

# COMPLAINT - WARRANT

| COMPLAINT NUMBER                                                                                                                                   |          |                                                                                                                                                                                                                                    |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>1323</b>                                                                                                                                        | <b>W</b> | <b>2020</b>                                                                                                                                                                                                                        | <b>000050</b> |
| COURT CODE                                                                                                                                         | PREFIX   | YEAR                                                                                                                                                                                                                               | SEQUENCE NO.  |
| <b>LITTLE SILVER BORO COURT</b><br><b>480 PROSPECT AVE</b><br><b>LITTLE SILVER NJ 07739-0000</b><br><b>732-842-3881</b> COUNTY OF: <b>MONMOUTH</b> |          |                                                                                                                                                                                                                                    |               |
| # of CHARGES<br><b>1</b>                                                                                                                           | CO-DEFTS | POLICE CASE #:<br><b>2020012976</b>                                                                                                                                                                                                |               |
| COMPLAINANT NAME:<br><b>DET. SGT. G OLIVA</b><br><b>480 PROSPECT AVENUE</b><br><b>ATTN WARRANTS</b><br><b>LITTLE SILVER NJ 07739</b>               |          | DEFENDANT INFORMATION<br>SEX: <b>F</b> EYE COLOR: <b>BLUE</b> DOB: <b>06/23/1995</b><br>DRIVER'S LIC. #.<br>SOCIAL SECURITY #: <b>xxx-xx-xxxx</b> ( ) SBI #: <b>5185516</b><br>TELEPHONE #:<br>LIVESCAN PCN #: <b>132302000870</b> |               |

THE STATE OF NEW JERSEY

VS.

GABRIELLE M DRESSLER

ADDRESS: **37 LEOLA**

**KEANSBURG**

**NJ 07734-0000**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **12/02/2020** in **LITTLE SILVER BORO**, **MONMOUTH** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TRANSMIT A FALSE OR BASELESS REPORT OR WARNING OF AN IMPENDING HOSTAGE SITUATION AND PERSON ARMED WITH A DEADLY WEAPON, KNOWING THAT THE REPORT OR WARNING WAS FALSE OR BASELESS, SPECIFICALLY BY REPORTING SHE WAS BEING HELD HOSTAGE WITHIN 465 BRANCH AVENUE, LITTLE SILVER NJ, WHICH ELICITED AN IMMEDIATE AND HEIGHTENED REPOSE BY LAW ENFORCEMENT.

in violation of:

|                 |                    |    |    |
|-----------------|--------------------|----|----|
| Original Charge | 1) <b>2C:33-3B</b> | 2) | 3) |
| Amended Charge  |                    |    |    |

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

Signed: **DET. SGT. G OLIVA**

Date: **12/02/2020**

You will be notified of your **Central First Appearance/CJP** date to be held at the **Superior Court** in the county of **MONMOUTH** at the following address: **MONMOUTH COUNTY COURTS**

**71 MONUMENT PARK PO BOX 1271**

Date of Arrest: **12/02/2020**

Appearance Date:

Time:

**FREEHOLD**

**NJ 07728-0000**

Phone: **732-358-8700**

## PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator

Date

Signature of Judge

Date

☒ Probable cause **IS** found for the issuance of this complaint. **JANICE SWAGGERTY JUDICIAL OFFICER** **12/02/2020**

Signature and Title of Judicial Officer Issuing Warrant

Date

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

Bail Amount Set: by:

(if different from judicial officer that issued warrant)

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets  
or Other Complaints

☐ Serious Personal Injury/ Death  
Involved

Special conditions of release:

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

**ORIGINAL**

| COMPLAINT – WARRANT (Court Action)                                                        |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
|-------------------------------------------------------------------------------------------|--|-----------------|--|-----------------------------------------------------|--|-------------------------------------|--|--------------------------------------|--|--------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|------------------|--|-----------|--|
| COMPLAINT NUMBER                                                                          |  |                 |  |                                                     |  |                                     |  | STATE V.<br><br>GABRIELLE M DRESSLER |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| 1323                                                                                      |  | W               |  | 2020                                                |  | 000050                              |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| COURT CODE                                                                                |  | PREFIX          |  | YEAR                                                |  | SEQUENCE NO.                        |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| FTA Bail Information                                                                      |  | Date Bail Set:  |  |                                                     |  | Amount Bail Set: \$ _____ by: _____ |  |                                      |  | <input type="checkbox"/> Bail Recog. Attached                      |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| Released<br>on Bail<br>(v)                                                                |  | R.O.R.          |  | Committed<br>Default                                |  | Committed<br>w/o Bail               |  | Place Committed:                     |  |                                                                    |  | Date Referred to<br>County Prosecutor: _____                                                                                                                                                                                                                                                                                                                                               |  |          |  |                  |  |           |  |
| Date of First Appearance:                                                                 |  |                 |  | <input type="checkbox"/> Advised of Rights by _____ |  |                                     |  |                                      |  |                                                                    |  | Defendant Desires Counsel:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                     |  |          |  |                  |  |           |  |
| Prosecuting Attorney Information                                                          |  |                 |  |                                                     |  |                                     |  | Defense Counsel Information          |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| Name:                                                                                     |  |                 |  |                                                     |  |                                     |  | Name:                                |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| State                                                                                     |  | County          |  | Municipal                                           |  | Other                               |  | None                                 |  | Retained                                                           |  | Public Def                                                                                                                                                                                                                                                                                                                                                                                 |  | Assigned |  | Waived           |  | Other     |  |
| Original Charge                                                                           |  | 1) 2C : 33 - 3B |  |                                                     |  | 2)                                  |  |                                      |  | 3)                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| Amended Charge                                                                            |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| Waiver Indt/Jury                                                                          |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| Plea/Date of Plea                                                                         |  | Plea:           |  | Date:                                               |  | Plea:                               |  | Date:                                |  | Plea:                                                              |  | Date:                                                                                                                                                                                                                                                                                                                                                                                      |  |          |  |                  |  |           |  |
| Adjudication (* see code)                                                                 |  | Finding Code:   |  | Date:                                               |  | Finding Code:                       |  | Date:                                |  | Finding Code:                                                      |  | Date:                                                                                                                                                                                                                                                                                                                                                                                      |  |          |  |                  |  |           |  |
| Jail Term                                                                                 |  |                 |  | Jail time credit                                    |  | Susp. Imp                           |  |                                      |  | Jail time credit                                                   |  | Susp. Imp                                                                                                                                                                                                                                                                                                                                                                                  |  |          |  | Jail time credit |  | Susp. Imp |  |
| Probation Term                                                                            |  |                 |  |                                                     |  | Susp. Imp                           |  |                                      |  |                                                                    |  | Susp. Imp                                                                                                                                                                                                                                                                                                                                                                                  |  |          |  |                  |  | Susp. Imp |  |
| Cond. Discharge Term                                                                      |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| Community Service                                                                         |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| D/L Suspension Term                                                                       |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| Fines/Costs                                                                               |  | Fines:          |  | Costs:                                              |  | Fines:                              |  | Costs:                               |  | Fines:                                                             |  | Costs:                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                  |  |           |  |
| VCCB/SNSF                                                                                 |  | VCCB:           |  | SNSF:                                               |  | VCCB:                               |  | SNSF:                                |  | VCCB:                                                              |  | SNSF:                                                                                                                                                                                                                                                                                                                                                                                      |  |          |  |                  |  |           |  |
| DEDR/Lab Fee                                                                              |  | DEDR:           |  | LAB:                                                |  | DEDR:                               |  | LAB:                                 |  | DEDR:                                                              |  | LAB:                                                                                                                                                                                                                                                                                                                                                                                       |  |          |  |                  |  |           |  |
| CD Fee/Drug Ed Fnd                                                                        |  | CD:             |  | DAEF:                                               |  | CD:                                 |  | DAEF:                                |  | CD:                                                                |  | DAEF:                                                                                                                                                                                                                                                                                                                                                                                      |  |          |  |                  |  |           |  |
| DV Surch/Other Fees                                                                       |  | DV:             |  | Other:                                              |  | DV:                                 |  | Other:                               |  | DV:                                                                |  | Other:                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |                  |  |           |  |
| Restitution<br>Beneficiary: _____                                                         |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes: |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  | * Finding Codes<br>1 – Guilty<br>2 – Not Guilty<br>3 – Dismissed – Other<br>4 – Guilty but Merged<br>5 – Dismissed-Rule<br>6 – Dismissed Lack of Prosecution<br>7 – Dismissed – Pros Motion/Vic Req<br>8 – Conditional Discharge<br>D – Dismissed- Prosecutor Discretion<br>M – Dismissed- Mediation<br>P – Dismissed-Plea Agreement<br>S – Disposed at Superior<br>W – Dismissed-False ID |  |          |  |                  |  |           |  |
| Related Traffic Tickets and Complaints:                                                   |  |                 |  |                                                     |  |                                     |  |                                      |  |                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |
| JUDGE'S SIGNATURE _____ DATE _____                                                        |  |                 |  |                                                     |  |                                     |  |                                      |  | COMPLAINT - WARRANT (Court Action)<br>Page 2 of 7 NJ/CDR2 1/1/2017 |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |          |  |                  |  |           |  |

# Affidavit of Probable Cause

| COMPLAINT NUMBER                                                                                                                                   |          |                                                            |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------------|
| <b>1323</b>                                                                                                                                        | <b>W</b> | <b>2020</b>                                                | <b>000050</b> |
| COURT CODE                                                                                                                                         | PREFIX   | YEAR                                                       | SEQUENCE NO.  |
| <b>LITTLE SILVER BORO COURT</b><br><b>480 PROSPECT AVE</b><br><b>LITTLE SILVER NJ 07739-0000</b><br><b>732-842-3881</b> COUNTY OF: <b>MONMOUTH</b> |          |                                                            |               |
| # of CHARGES<br><b>1</b>                                                                                                                           | CO-DEFTS | POLICE CASE #:<br><b>2020012976</b>                        |               |
| COMPLAINANT NAME: <b>DET. SGT. G OLIVA</b><br><b>480 PROSPECT AVENUE</b><br><b>ATTN WARRANTS</b><br><b>LITTLE SILVER NJ 07739</b>                  |          |                                                            |               |
| DEFENDANT INFORMATION                                                                                                                              |          | ADDRESS: <b>37 LEOLA</b><br><b>KEANSBURG NJ 07734-0000</b> |               |
| SEX: <b>F</b> EYE COLOR: <b>BLUE</b> DOB: <b>06/23/1995</b>                                                                                        |          | DL STATE:                                                  |               |
| DRIVER'S LIC. #.                                                                                                                                   |          | SBI #: <b>518551G</b>                                      |               |
| SOCIAL SECURITY #: <b>XXX-XX</b> ( )                                                                                                               |          | TELEPHONE #:                                               |               |
| LIVESCAN PCN #: <b>132302000870</b>                                                                                                                |          |                                                            |               |

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

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:  
ON 12/2/2020 AND AT 1409 HOURS, OFFICERS WERE DISPATCHED TO 465 BRANCH AVENUE FOR A REPORT OF A FEMALE SUBJECT BEING HELD HOSTAGE WITHIN THE RESIDENCE BY UNKNOWN MALE SUSPECTS WITH FIREARMS. OFFICERS RESPONDED AND SECURED THE EXTERIOR. AFTER APPROXIMATELY 45 MINUTES INSIDE THE RESIDENCE, RELAYING INFORMATION TO THROUGH FACEBOOK MESSENGER TO HER GRANDMOTHER, THE DEFENDANT CAME OUT OF THE RESIDENCE AND WAS TAKEN INTO PROTECTIVE CUSTODY BY OFFICERS. ONCE IN CUSTODY, DEFENDANT CONFIRMED INITIAL REPORTS MADE THROUGH HER GRANDMOTHER TO DETECTIVES WHERE SHE FURTHER STATED THE MALE SUBJECTS IN THE RESIDENCE WERE CARLOS MARTINEZ AND ANDREW MARKOFF.

AFTER FURTHER INVESTIGATION, THE DEFENDANT STATED SHE NEVER SAW A FIREARM AND WAS MAKING IT UP, POSSIBLY DUE TO HER USE OF METHAMPHETAMINE OVER THE PAST 3 DAYS.

Affidavit of Probable Cause

# Affidavit of Probable Cause

## COMPLAINT NUMBER

**1323**

**W**

**2020**

**000050**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

**THE STATE OF NEW JERSEY**

**VS.**

**GABRIELLE M DRESSLER**

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

**DEFENDANT ADMITTED TO MULTIPLE DETECTIVES THAT SHE FABRICATED THE STORY POSSIBLY DUE TO USE OF METHAMPHETAMINE.**

3. If victim was injured, provide the extent of the injury:

### Certification:

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

Signed: DET.SGT. G OLIVA LAW ENFORCEMENT OFFICER

Date: 12/02/2020

**Affidavit of Probable Cause**

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1/1/2017

# Preliminary Law Enforcement Incident Report

| COMPLAINT NUMBER                                                                                                                                   |          |                                                                                                                                                                                                                               |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>1323</b>                                                                                                                                        | <b>W</b> | <b>2020</b>                                                                                                                                                                                                                   | <b>000050</b> |
| COURT CODE                                                                                                                                         | PREFIX   | YEAR                                                                                                                                                                                                                          | SEQUENCE NO.  |
| <b>LITTLE SILVER BORO COURT</b><br><b>480 PROSPECT AVE</b><br><b>LITTLE SILVER NJ 07739-0000</b><br><b>732-842-3881</b> COUNTY OF: <b>MONMOUTH</b> |          |                                                                                                                                                                                                                               |               |
| # of CHARGES<br><b>1</b>                                                                                                                           | CO-DEFTS | POLICE CASE #:<br><b>2020012976</b>                                                                                                                                                                                           |               |
| COMPLAINANT NAME: <b>DET. SGT. G OLIVA</b><br><b>480 PROSPECT AVENUE</b><br><b>ATTN WARRANTS</b><br><b>LITTLE SILVER NJ 07739</b>                  |          | DEFENDANT INFORMATION<br>SEX: <b>F</b> EYE COLOR: <b>BLUE</b> DOB: <b>06/23/1995</b><br>DRIVER'S LIC. #.<br>SOCIAL SECURITY #: <b>XXX-XX</b> ( ) SBI #: <b>518551G</b><br>TELEPHONE #:<br>LIVESCAN PCN #: <b>132302000870</b> |               |

ADDRESS: **37 LEOLA**  
**KEANSBURG NJ 07734-0000**

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

- The charge was based on the observations/statements made by an eyewitness(es).
  - The witness statement(s) were recorded via:
    - \*Written statement
- The defendant made statements/admissions.
- The defendant appeared to be under the influence of drugs or alcohol at the time of the offense.
- The complaining officer/agency have reason to believe that the defendant is drug-dependent. Basis were:
  - Admission by the defendant
- A member of the public provided information to a 9-1-1 call center or dispatcher (or similar).
- The police received relevant information via radio from a 911 dispatcher (or similar).
- The case involves a consent search.

## Certification:

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

Signed: **DET. SGT. G OLIVA LAW ENFORCEMENT OFFICER**

Date: **12/02/2020**

Preliminary Law Enforcement Incident Report

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7/20/2018

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## Supplement

07:26:17 12/03/2020 - Park, T

CAD Call info/comments

=====

07:25:15 12/03/2020 - Park, T

[REDACTED] OUT 465 BRANCH AVE. LITTLE SILVER 12/2/2020

07:25:49 12/03/2020 - Park, T

[REDACTED] OUT OCA 20TF12242

|                                                                  |                     |                             |  |                                          |  |                                 |                             |                                                            |                        |                                                  |                                     |
|------------------------------------------------------------------|---------------------|-----------------------------|--|------------------------------------------|--|---------------------------------|-----------------------------|------------------------------------------------------------|------------------------|--------------------------------------------------|-------------------------------------|
| LITTLE SILVER POLICE                                             |                     |                             |  | ARREST REPORT                            |  |                                 |                             | Identification Number<br><b>3489</b>                       |                        |                                                  |                                     |
| 1. Complaint Number<br><b>I-2020-012976</b>                      |                     | 2. Mun. Code<br><b>1323</b> |  | 3. Phone Number<br><b>(732) 747-5900</b> |  | 4. UCR                          |                             | 5. Prosecutor's Case Number                                |                        | 6. Criminal Case Number                          |                                     |
| 7. Name Last<br><b>DRESSLER</b>                                  |                     |                             |  | First<br><b>GABRIELLE</b>                |  | Middle<br><b>M</b>              |                             | 8. Phone                                                   |                        | 9. Alias-Nickname                                |                                     |
| 10. Full Address<br><b>37 LEOLA AVE, KEANSBURG NJ 07734-1747</b> |                     |                             |  |                                          |  |                                 |                             | 11. Place of Birth<br><b>UNITED STATES OF AMERICA (US/</b> |                        | 12. Date of Birth<br><b>06/23/1995</b>           |                                     |
| 13. Age<br><b>25</b>                                             | 14. Sex<br><b>F</b> | 15. Race<br><b>WHITE</b>    |  | 15(A). Ethnicity<br><b>NON-HISPANIC</b>  |  | 16. Height<br><b>5' 6"</b>      | 17. Weight<br><b>121 lb</b> | 18. Hair<br><b>OTH</b>                                     | 19. Eyes<br><b>BLU</b> | 20. Complexion<br><b>FAR</b>                     | 21. Marital Status<br><b>Single</b> |
| 22. Other Descriptive Information<br><b>TAT R ARM (ELEPHANT)</b> |                     |                             |  |                                          |  | 22-A. FBI #<br><b>HARNXCLNJ</b> |                             | 22-B. SBI #<br><b>518551G</b>                              |                        | 23. Driver's License Number<br><b>[REDACTED]</b> |                                     |
| 24. Employer / School<br><b>KFC (AIRPORT PLAZA)</b>              |                     |                             |  |                                          |  | 25. Occupation / Grade          |                             |                                                            |                        | 26. Social Security Number<br><b>[REDACTED]</b>  |                                     |
| 27. Employer / School Address<br><b>, HAZLET, NJ</b>             |                     |                             |  |                                          |  |                                 |                             |                                                            |                        | 28. Employer / School Phone                      |                                     |

|                                                                                                                               |  |                          |  |                                                                            |  |                                       |  |                                                                 |                   |                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|----------------------------------------------------------------------------|--|---------------------------------------|--|-----------------------------------------------------------------|-------------------|-----------------------------------------------|--|
| DETAILS OF ARREST                                                                                                             |  |                          |  |                                                                            |  |                                       |  |                                                                 |                   |                                               |  |
| 29. Arrest Date<br><b>12/02/2020</b>                                                                                          |  | 30. Time<br><b>17:27</b> |  | 31. Location of Arrest<br><b>465 BRANCH AVENUE, LITTLE SILVER NJ 07739</b> |  |                                       |  | 32. Municipal Code<br><b>1323</b>                               |                   | Warrant / Summons No.<br><b>W-2020-000050</b> |  |
| 33. Crime<br><b>FALSE PUBLIC ALARM-BOMB THREAT</b>                                                                            |  |                          |  |                                                                            |  | 34. N.J.S. Statute<br><b>2C:33-3B</b> |  | 35. Arresting Officer<br><b>DETECTIVE SERGEANT OLIVA, G 127</b> |                   |                                               |  |
| 36. Complainant's Name and Address<br><b>JERSEY, STATE OF NEW</b>                                                             |  |                          |  |                                                                            |  |                                       |  |                                                                 |                   | 37. Phone Number                              |  |
| 38. Crime Date<br><b>12/2/2020</b>                                                                                            |  | 39. Time<br><b>14:08</b> |  | 40. Location of Crime<br><b>465 BRANCH AVENUE, LITTLE SILVER NJ 07739</b>  |  |                                       |  |                                                                 |                   | 41. Municipal Code<br><b>1323</b>             |  |
| 42. Arrest Type<br><b>ON P.C</b>                                                                                              |  | 43. Juvenile Status      |  | 44. Code                                                                   |  | 45. Constitutional Rights - By Whom   |  |                                                                 | 46. How Responded |                                               |  |
| 47. Own<br><b>Y</b>                                                                                                           |  | 48. Multiple<br><b>N</b> |  | 49. Other<br><b>N</b>                                                      |  | 50. Printed<br><b>Y</b>               |  | 51. Photo<br><b>Y</b>                                           |                   | 52. Prev. Rec.<br><b>Y</b>                    |  |
| 53. UCR_A.S.R. Reported Month. Yr.                                                                                            |  |                          |  |                                                                            |  |                                       |  |                                                                 |                   |                                               |  |
| 54. Vehicle Information - VIN - Year - Make - Body Type - Color - Registration Number & State - Other Descriptive Information |  |                          |  |                                                                            |  |                                       |  |                                                                 |                   |                                               |  |

|                              |  |                        |  |  |  |  |  |                             |  |                              |  |
|------------------------------|--|------------------------|--|--|--|--|--|-----------------------------|--|------------------------------|--|
| BAIL HEARING                 |  |                        |  |  |  |  |  |                             |  |                              |  |
| 55. Date<br><b>12/2/2020</b> |  | 56. Court              |  |  |  |  |  | 57. Judge/Authorized Person |  |                              |  |
| 58. Bail Amount              |  | 59. Results of Hearing |  |  |  |  |  | 60. Code                    |  | 61. Place Committed/Detained |  |

|               |  |           |  |                 |  |  |  |           |  |          |  |
|---------------|--|-----------|--|-----------------|--|--|--|-----------|--|----------|--|
| FINAL RESULTS |  |           |  |                 |  |  |  |           |  |          |  |
| 62. Date      |  | 63. Court |  |                 |  |  |  | 64. Judge |  |          |  |
| 65. Verdict   |  | 66. Code  |  | 67. Disposition |  |  |  | 68. Date  |  | 69. Code |  |

|                                                                                                                                                                                                                                                                                |  |  |  |                                                                             |  |                           |  |                                          |  |                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------|--|---------------------------|--|------------------------------------------|--|----------------------------------------------------------|--|
| JUVENILE INFORMATION                                                                                                                                                                                                                                                           |  |  |  |                                                                             |  |                           |  |                                          |  |                                                          |  |
| 70. Parent/Guardian Contacted By                                                                                                                                                                                                                                               |  |  |  | 71. Date                                                                    |  | 72. Time                  |  | 73. Released To: Relationship            |  |                                                          |  |
| 74. Full Address - Number - Street - City - State - Zip Code - Municipality                                                                                                                                                                                                    |  |  |  |                                                                             |  |                           |  | 75. Date                                 |  | 77. Phone Number                                         |  |
| 78. Parent/Guardian                                                                                                                                                                                                                                                            |  |  |  | 79. Full Address - Number - Street - City - State - Zip Code - Municipality |  |                           |  |                                          |  | 80. Phone Number                                         |  |
| 81.-89. Narrative / Add'l Charges<br><b>ACCUSED ARRESTED FOLLOWING INVESTIGATION. ACCUSED TRANSPORTED TO POLICE HQ WHERE SHE WAS PROCESSED WITH COMPLAINT: W-2020-000050-1323 FOR 2C:33-3B. ACCUSED WAS TAKEN TO RMC FOR CRISIS EVAL AND SUBSEQUENTLY TRANSPORTED TO MCCI.</b> |  |  |  |                                                                             |  |                           |  | [REDACTED]                               |  | [REDACTED]                                               |  |
| Name:<br><b>DETECTIVE SERGEANT OLIVA, GREG</b>                                                                                                                                                                                                                                 |  |  |  |                                                                             |  |                           |  |                                          |  |                                                          |  |
| 90. Signature_____                                                                                                                                                                                                                                                             |  |  |  | 91. Badge Number<br><b>127</b>                                              |  | 92. Completed<br><b>Y</b> |  | 93. Date of Report<br><b>Dec 2, 2020</b> |  | 94. Reviewed By<br><b>DETECTIVE SERGEANT OLIVA, GREG</b> |  |