE REQUIRED COURT DATE 03/13/19 Time Hour 10:00 AM PM

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

CONDITIONS AREA ☐ Business ☐ School ☐ Residential ☐ Rural ☐

ROAD ☐ Dry ☐ Wet ☐ Snow ☐ Ice ☐

TRAFFIC ☐ Light ☐ Medium ☐ Heavy ☐

VISIBILITY ☐ Clear ☐ Rain ☐ Snow ☐ Fog ☐

Equipment ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBSD

Equipment Operator's Name Operator ID No. Unit Code

Incident Report Suspect List

47:CA-1.1

Berkeley Township Police Department

OCA: 19-000245

3	Name (Last, First, Middle)					Also Known As					Home Address																																																																																													
	MURANTE JR, SALVATORE J										1032 TILLER AVE BEACHWOOD, NJ 08722-2330																																																																																													
	Business Address																																																																																																							
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.																																																																																													
	09/16/1981	37	W	M		511	201		GRE																																																																																															
Scars, Marks, Tattoos, or other distinguishing features																																																																																																								
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		37		W	M		511	201																																																																																																
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Notes																																																																																																								
Physical Char																																																																																																								

11-245
OCPO

COURT I.D.	PREFIX	TICKET NUMBER	Municipal Court Berkeley Twp. 631 Pinewald-Keswick Rd. Bayville, NJ 08721-0287
1505	BMC	059903	

POLICE RECORD

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

Driver's Lic. No. _____

Exp. Date 11/21 State NJ ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name First Salvatore Initial J Last Murphy JR (Please Print)

Address 1032 Tiller Ave

City Beachwood State NJ Zip Code 08722 Telephone _____

Birth Date 09/16/81 Eyes 6 Sex M Weight 151 Height 5'11 Restrictions 1

DID UNLAWFULLY (PARK) ☒ OPERATE ☒ A

Make of Vehicle Ford Year 03 Body Type PROP Color WT ☐ Commercial Vehicle

Lic. Plate No. W74-JRC State NJ Exp. Date 01/19 ☐ Omnibus

Offense Date 01 Month 23 Year 2019 Time 2307 AM ☐ Hazardous Material

LOCATION OF OFFENSE Veterans Blvd/Harding Ave ☐ Out of Service

Municipality Berkeley Township County Ocean Mun. Code (Offense) 1 5 0 5

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

TRAFFIC OFFENSES - (check one) - TITLE 39:

☐ 3-4 Unregistered vehicle ☐ 4-85 Improper passing

☐ 3-29 Failure to exhibit documents ☐ 4-97 Careless driving

☐ D.L. or ☐ REG. or ☐ INS ☐ 4-124 Failure to turn

☐ 3-33 Unclear plates ☐ 4-144 Failure to stop or yield

☐ 3-66 Maintenance of lamps ☐ 8-1 Failure to inspect

☐ 3-76.21 Failure to wear seatbelt ☐ 8-4 Failure to make repairs

☐ 4-81 Failure to observe signal ☐ 4-98 Speeding _____ MPH in a _____ MPH zone

IN EXCESS OF SPEED LIMIT BY:

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

☐ 65 MPH Zone ☐ Safe Corridor ☐ Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

Driving While Intoxicated

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

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

Month 02 Day 21 Year 19

Signature of Complaining Witness Det. 2 Officer's ID No. 5374

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED ☐ COURT DATE 02 Month 27 Year 19 Time 10 00 PM

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

CONDITIONS

AREA ☐ Business ☐ School ☒ Residential ☐ Rural ☐

ROAD ☐ Dry ☒ Wet ☐ Snow ☐ Ice ☐

TRAFFIC ☒ Light ☐ Medium ☐ Heavy ☐

VISIBILITY ☐ Clear ☒ Rain ☐ Snow ☐ Fog ☐

Equipment ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBT

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