

# COMPLAINT - SUMMONS

| COMPLAINT NUMBER                                                                                                                                                                                                                    |          |                                                     |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|--------------|
| 0806                                                                                                                                                                                                                                | S        | 2024                                                | 000171       |
| COURT CODE                                                                                                                                                                                                                          | PREFIX   | YEAR                                                | SEQUENCE NO. |
| GLASSBORO MUNICIPAL COURT<br>1 SOUTH MAIN ST<br>GLASSBORO NJ 08028-0000<br>856-881-0383                                                                                                                                             |          | COUNTY OF: GLOUCESTER                               |              |
| # of CHARGES<br>1                                                                                                                                                                                                                   | CO-DEFTS | POLICE CASE #:<br>24-013241                         |              |
| COMPLAINANT<br>NAME: PTL. D BYERLEY<br>1 SOUTH MAIN STREET<br>ATTN WARRANTS<br>GLASSBORO NJ 08028                                                                                                                                   |          | ADDRESS: 517 SYLVESTER DR<br>VINELAND NJ 08630-0000 |              |
| DEFENDANT INFORMATION<br>SEX: M EYE COLOR: BROWN DOB: [REDACTED]<br>DRIVER'S LIC. #: [REDACTED] DL STATE: [REDACTED]<br>SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]<br>TELEPHONE #: [REDACTED] (c)<br>LIVSCAN PCN #: [REDACTED] |          |                                                     |              |

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **04/14/2024** in **GLASSBORO BORO**, **GLOUCESTER County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, PURPOSELY CAUSE OR RECKLESSLY CREATE THE RISK OF PUBLIC INCONVENIENCE, ANNOYANCE OR ALARM, BY ENGAGING IN THREATENING CONDUCT, SPECIFICALLY BY SCREAMING "ILL KNOCK YOU THE FUCK OUT" AND SPITTING IN THE DIRECTION OF UNINVOLVED INDIVIDUALS AND REMAINING IRATE AND DISORDERLY WHILE OFFICERS ON SCENE WERE ATTEMPTING TO DEESCALATE AN ALTERCATION AT LANDMARK RESTAURANT, IN DIRECT VIOLATION OF N.J.S.A. 2C:33-2A(1), A PETTY DISORDERLY PERSONS OFFENSE.

## in violation of:

|                 |                |    |    |
|-----------------|----------------|----|----|
| Original Charge | 1) 2C:33-2A(1) | 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: PTL. D BYERLEY Date: 04/21/2024

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

## SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Municipal Court in the county of: GLOUCESTER at the following address: GLASSBORO MUNICIPAL COURT  
1 SOUTH MAIN ST GLASSBORO NJ 08028-0000  
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.  
Date of Arrest: Appearance Date: 05/23/2024 Time: 08:30AM Phone: 856-881-0383  
Signature of Person Issuing Summons: PTL. D BYERLEY Date: 04/21/2024

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets  
or Other Complaints

☐ Serious Personal Injury/ Death  
Involved

## Special conditions of release:

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

ORIGINAL

# COMPLAINT – SUMMONS (Court Action)

| COMPLAINT NUMBER                                                                                 |                         |                                                     |                                     | STATE V. <b>ALEXANDER W VARGA</b> |                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COURT CODE                                                                                       | PREFIX                  | YEAR                                                | SEQUENCE NO.                        |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>0806</b>                                                                                      | <b>S</b>                | <b>2024</b>                                         | <b>000171</b>                       |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>FTA Bail Information</b>                                                                      |                         | Date Bail Set: _____                                | Amount Bail Set: \$ _____ by: _____ |                                   | <input type="checkbox"/> Bail Recog. Attached                                                                                                                                                                                                                                                                                                                           |
| Released on Bail                                                                                 | R.O.R.                  | Committed Default                                   | Committed w/o Bail                  | Place Committed: _____            | Date Referred to County Prosecutor: _____                                                                                                                                                                                                                                                                                                                               |
| Date of First Appearance: <b>05/23/2024</b>                                                      |                         | <input type="checkbox"/> Advised of Rights by _____ |                                     |                                   | Defendant Desires Counsel:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                  |
| <b>Prosecuting Attorney Information</b>                                                          |                         |                                                     | <b>Defense Counsel Information</b>  |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| Name: _____                                                                                      |                         |                                                     | Name: _____                         |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| State                                                                                            | County                  | Municipal                                           | Other                               | None                              | Retained                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                  |                         |                                                     |                                     | Public Def                        | Assigned                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                  |                         |                                                     |                                     | Waived                            | Other                                                                                                                                                                                                                                                                                                                                                                   |
| Original Charge                                                                                  | 1) <b>2C: 33-2A (1)</b> |                                                     | 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                                                                                                                                                                                                                                                                                                                                                               |
| Probation Term                                                                                   |                         |                                                     | Susp. Imp                           |                                   | Susp. Imp                                                                                                                                                                                                                                                                                                                                                               |
| Cond. Discharge Term                                                                             |                         |                                                     |                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| Community Service                                                                                |                         |                                                     |                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| D/L Suspension Term                                                                              |                         |                                                     |                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| Fines/Costs                                                                                      | Fines: _____            | Costs: _____                                        | Fines: _____                        | Costs: _____                      | Fines: _____ Costs: _____                                                                                                                                                                                                                                                                                                                                               |
| VCCB/SNSF                                                                                        | VCCB: _____             | SNSF: _____                                         | VCCB: _____                         | SNSF: _____                       | VCCB: _____ SNSF: _____                                                                                                                                                                                                                                                                                                                                                 |
| DEDR/Lab Fee                                                                                     | DEDR: _____             | LAB: _____                                          | DEDR: _____                         | LAB: _____                        | DEDR: _____ LAB: _____                                                                                                                                                                                                                                                                                                                                                  |
| CD Fee/Drug Ed Fnd                                                                               | CD: _____               | DAEF: _____                                         | CD: _____                           | DAEF: _____                       | CD: _____ DAEF: _____                                                                                                                                                                                                                                                                                                                                                   |
| DV Surch/Other Fees                                                                              | DV: _____               | Other: _____                                        | DV: _____                           | Other: _____                      | DV: _____ Other: _____                                                                                                                                                                                                                                                                                                                                                  |
| Restitution                                                                                      |                         |                                                     |                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| Beneficiary: _____                                                                               |                         |                                                     |                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:</b> |                         |                                                     |                                     |                                   | <b>* Finding Codes</b>                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                  |                         |                                                     |                                     |                                   | 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 |
| <b>Related Traffic Tickets and Complaints:</b>                                                   |                         |                                                     |                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                         |
| JUDGE'S SIGNATURE _____ DATE _____                                                               |                         |                                                     |                                     |                                   | <b>ORIGINAL - Court Action</b>                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                  |                         |                                                     |                                     |                                   | <b>Page 2 of 7</b> NJ/CDR1 1/1/2017                                                                                                                                                                                                                                                                                                                                     |