Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 13BR07204

Nature: NOISE COMPLAINT

Address: 420 HIGGINS AVE; DUE AMICI; APT ABOVE BRIELLE NJ 08730

Location: P99

Offense Codes:

Received By: Magnin, K **How Received:** 9 **Agency:** P99

Responding Officers: ZZ Ferguson, M, Hollo, B., Breiner, C, Clayton, R

Responsible Officer: ZZ Ferguson, M **Disposition:** **/**/**

When Reported: 01:38:46 10/25/13 **Occurred Between:** 01:37:34 10/25/13 and 01:37:42 10/25/13

Assigned To: **Detail:** **Date Assigned:** **/**/**

Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant: 125789

Last: [redacted] **First:** [redacted] **Mid:** [redacted]

DOB: [redacted] **Dr Lic:** [redacted] **Address:** [redacted]

Race: [redacted] **Sex:** [redacted] **Phone:** [redacted] **City:** [redacted]

Offense Codes

Reported: **Observed:**

Circumstances

Responding Officers:	**Unit :**
ZZ Ferguson, M	P99232
Hollo, B.	P83255
Breiner, C	P83244
Clayton, R	P99158

Responsible Officer: ZZ Ferguson, M **Agency:** P99

Received By: Magnin, K **Last Radio Log:** **:**:** **/**/**

How Received: 9 911 Line **Clearance:** RR Report Required

When Reported: 01:38:46 10/25/13 **Disposition:** **Date:** **/**/**

Judicial Status: **Occurred between:** 01:37:34 10/25/13

Misc Entry: **and:** 01:37:42 10/25/13

Statute: **Description :** **Method :**

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 13BR06546

Nature: SUSPICIOUS
Location: P99

Address: 420 HIGGINS AVE; DUE AMICI
BRIELLE NJ 08730

Offense Codes:
Received By: Dupre-Kolis, D **How Received:** T **Agency:** P99
Responding Officers: Dreher, B, ZZ Seidel, J
Responsible Officer: Dreher, B **Disposition:** 09/23/13
When Reported: 16:00:44 09/23/13 **Occurred Between:** 15:58:58 09/23/13 and 15:58:58 09/23/13

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:
Last: **First:** **Mid:**
DOB: **/**/** **Dr Lic:** **Address:**
Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: **Observed:**

Circumstances

Responding Officers: **Unit :**
Dreher, B P99166
ZZ Seidel, J P99145

Responsible Officer: Dreher, B **Agency:** P99
Received By: Dupre-Kolis, D **Last Radio Log:** **:**:** **/**/**
How Received: T Telephone **Clearance:** NR No Report
When Reported: 16:00:44 09/23/13 **Disposition:** **Date:** 09/23/13
Judicial Status: **Occurred between:** 15:58:58 09/23/13
Misc Entry: **and:** 15:58:58 09/23/13

Statute: **Description :** **Method :**

Involvements

Date	Type	Description

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 13BR06254

Nature: FIRE CALL
Location: P99

Address: 420 HIGGINS AVE; DUE AMICI
BRIELLE NJ 08730

Offense Codes:
Received By: ZZ OBrien, Ke
How Received: T
Agency: P99
Responding Officers: Stahl, B, Olsen, G
Responsible Officer: Stahl, B
Disposition: 09/11/13
When Reported: 14:06:17 09/11/13
Occurred Between: 14:04:40 09/11/13 and 14:04:40 09/11/13

Assigned To:
Detail:
Date Assigned: **/**/**
Status:
Status Date: **/**/**
Due Date: **/**/**

Complainant:
Last:
First:
Mid:
DOB: **/**/**
Dr Lic:
Address:
Race:
Sex:
Phone:
City: ,

Offense Codes

Reported:
Observed:

Circumstances

Responding Officers:
Unit :
Stahl, B
P99165
Olsen, G
P99154

Responsible Officer: Stahl, B
Agency: P99
Received By: ZZ OBrien, Ke
Last Radio Log: **:**:** **/**/**
How Received: T Telephone
Clearance: RR Report Required
When Reported: 14:06:17 09/11/13
Disposition:
Date: 09/11/13
Judicial Status:
Occurred between: 14:04:40 09/11/13
Misc Entry:
and: 14:04:40 09/11/13

Statute:
Description :
Method :

Involvements

Date	Type	Description

Status: CMPLT (Rubino, T) on 10:13:36 09/12/13
Partition: P99

Date Printed: 09/29/20

Brielle Police Department

Officer Report for Incident 13BR02716

Nature: BURGLARY-ALARM
Location: P99

Address: 420 HIGGINS AVE; DUE AMICI
BRIELLE NJ 08730

Offense Codes: ALAB
Received By: Aras, K **How Received:** T **Agency:** P99
Responding Officers: Seidel, J, Williams, Ke
Responsible Officer: Williams, Ke **Disposition:** CLO 05/07/13
When Reported: 07:43:07 05/07/13 **Occurred Between:** 07:42:19 05/07/13 and 07:42:19 05/07/13

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:
Last: **First:** **Mid:**
DOB: **/**/** **Dr Lic:** **Address:**
Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: **Observed:** ALAB Alarm Burglar
Additional Offense: ALAB Alarm Burglar

Circumstances

LT21 Restaurant

Responding Officers: **Unit :**
Seidel, J P99145
Williams, Ke P99163

Responsible Officer: Williams, Ke **Agency:** P99
Received By: Aras, K **Last Radio Log:** 07:49:40 05/07/13 CMPLT
How Received: T Telephone **Clearance:** NR No Report
When Reported: 07:43:07 05/07/13 **Disposition:** CLO **Date:** 05/07/13
Judicial Status: ZCLO **Occurred between:** 07:42:19 05/07/13
Misc Entry: **and:** 07:42:19 05/07/13

Modus Operandi: **Description :** **Method :**

Involvements

Brielle Police Department

Officer Report for Incident 13BR01857

Nature: EMS CALL

Address: 420 HIGGINS AVE; DUE AMICI; APT OFFC BRIELLE NJ 08730

Location: P99

Offense Codes:

Received By: Valenzano, K **How Received:** 9 **Agency:** P99

Responding Officers: Lovgren, D, Meixsell, R

Responsible Officer: Lovgren, D **Disposition:** 04/03/13

When Reported: 19:04:19 04/03/13 **Occurred Between:** 19:03:59 04/03/13 and 19:04:02 04/03/13

Assigned To: **Detail:** **Date Assigned:** **/**/**

Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:

Last: **First:** **Mid:**

DOB: **/**/** **Dr Lic:** **Address:**

Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: **Observed:**

Circumstances

Responding Officers: **Unit :**

Lovgren, D P99164

Meixsell, R P99162

Responsible Officer: Lovgren, D **Agency:** P99

Received By: Valenzano, K **Last Radio Log:** 19:27:35 04/03/13 C

How Received: 9 911 Line **Clearance:** NR No Report

When Reported: 19:04:19 04/03/13 **Disposition:** **Date:** 04/03/13

Judicial Status: **Occurred between:** 19:03:59 04/03/13

Misc Entry: **and:** 19:04:02 04/03/13

Modus Operandi: **Description :** **Method :**

Involvements

Date	Type	Description

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 13BR00839

Nature: BURGLARY-ALARM
Location: P99

Address: 420 HIGGINS AVE; DUE AMICI
BRIELLE NJ 08730

Offense Codes:
Received By: Pullaro, T
How Received: T
Agency: P99
Responding Officers: Clayton, R
Responsible Officer: Clayton, R
Disposition: 02/17/13
When Reported: 12:43:40 02/17/13
Occurred Between: 12:42:40 02/17/13 and 12:42:40 02/17/13

Assigned To:
Detail:
Date Assigned: **/**/**
Status:
Status Date: **/**/**
Due Date: **/**/**

Complainant:
Last:
First:
Mid:
DOB: **/**/**
Dr Lic:
Address:
Race:
Sex:
Phone:
City: ,

Offense Codes

Reported:
Observed:

Circumstances

Responding Officers:
Clayton, R
Unit :
P99158

Responsible Officer: Clayton, R
Received By: Pullaro, T
How Received: T Telephone
When Reported: 12:43:40 02/17/13
Judicial Status:
Misc Entry:
Agency: P99
Last Radio Log: **:**:** **/**/**
Clearance: RR Report Required
Disposition: **Date:** 02/17/13
Occurred between: 12:42:40 02/17/13
and: 12:42:40 02/17/13

Statute:
Description :
Method :

Involvements

Date	Type	Description

Status: CMPLT (ZZ McWilliams,T) on 13:25:56
02/17/13 Partition: P99

Date Printed: 09/29/20

Brielle Police Department

Officer Report for Incident 13BR00413

Nature: EMS CALL
Location: P99

Address: 420 HIGGINS AVE; DUE AMICI
BRIELLE NJ 08730

Offense Codes:
Received By: Pullaro, T **How Received:** 9 **Agency:** P99
Responding Officers: Boyd, S, Mechler, M, Williams, Ke
Responsible Officer: Williams, Ke **Disposition:** 01/28/13
When Reported: 18:54:54 01/28/13 **Occurred Between:** 18:52:51 01/28/13 and 18:53:26 01/28/13

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant: 36715
Last: [redacted] **First:** [redacted] **Mid:**
DOB: **Dr Lic:** **Address:** [redacted]
Race: [redacted] **Sex:** [redacted] **Phone:** [redacted] **City:**

Offense Codes

Reported: **Observed:**

Circumstances

Responding Officers: **Unit :**
Boyd, S P99156
Mechler, M P99157
Williams, Ke P99163

Responsible Officer: Williams, Ke
Received By: Pullaro, T
How Received: 9 911 Line
When Reported: 18:54:54 01/28/13
Judicial Status:
Misc Entry:

Agency: P99
Last Radio Log: 20:21:25 01/28/13 C
Clearance: NR No Report
Disposition: **Date:** 01/28/13
Occurred between: 18:52:51 01/28/13
and: 18:53:26 01/28/13

Modus Operandi: **Description :** **Method :**

Involvements

Date	Type	Description

Brielle Police Department

Officer Report for Incident 12BR4481

Nature: BURGLARY-ALARM
Location: P99

Address: 420 HIGGINS AVE; DUE AMICI
BRIELLE NJ 08730

Offense Codes:
Received By: Dupre, D
How Received: T
Agency: P99
Responding Officers: Boyd, S, Olsen, G
Responsible Officer: Boyd, S
Disposition: 12/23/12
When Reported: 12:07:13 12/23/12
Occurred Between: 12:06:19 12/23/12 and 12:06:19 12/23/12

Assigned To:
Detail:
Date Assigned: **/**/**
Status:
Status Date: **/**/**
Due Date: **/**/**

Complainant:
Last:
First:
Mid:
DOB: **/**/**
Dr Lic:
Address:
Race:
Sex:
Phone:
City: ,

Offense Codes

Reported:
Observed:

Circumstances

Responding Officers:
Unit :
Boyd, S — P99156
Olsen, G — P99154

Responsible Officer: Boyd, S
Agency: P99
Received By: Dupre, D
Last Radio Log: 12:27:59 12/23/12 C
How Received: T Telephone
Clearance: BLANK
When Reported: 12:07:13 12/23/12
Disposition: **Date:** 12/23/12
Judicial Status:
Occurred between: 12:06:19 12/23/12
Misc Entry:
and: 12:06:19 12/23/12

Modus Operandi:
Description :
Method :

Involvements

Date	Type	Description

Brielle Police Department

601 Union Lane BRIELLE , NJ 08730 (732)528-5050

Officer Report for Incident 12BR3870

Nature: DISORDERLY PRSN **Address:** 420 HIGGINS AVE; DUE AMICI
Location: P99 BRIELLE NJ 08730

Offense Codes:
Received By: Civello, L **How Received:** T **Agency:** P99
Responding Officers: Sofield, R, Dreher, B, ZZ Seidel, J
Responsible Officer: Sofield, R **Disposition:** 11/10/12
When Reported: 22:05:53 11/10/12 **Occurred Between:** 22:04:22 11/10/12 and 22:04:22 11/10/12

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:
Last: **First:** **Mid:**
DOB: **/**/** **Dr Lic:** **Address:**
Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: N/A Not Applicable **Observed:**

Circumstances

Responding Officers:	**Unit :**
Sofield, R	P99161
Dreher, B	P99166
ZZ Seidel, J	P99145

Responsible Officer: Sofield, R **Agency:** P99
Received By: Civello, L **Last Radio Log:** **:**:** **/**/**
How Received: T Telephone **Clearance:** NR No Report
When Reported: 22:05:53 11/10/12 **Disposition:** **Date:** 11/10/12
Judicial Status: **Occurred between:** 22:04:22 11/10/12
Misc Entry: **and:** 22:04:22 11/10/12

Statute: **Description :** **Method :**

Involvements

Date	Type	Description

Supplement

22:20:32 11/10/2012 - McCarthy, C

CAD Call info/comments

==========

[redacted]

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 12-3115 Date : 10/12/12 Time: 06:43 Total Time Expended : 10Min

Owner of Location: Due Amici

Address of Location: 420 Higgins Ave. Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: -

If Fire Call, Was access Gained To Structure?: Yes / No How? -

By Whom : -

List all Persons That Entered Structure:

- - -
- - -
- - -

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: -

Address: - Occupation / Position: -

List age If a Juvenile: -

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 02
- [ ] Fire / Number of Trucks Responding: -

#150

Officer Signature: Off. Dylan Lovgren Badge #: 229

MUNICIPAL CODE NUMBER 1309	**BRIELLE BOROUGH** MONMOUTH COUNTY, NEW JERSEY	**OPERATIONS REPORT**		
	POLICE DEPARTMENT	2 71	3 DATE OF INCIDENT 8-12-12 @ 14:28	4 INCIDENT NUMBER 12-2277

5. NATURE OF INCIDENT	Dispute
6. LOCATION OF INCIDENT	420 Higgins Ave
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Ptl. David Buckle 10. BADGE NUMBER #152

FORM 101

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 12-1665 Date : 6/19/12 Time: 1034 Total Time Expended : 5 minutes

Owner of Location: Due Amici

Address of Location: 420 Higgins Ave, Brielle, NJ, 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Owner

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

Patrols located a rear door open. The interior was checked and all appeared to be in order. Owner would be responding in 30 minutes. Patrols secured from the scene. No further police action.

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ryan Meixsell Badge #: #162

137

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 12-549 Date : 3/5/12 Time: 11:12 Total Time Expended : 20 min.

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: [redacted]

Addres

List age

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield Badge #: #161

ALLEGED

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: **BRIELLE POLICE DEPT** — **INVESTIGATION REPORT**

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
11-3688	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Simple Assault	1 [redacted]			
	2			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
2C:12-1.a.	1 [redacted]	
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
	00:15	7	12	3	11	1 Self Employed	-
At X						2	
						3	

13. Crime/Incident Location	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
420 Higgins Ave Brielle, NJ 08730 (Due Amici's)	1309	Victim	12/3/2011 - 00:15

14. Municipality	15. County
Brielle	Monmouth

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone
Othr. Prk. Lots	09	Other Force	55	435 17th Ave. Brick NJ 08724	732-836-0545

32. Method of Operation [redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification
-	-	-	-	-	-	-

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.
	-	-	-	-	-	-

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency
-	-	-	-	-

List Accused - List and Identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
1	1	0	Open	Invest		

58. Name Address SSN	59. Age	60. Sex	61. Race	62. DOB
[redacted]				

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed By
Off. Brian Dreher	#230	Page 1 of 2 Pages	12/3/2011	BSY
Signature		69 Saturday	70 12a-8a	71

MCUCR- IR-1-20M-AP-7/80

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 11-3420 Date : 11/7/2011 Time: 11:14 Total Time Expended : 10 Minutes

Owner of Location: Due Amici's

Address of Location: 420 Higgins Ave

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age if a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Off. Brian Rechel Badge #: 230

Sgt/C #149

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 18:22	3 DATE OF INCIDENT 11/03/11	4 INCIDENT NUMBER 11-3385

5. NATURE OF INCIDENT	Taxi Fare Dispute
6. LOCATION OF INCIDENT	420 Higgins Avenue
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE Ptl. Todd Gerlach 10. BADGE NUMBER #160

FORM 101

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 11-2996 Date : 9/26/11 Time: 03:01 Total Time Expended : 15min

Owner of Location: Vaiti Rizvani Address: [redacted]

Address of Location: Due Amici 420 Higgin Ave.

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: S.A.A

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: See above Phone: -

Address: - Occupation / Position: -

List age If a Juvenile: -

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 02
- [X] Fire / Number of Trucks Responding: 03

Officer Signature: Off. Dylan Lovgren Badge #: 229

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 11-2858 Date : 9/11/2011 Time: 01:26 Total Time Expended : 15 Minutes

Owner of Location: Due Amici

Address of Location: 420 Higgins Ave Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Off. Brian Dreher Badge #: 230

RTC#160

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 11-2839 Date : 9/10/11 Time: 04:25 Total Time Expended : 5 Minutes

Owner of Location: Due Amici's

Address of Location: 420 Higgins Ave. Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Kevin Williams Badge #: #163

Ptl Kevin #163

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 11-1320 Date : 05/23/11 Time: 19:42 Total Time Expended : 5 Minutes

Owner of Location: Due Amici's

Address of Location: 420 Higgins Avenue

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani / [redacted]

If Fire Call, Was access Gained To Structure?: Yes / (No) How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: Vait Rizvani Phone: [redacted]

Address: 420 Higgins Ave. Brielle, NJ 08730 Occupation / Position: Owner

List age If a Juvenile: N/A

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [X] Fire / Number of Trucks Responding: 1

Officer Signature: Ptl. Todd Gerlach Badge #: #160

P. T. [illegible]

SGT. #145

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 11-1227 Date : 5/17/11 Time: 13:59 Total Time Expended : 2 Min

Owner of Location: Due Amici

Address of Location: 420 Higgins Ave

Type of Alarm :

- [ ] Residence
- [x] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [x] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [x] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / No Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: [redacted] Phone: [redacted]

Address: _____ Occupation / Position: [redacted]

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [x] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. [redacted] Badge #: 152

Sgt. [redacted]

Brielle Police Department
First Aid Report

Case Number: 11-1199 **Date:** 05/14/11 **Time:** 19:12

Location: 420 Higgins Ave.

Victim: [redacted] **DOB:** [redacted] **Age:** 62

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** (X) **Transported to:** _____

Nature: Feeling Faint

Comments: (If Needed) [redacted]

Officer: Ptl. Todd Gerlach **Badge#:** #160

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 10-3662 Date : 12-22-10 Time: 13:26 Total Time Expended : 10 mins

Owner of Location: Due Amici's Restaurant

Address of Location: 420 Higgins Ave. Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / (No) How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation If on Location:

Name: [redacted] Phone: [redacted]

Address: _____ Occupation / Position: [redacted]

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Robert Clayton Badge #: #158

SBT

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 10-3517

2 Police Dept of: Brielle — Code: 01

3 Station/Precinct:

10 Crash Occurred On: 420 Higgins Ave — Road Name — Dir: N — 11 Speed Limit: 30

☐ At Intersection with ☐ Feet ☐ Miles — ☐ N ☐ E ☐ S ☐ W of:

12 Route No. — Suffix — 13 Milepost — 18 Speed Limit

4 Date of Crash: mm 12 dd 03 yy 10 — 5 Day of Week: Su M Tu W Th (F) Sa — 6 Time (use 2400 hrs): 2350 — 7 Municipality Code: 1309 — 8 Total Killed: - — 9 Total Injured: -

19 ☐ Ramp ☐ To: ☐ From: — 17 Cross Road Name — 20 Route/Name — ☐ NB ☐ EB ☐ SB ☐ WB

21 Latitude — 22 Longitude

Vehicle #1

23 Veh No: 01 — 24 Policy No.: A02238307082-10-07 — 25 Ins Code: 182

☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

26 Driver's First Name — Initial — Last Name — 29 Sex

27 Number and Street — 30 Eyes

28 City — State — Zip

31 State — 32 Drivers License No — 33 DOB mm dd yy — 34 Expires mm yy

35 Owner's First Name: Joseph — Initial — Last Name: Camarata — ☐ Same As Driver

36 Number and Street: [redacted]

37 City: [redacted]

38 Make: [redacted]

44 VIN: [redacted]

46 Vehicle Removed To ☐ Driven ☒ Left at Scene ☐ Towed ☐ Impound ☐ Disabled — 47 Authority ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.__ % ☐ Pending

49 Hazardous Material: On Board ☐ — Spill ☐ — Name or Placard No.

50 Carrier No. ☐ USDOT ☐ Other

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name

Vehicle #2

53 Veh No: 02 — 54 Policy No. — 55 Ins Code

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☒ Hit & Run

56 Driver's First Name: Unknown Operator — Initial — Last Name — 59 Sex

57 Number and Street — 60 Eyes

58 City — State — Zip

61 State — 62 Drivers License No — 63 DOB mm dd yy — 64 Expires mm yy

65 Owner's First Name — Initial — Last Name — ☐ Same As Driver

66 Number and Street

67 City — State — Zip

68 Make — 69 Model — 70 Color — 71 Year — 72 Plate No. — 73 State

74 VIN — 75 Expires

76 Vehicle Removed To ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled: Destination — 77 Authority ☐ Owner ☒ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.__ % ☐ Pending

79 Hazardous Material: On Board ☐ — Spill ☐ — Name or Placard No.

80 Carrier No. ☐ USDOT ☐ Other

81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

82 Carrier name

134 Crash Diagram (NOT TO SCALE) — Indicate North

SEE ATTACHED DIAGRAM

135 Crash Description

Vehicle #1 was legally parked in the parking lot of 420 Higgins Ave (Due Amici Restaurant) when an unknown type of vehicle struck the rear of vehicle#1 causing half of the bumper to fall off. There were no witnesses or evidences of vehicle #2 at the scene.

136 Damage To Other Property: None

Oper. 01 — 137 Charge — ☐ Multiple Charges — 138 Summons No.

Oper. 02 — 139 Charge: Pending Charges — ☒ Multiple Charges — 140 Summons No.

141 Officer's Signature: Ptl. Ryan Metxsell — 142 Badge No.: #162 — 143 Reviewed By: Badge No.: #145 — 144 Case Status ☐ Pending ☒ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	02	01	01	00	00	00	00	-	-	00	00	00	-	Driver#2
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-

NJTR-1 (rev. 07/2006)

Record Bureau Copy

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: **BRIELLE POLICE DEPT**

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
10-3455	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Electrical Fire	1 [redacted]			
	2			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
	1 420 Higgins Ave, Brielle, NJ, 08730	[redacted]
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
At						1 Robert Pisacreta (Owner Due Amici)	
X	1807	6	11	26	10	2	
13. Crime/Incident Location: 420 Higgins Ave,						3	

14. Municipality	15. County	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
Brielle	Monmouth	1309	[redacted]	11/26/10 @ 1807

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone
Bars	45	Other Action	56	SAA	

32. Method of Operation

Electrical Fire in the bathroom.

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency

List Accused - List and identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
-	-	-	X-Clear	Closed		

58. Name	Address	SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative

[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed by
Ptl. Ryan Meixsell	162	Page 1 of 1 Pages	11/26/10	
Signature		69 Friday	70 4p-12a	71 Cold

MCUCR-IR-1-20M-AP-7/80

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 10-1498 Date : 6/4/10 Time: 11:15 Total Time Expended : 2 Min

Owner of Location: Due Amici's

Address of Location: 420 Higgins Ave

Type of Alarm :

- [ ] Residence
- [x] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [x] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [x] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / No Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation If on Location:

Name: [redacted] Phone: [redacted]

Address: [redacted] Occupation / Position: [redacted]

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [x] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: PH. D. E. Ewell Badge #: 152

Sgt. #149

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 00:11	3 DATE OF INCIDENT 02/09/10	4 INCIDENT NUMBER 10-0328

5. NATURE OF INCIDENT	Noise Complaint
6. LOCATION OF INCIDENT	420 Higgins Avenue (Due Amici)
7. VICTIM COMPLAINANT ACCUSED	Vait Rizvani - 420 Higgins Avenue Brielle, NJ 08730 (Owner) [redacted]
8. ACTION TAKEN	[redacted]

Det. #415

9. SIGNATURE Ptl. Todd Gerlach 10. BADGE NUMBER #160

FORM 101

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 10-0270 Date : 2/4/10 Time: 02:48 Total Time Expended : 5 Mins

Owner of Location: Due Amici

Address of Location: 420 Higgins Avenue

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain In Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Off. Nicholas Norcia #227 Badge #: #227

Page 1 of 3 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number: 09-3661

2 Police Dept of: Brielle — Code: 01

3 Station/Precinct:

10 Crash Occurred On: 420 Higgins Ave. (Parking Lot) — Road Name — Dir — 11 Speed Limit — 12 Route No. — Suffix — 13 Milepost — 16 Speed Limit

☐ At Intersection with ☐ Feet ☐ Miles — ☐ N ☐ S ☐ E ☐ W of: — 14 — 15 — 18

17 Cross Road Name — 19 Ramp ☐ To: ☐ From: — 20 Route/Name — ☐ NB ☐ SB ☐ EB ☐ WB — 21 Latitude — 22 Longitude

4 Date of Crash (mm dd yy): 12/22/09 — 5 Day of Week: Su M (Tu) W Th F Sa — 6 Time (use 2400 hrs): 1628 — 7 Municipality Code: 1309 — 8 Total Killed — 9 Total Injured

23 Veh No	01
24 Policy No.	HPA1257A150137
25 Ins Code	420
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run	
26 Driver's First Name / Initial / Last Name	
29 Sex / 30 Eyes	
27 Number and Street	
28 City / State / Zip	
31 State / 32 Drivers License No / 33 DOB / 34 Expires	
35 Owner's First Name / Initial / Last Name	☐ Same As Driver — Peter Schnitzer
36 Number and Street	[redacted]
37 City / State / Zip	[redacted]
38 Make / 39 Model / 40 Color / 41 Year / 42 Plate No. / 43 State	[redacted]
44 VIN / 45 Expires	[redacted]
46 Vehicle Removed To ☐ Driven ☒ Left at Scene ☐ Towed ☐ Impound ☐ Disabled	47 Authority ☒ Owner ☐ Driver ☐ Police

63 Veh No	02
64 Policy No.	14977960
65 Ins Code	133
☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run	
56 Driver's First Name / Initial / Last Name	
59 Sex / 60 Eyes	
57 Number and Street	
58 City / State / Zip	
61 State / 62 Drivers License No / 63 DOB / 64 Expires	
65 Owner's First Name / Initial / Last Name	☐ Same As Driver — Phillip M. Schwartz
66 Number and Street	[redacted]
67 City / State / Zip	[redacted]
68 Make / 69 Model / 70 Color / 71 Year / 72 Plate No. / 73 State	[redacted]
74 VIN / 75 Expires	[redacted]
76 Vehicle Removed To ☐ Driven ☒ Left at Scene ☐ Towed ☐ Impound ☐ Disabled	77 Authority ☒ Owner ☐ Driver ☐ Police

48 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.__ % ☐ Pending

49 Hazardous Material: On Board ☐ Spill ☐ — Name or Placard No.

50 Carrier No. ☐ USDOT ☐ Other *

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name

134 Crash Diagram (NOT TO SCALE) — ◯ Indicate North

SEE ATTACHED DIAGRAM

78 Alcohol/Drug Test: Given: ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0.__ % ☐ Pending

79 Hazardous Material: On Board ☐ Spill ☐ — Name or Placard No.

80 Carrier No. ☐ USDOT ☐ Other *

81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

82 Carrier name

135 Crash Description

Vehicle # 1 was parked.

Vehicle # 2 was parked.

Driver #3 stated while judging the width in the parking lot, she believed she had enough space to exit. While traveling past Vehicle #2, she heard a noise that she had struck Vehicle #2 and subsequently pushed Vehicle #2 into Vehicle #1.

Investigation revealed due to driver #3's inattention, she struck vehicle #2 which was parked and unoccupied. This action pushed Vehicle #2 into vehicle # 1 which was also parked and unoccupied at the time of incident.

136 Damage To Other Property: None

Oper.	137 Charge	☐ Multiple Charges	138 Summons No.	Oper.	139 Charge	☐ Multiple Charges	140 Summons No.

141 Officer's Signature: Off. Nicholas [redacted] #227 — 142 Badge No. #227 — 143 Reviewed By — Badge No. #156 — 144 Case Status ☐ Pending ☒ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A														
B														
C														
D														
E														

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 09-3340 Date : 11/12/09 Time: 22:20 Total Time Expended : 5 min.

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain In Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani [redacted]

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene : [redacted]

Person Responsible for Alarm Activation if on Location:

Name: Employee (Chef) Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield Badge #: 161

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 14:25	3 DATE OF INCIDENT 8-4-09	4 INCIDENT NUMBER 09-2213

5. NATURE OF INCIDENT	Dispute
6. LOCATION OF INCIDENT	420 Higgins Avenue (Due Amici's)
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

Det. #H-145

9. SIGNATURE
FORM 101

Ptl. Michael Mechler

10. BADGE NUMBER 157

157

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 70	3 DATE OF INCIDENT 7-31-09@20:54	4 INCIDENT NUMBER 09-2162

5. NATURE OF INCIDENT	Customer Dispute
6. LOCATION OF INCIDENT	420 Higgins Ave (Due Amici's)
7. VICTIM COMPLAINANT ACCUSED	[redacted]
8. ACTION TAKEN	[redacted]

[redacted]

[redacted]

9. SIGNATURE Ptl. David Buckle 10. BADGE NUMBER #152

FORM 101

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 09-1074 Date : 5/2/09 Time: 20:40 Total Time Expended : 5 mins

Owner of Location: Due Amici's

Address of Location: 420 Higgins Avenue, Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: -

If Fire Call, Was access Gained To Structure? (Yes) / No How? Business open for customers

By Whom : -

List all Persons That Entered Structure:

Ptl. Clayton Off. Norcia

- -

- -

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation If on Location:

Name: Employee of Due Amici's Phone: -

Address: 420 Higgins Avenue Occupation / Position: Chef

List age If a Juvenile: -

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: ____

Officer Signature: Ofc. Nicholas Norcia #227 Badge #: #227 R with 158

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 09-859 Date : 4/7/09 Time: 0025 Total Time Expended : 10 min

Owner of Location: Due Amichi - Vait Rizvani

Address of Location: 420 Higgins Ave

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani C-201 310-6369

If Fire Call, Was access Gained To Structure?: (Yes) / No How? Unsecured upon arrival

By Whom : Owner

List all Persons That Entered Structure:

Sgt Kitchenman

Ptl. Sofield

Fire Chief Johnson

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: Vait Rizvani Phone: [redacted]

Address: 420 Higgins Ave Brielle NJ 08730 Occupation / Position: Owner/Manager

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 1

Officer Signature: Sgt. Grant Kitchenman SUTG/IC Badge #: #149

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 09-0836 Date : 4/4/09 Time: 22:52 Total Time Expended : 5 min.

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani [redacted]

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene : [redacted]

Person Responsible for Alarm Activation if on Location:

Name: Malfunction Phone: _____

Address: _____ Occupation / Position: _____

List age if a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 3
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield Badge #: #161

#161

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 09-0846 Date : 4/5/09 Time: 20:37 Total Time Expended : 5 min.

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani [redacted]

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: Malfunction Phone: _____

Address: _____ Occupation / Position: _____

List age if a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield Badge #: #161

Brielle Police Department
First Aid Report

Case Number: 09-0770 **Date:** 3/29/09 **Time:** 1305

Location: 420 Higgins Ave

Victim: [redacted] **DOB:** [redacted] **Age:** [redacted]

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: (X) **Refusal** ( ) **Transported to:** Brick Hospital

Nature: Difficulty Breathing

Comments: (If Needed) [redacted]

Officer: Ptl. Ryan Meixsell **Badge#:** #162

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

INVESTIGATION REPORT

0. AGENCY: **BRIELLE POLICE DEPT**

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
09-0262	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Simple Assault	1 [redacted]	[redacted]	[redacted]	[redacted]
	2			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
2C:12-1A	1 [redacted]	[redacted]
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
At X	2220	1	2	1	09	1 [redacted]	
						2	
						3	

13. Crime/Incident Location	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
420 Higgins Ave (Due Amici Restaurant)	1309	[redacted]	

14. Municipality	15. County	17. Type of Premises	18. Code	19. Weapons-Tools	20. Code
Brielle	Monmouth	Bars	45	Phys. Force	30

32. Method of Operation: [redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency

List Accused - List and identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status	57. Date Cleared
1	1		Active	Invest	Month Year	

58. Name / Address / SSN	59. Age	60. Sex	61. Race	62. DOB
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

63. Narrative: [redacted]

64. Name	65. Badge Number	66	67. Date Report	68
Ptl. Ryan Meixsell	162	Page 1 of 2 Pages	2/1/09	#175
Signature Ptl. Ryan Meix		69	70	71

MCUCR- IR-1-20M-AP-2/00

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-3274 Date : 11/08/08 Time: 20:14 Total Time Expended : 10 Mins.

Owner of Location: Due Amici's Restaurant

Address of Location: 420 Higgins Avenue Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / No Name / Address / Phone: Restaurant Staff

If Fire Call, Was access Gained To Structure?: (Yes) / No How? Unsecured/Open Door

By Whom : N/A

List all Persons That Entered Structure:

Off. Norcia Off. Williams

- -

- -

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: Restaurant Staff Phone: -

Address: - Occupation / Position: -

List age If a Juvenile: -

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 3
- [X] Fire / Number of Trucks Responding: 1

Officer Signature: Off. Norcia #227 Badge #: #227

BB #156

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-2073 Date : 07/25/08 Time: 09:41 Total Time Expended : 5 min.

Owner of Location: Due Amici

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene : [redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield Badge #: #161

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-2072 Date : 7/25/08 Time: 0348 Total Time Expended : 5 minutes

Owner of Location: _____

Address of Location: Due Amici's 420 Higgan's Ave Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age if a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: S/O Kevin Williams Badge #: 228

#228

154

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-2063 Date : 7/24/08 Time: 0229 Total Time Expended : 5 minutes

Owner of Location: _____

Address of Location: Due Amici's 420 Higgan's Ave Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: S/O Kevin Williams Badge #: 228

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-2064 Date : 7/24/08 Time: 0240 Total Time Expended : 5 minutes

Owner of Location: _____

Address of Location: Due Amici's 420 Higgan's Ave Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: S/O Kevin Williams #228 Badge #: 228

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-2062 Date : 7/24/08 Time: 0108 Total Time Expended : 5 minutes

Owner of Location: _____

Address of Location: Due Amici's 420 Higgan's Ave Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: S/O Kevin Williams #228 Badge #: 228

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-2018 Date : 07-20-08 Time: 03:51 Total Time Expended : 7 minutes

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Avenue, Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani / (732) 528-0666

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: N/A Phone: N/A

Address: N/A Occupation / Position: N/A

List age if a Juvenile: N/A

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 3
- [ ] Fire / Number of Trucks Responding: N/A

Officer Signature: Off. Patrick Vaillancourt Badge #: 222

OFF PDB#222

Brielle Police Department
First Aid Report

Case Number: 08-0921 **Date:** 04/17/08 **Time:** 20:56

Location: 420 Higgins Ave. Brielle, NJ 08730

Victim: [redacted] **DOB:** [redacted] **Age:** [redacted]

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: (X) **Refusal** ( ) **Transported to:** J.S.M.C.

Nature: Loss of Consciousness

Comments: (If Needed) [redacted]

Officer: Off. Nicholas Norcia **Badge#:** #227

#227

Brielle Police Department
First Aid Report

Case Number: 08-0727 **Date:** 03/23/08 **Time:** 17:29

Location: 420 Higgins Ave. Brielle (Due Amici)

Victim: [redacted] **DOB:** [redacted] **Age:** [redacted]

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: (X) **Refusal** ( ) **Transported to:** Brick Hospital

Nature: Unconscious

Comments: (If Needed) [redacted]

Officer: Ptl. Ronald Sofield **Badge#:** #161

#161

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-0703 Date : 3/21/08 Time: 08:44 Total Time Expended : 10 minutes

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: N/A

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield Badge #: #161

Brielle Police Department
First Aid Report

Case Number: 08-611 **Date:** 3/10/08 **Time:** 2035

Location: 420 Higgins Ave (Due Amici Restaurant)

Victim: [redacted] **DOB:** [redacted] **Age:** [redacted]

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** ( ) **Transported to:** Brick Hospital

Nature: Diabetic

Comments: (If Needed) [redacted]

Officer: Ptl. Stephen Boyd #156 **Badge#:** #156

SLT/Lowy

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 08-0327 Date : Tues.2/5/08 Time: 21:00 Total Time Expended : 4 minutes

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Avenue, Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: N/A

If Fire Call, Was access Gained To Structure?: (Yes) / No How? Unsecured/Open Door

By Whom : Sgt. Tomkiel #142

List all Persons That Entered Structure:

Sgt. Tomkiel #142

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: Vait Rizvani Phone: [redacted]

Address: 420 Higgins Avenue, Brielle, NJ 08730 Occupation / Position: chef

List age If a Juvenile: N/A

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: N/A

Officer Signature: Off. Patrick Vaillancourt Badge #: 222

OFF #222

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 07-3695 Date : 12-4-07 Time: 1002 am Total Time Expended : 10 Min.

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Ave , Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: None

If Fire Call, Was access Gained To Structure?: Yes / (No) How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: None Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Sgt. Thomas McWillams Badge #: 151

Brielle Police Department
First Aid Report

Case Number: 07-3598 **Date:** 11/24/07 **Time:** 1859

Location: 420 Higgins Ave

Victim: [redacted] **DOB:** [redacted] **Age:** [redacted]

Victims Address: [redacted] **Phone:** [redacted]

Squad: Brielle F.A.

Medics: ( ) **Refusal** ( ) **Transported to:** Brick Hospital

Nature: Fall Victim

Comments: (If Needed) [redacted]

Officer: Off. Ryan Meixsell **Badge#:** #225

Sgt. #145

New Jersey Police Crash Investigation Report

Page 1 of 1 | ☐ Fatal | ☒ Reportable | ☐ Non-Reportable | ☐ Change Report

1 Case Number: 07-1744

2 Police Dept of: Brielle | Code: 01

3 Station/Precinct:

10 Crash Occurred On: 420 Higgins Ave. (Road Name) | Dir | 11 Speed Limit | 12 Route No. | Suffix | 13 Milepost | 18 Speed Limit

☐ At Intersection with | ☐ Feet | ☐ Miles | N S E W of:

17 Cross Road Name | 19 Ramp To: From: | 20 Route/Name | NB SB EB WB

4 Date of Crash: 06/21/07 | 5 Day of Week: Su M Tu W (Th) F Sa | 6 Time (use 2400 hrs): 2032 | 7 Municipality Code: 1309 | 8 Total Killed | 9 Total Injured

21 Latitude | 22 Longitude

Vehicle 1

23 Veh No: 1 | 24 Policy No.: 909024646607/11 | 25 Ins Code: 012

☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit & Run

26 Driver's First Name | Initial | Last Name | 29 Sex

27 Number and Street | 30 Eyes

28 City | State | Zip

31 State | 32 Drivers License No | 33 DOB mm dd yy | 34 Expires mm yy

35 Owner's First Name | Initial | Last Name: Jean A. Buscema

☐ Same As Driver

36 Number and Street: [redacted]

37 City

38 Make | 39 Model | 40 Color | 41 Year | 42 Plate No. | 43 State

44 VIN: [redacted] | 45 Expires

46 Vehicle Removed To: Destination | ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled | 47 Authority | ☐ Owner ☐ Driver ☒ Police

48 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.__ % ☐ Pending

49 Hazardous Material: On Board ☐ | Spill ☐ | Name or Placard No.

50 Carrier No. ☐ USDOT ☐ Other *

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name

Vehicle 2

53 Veh No: 2 | 54 Policy No. | 55 Ins Code

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☒ Hit & Run

56 Driver's First Name: Unknown | Initial | Last Name | 59 Sex

57 Number and Street: Unknown | 60 Eyes

58 City: Unknown | State | Zip

61 State | 62 Drivers License No | 63 DOB mm dd yy | 64 Expires mm yy

65 Owner's First Name: Unknown | Initial | Last Name

☐ Same As Driver

66 Number and Street: Unknown

67 City: Unknown | State | Zip

68 Make: Unk | 69 Model: Unk | 70 Color: Unk | 71 Year: Unk | 72 Plate No.: Unk | 73 State: Unk

74 VIN: Unk | 75 Expires

76 Vehicle Removed To ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impound ☐ Disabled | 77 Authority | ☐ Owner ☐ Driver ☐ Police

78 Alcohol/Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0.__ % ☐ Pending

79 Hazardous Material: On Board ☐ | Spill ☐ | Name or Placard No.

80 Carrier No. ☐ USDOT ☐ Other *

81 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

82 Carrier name

134 Crash Diagram (NOT TO SCALE) — Indicate North

SEE ATTACHED DIAGRAM

135 Crash Description

Vehicle #1 parked facing northeast in the parking lot of 420 Higgins Ave. (Duc Amici's Restaurant).

Vehicle #2 struck the rear right bumper of Vehicle #1. Unknown damage to Vehicle #2 due to same leaving the scene.

Investigation revealed Vehicle #2 struck the rear right bumper of Vehicle #1, and then left the scene.

136 Damage To Other Property: None

Oper.	137 Charge	☐ Multiple Charges	138 Summons No.	Oper.	139 Charge	☐ Multiple Charges	140 Summons No.
1				2			

141 Officer's Signature: Ptl. Robert Clayton | 142 Badge No.: 158 | 143 Reviewed By: Sgt. | Badge No.: #179 | 144 Case Status: ☐ Pending ☐ Complete

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants - If Deceased, Date & Time of Death
A	2	01	01	00	00	00	00	00	-	00	00	00	-	Unknown Driver #2
B	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
C	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-----
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-----

NJTR-1 (rev. 07/2005)

Record Bureau Copy

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 07-1550 Date : 6/06/07 Time: 04:02 Total Time Expended : 30 minutes

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Avenue, Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: N/A Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Off. Patrick Vaillancourt Badge #: 222

Off #222 SGT/Admin

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

INVESTIGATION REPORT

0. AGENCY: **BRIELLE POLICE DEPT**

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
07-1090	1309	528-5050			

5. Crime/Incident: Simple Assault

6. NJS: 2C:12-1

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.
At X	02:26	1	4	29	07

13. Crime/Incident Location: 420 Higgins Avenue

14. Municipality: Brielle | 15. County: Monmouth

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code
Apartment	23	Phys. Force	30

23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
1 [redacted]	[redacted]	[redacted]	[redacted]
2			
3			

27. Victim/s/ Home Address — Phone

1 [redacted] — N/A

2

3

28. Employer — Phone

1 Unemployed — N/A

2

3

16. Code: 1309

29. Person Reporting Crime/Incident: Belen Aguilar

30. Date and Time: 4-29-07 @ 02:26

31. Address: 420 Higgins Avenue Brielle, NJ 08730 — Phone: N/A

[redacted]

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency

List Accused - List and identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month Year	57. Date Cleared
1	1	0	Active	Invest		

58. Name Address SSN	59. Age	60. Sex	61. Race	62. DOB
[redacted]				

63. Narrative

[redacted]

64. Name	65. Badge Number	66	67. Date Report	
Ptl. Michael Mechler	157	Page 1 of 1 Pages	4-29-07	
Signature		69	70	71

MCUCR- IR-1-20M-AP-7/80

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 19:55	3 DATE OF INCIDENT 02/03/07	4 INCIDENT NUMBER 07-0279

5. NATURE OF INCIDENT	Intoxicated Person
6. LOCATION OF INCIDENT	Due Amici's - 420 Higgins Ave.
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

[redacted]

9. SIGNATURE Ptl. Todd Gerlach 10. BADGE NUMBER #160

FORM 101

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 07-0133 Date : 01-16-07 Time: 01:49 Total Time Expended : 10 mins

Owner of Location: Due Amici's

Address of Location: 420 Higgins Ave. Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / (No) How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Robert Clayton Badge #: #158

Scott

MUNICIPAL CODE NUMBER 1309	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY POLICE DEPARTMENT	OPERATIONS REPORT		
		2 20:55	3 DATE OF INCIDENT 12/15/06	4 INCIDENT NUMBER 06-3439

5. NATURE OF INCIDENT	Intoxicated Person
6. LOCATION OF INCIDENT	420 Higgins Avenue
7. VICTIM COMPLAINANT ACCUSED	[redacted]
8. ACTION TAKEN	[redacted]

9. SIGNATURE Ptl. Todd Gerlach 10. BADGE NUMBER #160

FORM 101

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-2965 Date : 10-28-06 Time: 21:01 Total Time Expended : 5 mins

Owner of Location: Due Amici's

Address of Location: 420 Higgins Ave. Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / (No) How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: [redacted] Phone: [redacted]

Address: [redacted] Occupation / Position: [redacted]

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 2

Officer Signature: Ptl. Robert Clayton Badge #: #158

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

INVESTIGATION REPORT

0. AGENCY: **BRIELLE POLICE DEPT**

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
06-3157	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Theft of property lost or mislaid	1 [redacted]	[redacted]	[redacted]	[redacted]
	2			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
2C:20-6	1 [redacted]	[redacted]
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
XX	12:00		10	25	06	1	
At			10	31	06	2	
						3	

13. Crime/Incident Location	16. Code	29. Person Reporting Crime/Incident	30. Date and Time
420 Higgins Ave.	1309	[redacted]	11-16-06 12:14

14. Municipality	15. County
Brielle	Monmouth

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code	31. Address	Phone
Othr. Prk. Lots	09	Other Action	56	[redacted]	[redacted]

32. Method of Operation
See Narrative

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency

List Accused - List and identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month ___ Year ___	57. Date Cleared
Unk.	Unk.	Unk.	Active	Invest		

58. Name / Address / SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative
[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed by
Ptl. Stephen Boyd	#156	Page 1 of 1 Pages	11-16-06	
Signature		69	70	71

MCUCR- IR-1-20M-10-7/00

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-2815 Date : 10/12/06 Time: 10:21 Total Time Expended : 15min.

Owner of Location: Due Amici Restaurant

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Owner [redacted]

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: [redacted] Phone: [redacted]

Address: [redacted] Occupation / Position: [redacted]

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 3
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Soffeld #161 Badge #: #161 SCT #0149

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-0786 Date : 03/31/06 Time: 07:11 Total Time Expended : 5 min.

Owner of Location: [redacted]

Address of Location: 420 Higgins Ave.. (Due Amici)

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age if a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield Badge #: #161

#161

MECH 157

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-0731 Date : 3/25/06 Time: 05:33 Total Time Expended : 5min.

Owner of Location: [redacted]

Address of Location: 420 Higgins Ave. Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene : [redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield #161 Badge #: #161

MSO (5)

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-0688 Date : 03/18/06 Time: 05:53 Total Time Expended : 10 min

Owner of Location: Rose Pisalreta

Address of Location: 420 Higgins Ave. Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene : [redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Ronald Sofield Badge #: #161

#161

Mcad 157

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-0659 Date : 03/15/06 Time: 0754 Total Time Expended : 5min.

Owner of Location: Due Amici

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / (No) How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Off. Ryan Meixsell Badge #: # 225 PB152

Off Ryan Meixsell

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-0663 Date : 3/15/06 Time: 16:34 Total Time Expended : 10 min

Owner of Location: Rose Pisalreta

Address of Location: 420 Higgins Ave. Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

Fire Chief Timothy Schack _____

_____ _____

_____ _____

Observations at Scene : [redacted]

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 1

Officer Signature: Ptl. John Leibfried Badge #: #159

Ptl. John Leibfried #159

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-0597 Date : 3/6/06 Time: 0712 Total Time Expended : 5min

Owner of Location: Due Amici

Address of Location: 420 Higgins Ave. Brielle NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone:

If Fire Call, Was access Gained To Structure?: (Yes) / No How? Unsecured/Open Door

By Whom : [redacted]

List all Persons That Entered Structure:

Off. Ryan Meixsell

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: [redacted] Phone: [redacted]

Address: [redacted] Occupation / Position: Construction

List age if a Juvenile:

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 0

Officer Signature: Off. Ryan Meixsell Badge #: 225

SGT

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-0598 Date : 3-6-06 Time: 10:00 Total Time Expended : 5 Minutes

Owner of Location: Due Amicis

Address of Location: 420 Higgins Avenue

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / (No) How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation If on Location:

Name: [redacted] Phone: [redacted]

Address: [redacted] Occupation / Position: Construction

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Michael Mechler Badge #: 157

SGT [illegible]

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 06-0559 Date : 3-1-06 Time: 10:54 Total Time Expended : 5 Minutes

Owner of Location: Due Amicis

Address of Location: 420 Higgins Avenue

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Owner

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

Upon arrival, patrols were advised that the alarm was set off in error.

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Michael Mechler Badge #: 157

Ptl. Mechler 157

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: **BRIELLE POLICE DEPT** — **INVESTIGATION REPORT**

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
05-3322	1309	528-5050			

5. Crime/Incident	23. Victim/s/ SS No.	24. Age	25. Sex	26. Race
Simple Assault (Domestic Violence)	1 [redacted]	[redacted]	[redacted]	[redacted]
	2			
	3			

6. NJS	27. Victim/s/ Home Address	Phone
2C:12-1.a.1	1 [redacted]	[redacted]
	2	
	3	

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer	Phone
						1 Unemployed	NA
At						2	
XXX	21:11	5	10	27	05		

13. Crime/Incident Location							
420 Higgins Ave. Apt. #2 Brielle, NJ 08730						3	
14. Municipality		15. County			16. Code	29. Person Reporting Crime/Incident	30. Date and Time
Brielle		Monmouth			1309	Unknown	10-27-05 @ 21:11
17. Type of Premises	18. Code	19. Weapons-Tools			20. Code	31. Address	Phone
Apartment	23	Phys. Force			30	Unknown	

32. Method of Operation
See Narrative:

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number and State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician- Agency

List Accused - List and identify Additional Victims - Describe Perpetrators and Suspects - Action Taken include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status	57. Date Cleared
2	2	0	CI - Arrest	Court	Month Year	

58. Name	Address	SSN	59. Age	60. Sex	61. Race	62. DOB
[redacted]			[redacted]			

63. Narrative
[redacted]

64. Name	65. Badge Number	66	67. Date Report	68. Reviewed by
Ptl. Robert Clayton	#158	Page 1 of 3 Pages	10-27-05	CD 14
Signature		69 #142	70 #72	71 clear/ chilly

MCUCR- IR-1-20M-AP-7/80

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 05-2989 Date : 10-4-05 Time: 2141 Total Time Expended : 5 min

Owner of Location: Due Amici - Vait Rizvani [redacted]

Address of Location: 420 Higgins Ave (528-0666)

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: S/A

If Fire Call, Was access Gained To Structure?: (Yes) / No How? Open business

By Whom : Owner

List all Persons That Entered Structure:

Observations at Scene : [redacted]

Person Responsible for Alarm Activation if on Location:

Name: [redacted] Phone: [redacted]

Address: Occupation / Position: [redacted]

List age If a Juvenile:

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 1

Officer Signature: [signature] Badge #: #149

BRIELLE POLICE DEPARTMENT

C- No.	MINOR M V ACCIDENT			CASE NO. 05-2524
	TIME- 16:13	DATE- 08-26-05	DAY OF WEEK- Friday	OFFICER & NO- Ptl. Robert Clayton #158
LOCATION-	420 Higgins Ave. Brielle, NJ 08730 "Due Amici's Parking Lot"			

Dark Wet Dry Concrete Dusk Fog Dawn Snow Gravel Dy Lt Rain Bk. Tp

	VEH #1		VEH #2	
NAME-	Parked Motor Vehicle		[redacted]	
ADD-	-		[redacted]	
CITY-	-	STATE- -	CITY- Brielle	STATE- NJ 08730
DL#-	-	D.O.B.- -	DL#- [redacted]	D.O.B.- [redacted]
OWNER-	[redacted]		[redacted]	
ADD-	[redacted]		[redacted]	
CITY-	[redacted]	STATE- [redacted]	CITY- Brielle	STATE- [redacted]
Veh & Yr-	[redacted]	REG#- [redacted]	Veh & Yr- [redacted]	REG#- [redacted]
BODY TYPE-	4 dr		BODY TYPE- 4 dr	
INS. ID#-	[redacted]		INS. ID#- [redacted]	

[redacted]

TRAFFIC SAFETY
SGT/L #149

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 05-1851 Date : 7/08/05 Time: 01:29 Total Time Expended : 5 minutes

Owner of Location: Rose Pisacreta

Address of Location: 420 Higgins Avenue, Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: Rose Pisacreta [redacted]

If Fire Call, Was access Gained To Structure?: Yes / No How? -

By Whom : -

List all Persons That Entered Structure:

- - -
- - -
- - -

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: N/A Phone: -

Address: - Occupation / Position: -

List age If a Juvenile: -

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 3
- [ ] Fire / Number of Trucks Responding: 0

Officer Signature: S/O Patrick Vaillancourt Badge #: #222

S/O Vaillancourt 2098

MCP

PAGE 1 OF 2

NEW JERSEY POLICE ACCIDENT REPORT

☒ REPORTABLE ☐ NON-REPORTABLE

43 CASE NUMBER: 05-17/6

ACCIDENT OCCURRED ON: 420 Higgins Ave.

44 POLICE DEPARTMENT OF: Brielle Borough — CODE: 01

45 STATION/PRECINCT:

52 ROAD NAME ☒ STREET ADDRESS

53 ROUTE NO. SUFFIX

54 MILEPOST

☐ AT INTERSECTION WITH ☐ FEET ☐ MILES ☐ METERS ☐ Km ☐ NORTH ☐ EAST ☐ SOUTH ☐ WEST OF:

55 56 57

58 ROAD NAME

RAMP? ☒ NO ☐ YES FROM: 59 (ROUTE NO.) ☐ NB ☐ EB ☐ SB ☐ WB TO: 60 61 (ROUTE NO.) ☐ NB ☐ EB ☐ SB ☐ WB

62 63 LATITUDE 64 LONGITUDE

46 DATE OF COLLISION: MONTH 06 DAY 28 YEAR 05

47 DAY OF WEEK: S M Tu W Th F S

48 TIME (USE 2400 HRS.): 1138

49 MUNICIPALITY CODE: 1309

50 TOTAL KILLED:

51 TOTAL INJURED:

VEHICLE 1

VEH. NO. 1

65 POLICY NO.: F4672770

66 INS. CODE: 426

☐ PARKED ☐ PED ☐ BICYCLIST ☐ RESPONDING TO AN EMERGENCY ☐ HIT & RUN

67 DRIVER'S FIRST NAME [redacted] LAST NAME

68 NUMBER AND STREET

69 CITY [redacted]

70 DRIVER'S LICENSE NUMBER [redacted] 71 72 DOB 73 74

75 OWNER'S FIRST NAME INITIAL LAST NAME

☒ SAME AS DRIVER

76 NUMBER AND STREET

77 CITY STATE ZIP EXPIRES 11-05

78 MAKE AND MODEL [redacted]

82 VIN NUMBER [redacted]

83 VEHICLE REMOVED TO Destination ☐ TOWED ☒ DRIVEN

84 AUTHORITY 1 OWNER 2 DRIVER 3 POLICE

VEHICLE 2

VEH. NO. 2

88 POLICY NO.: A0223843609510

89 INS. CODE: 182

☐ PARKED ☐ PED ☐ BICYCLIST ☐ RESPONDING TO AN EMERGENCY ☐ HIT & RUN

90 DRIVER'S FIRST NAME [redacted] LAST NAME

91 NUMBER AND STREET

92 CITY [redacted]

93 DRIVER'S LICENSE [redacted] 94 95 DOB 96 97

98 OWNER'S FIRST NAME INITIAL LAST NAME

☐ SAME AS DRIVER [redacted]

99 NUMBER AND STREET

100 CITY [redacted]

101 MAKE AND MODEL [redacted]

105 VIN NUMBER [redacted]

106 VEHICLE REMOVED TO Destination ☐ TOWED ☒ DRIVEN

107 AUTHORITY 1 OWNER 2 DRIVER 3 POLICE

CLOCKPOINT DIAGRAM: 12 FRONT REAR

13 ROOF 14 UNDERCARRIAGE 15 OVERTURNED 16 TOTALLED 17 NONE 18 OTHER

87 ACCIDENT DIAGRAM: INDICATE NORTH

See Attached Diagram

85 AREAS DAMAGED

	INITIAL IMPACT	PRINCIPAL IMPACT
VEH. 1	5	5
VEH. 2	11	11

86 POSTED SPEED: 30

106 ALCOHOL DATA

	TEST GIVEN	
DRIV. 1	☒ NO ☐ YES ☐ REFUSED	☐ BREATH ☐ BLOOD ☐ URINE
RESULTS	0.__%	
DRIV. 2	☒ NO ☐ YES ☐ REFUSED	☐ BREATH ☐ BLOOD ☐ URINE
RESULTS	0.__%	
PED.	☒ NO ☐ YES ☐ REFUSED	☐ BREATH ☐ BLOOD ☐ URINE
RESULTS	0.__%	

109 HAZARDOUS MATERIAL: ON BOARD / SPILL — PLACARD NUMBER

V1 ☐ ☐ V2 ☐ ☐

110 USDOT CARRIER NO. V1 V2

111 ICC CARRIER NO. V1 V2

112 VEHICLE WEIGHT (GVW) V1 lbs. V2 lbs.

113 CARRIER NAME V1 V2

114 ACCIDENT DESCRIPTION

Driver #1 stated that while traveling North on Higgins Ave. her vehicle was struck on the passenger side tire by vehicle #2, who was entering the roadway from 420 Higgins Ave.

Driver #2 stated his vehicle was facing North on Higgins Ave. parallel to the roadway and was attempting to enter onto the road.

Driver #2 then entered onto Higgins Ave. and struck Vehicle #1 on the passenger side tire damaging his front driver side fender.

Accident investigation reveals that due to Driver #2's inattention he entered onto Higgins Ave. North and struck Vehicle #1 on the passenger side tire. Causing damage to his front driver's side fender.

NUMBER OF VEHICLES: 2

115 DAMAGE TO OTHER PROPERTY: None

OPER	116 CHARGE	SUMMONS NUMBER
1	---	

OPER.	117 CHARGE	SUMMONS NUMBER
2	---	

118 OFFICER'S SIGNATURE: Ptl. John Leibfried

119 BADGE NUMBER: #159

120 REVIEWED BY: SGT/K BADGE NUMBER: #149

121 STATUS ☐ PENDING ☒ COMPLETE

17	18	19	20	21	22	23	24	25	26	27	NAMES & ADDRESSES OF OCCUPANTS—IF DECEASED DATE & TIME OF DEATH
A	1	1	-	1	36	F	-	-	09	04	Driver #1
B	2	1	-	1	59	M	-	-	09	04	Driver #2
C	-	-	-	-	-	-	-	-	-	-	
D	-	-	-	-	-	-	-	-	-	-	
E	-	-	-	-	-	-	-	-	-	-	

NJTR-1 (R 8/95)

123 DEP CASE NUMBER (SAFETYNET ONLY)

RECORD BUREAU COPY

Brielle Police Department
First Aid Report

Case Number: 05-1595 **Date:** 06/15/05 **Time:** 17:49

Location: 420 Higgins Ave. Brielle NJ. 08730

Victim: [redacted] **DOB:** [redacted] **Age:** [redacted]

Victims Address: [redacted] **hone:** [redacted]

Squad: Brielle F.A.

Medics: (X) **Refusal** ( ) **Transported to:** J.S.M.C.

Nature: Cardiac

[redacted]

Officer: Ptl. Ronald Sofield **Badge#:** #161

Sofield #161

cont #145

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 05-638 Date : 3-14-05 Time: 10:39 Total Time Expended : 30 mins.

Owner of Location: Due Amici Italian Restaurant

Address of Location: 420 Higgins Avenue Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani (Owner) [redacted]

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Off. Joseph Silvestri Off. #221 Badge #: #221

154

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 05-637 Date : 3-14-05 Time: 09:33 Total Time Expended : 25 Minutes

Owner of Location: Due Amici Italian Restaurant

Address of Location: 420 Higgins Avenue Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Off. Joseph Silvestri #221 Badge #: #221

154

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 04-3041 Date : 10-3-04 Time: 10:18 Total Time Expended : 5 min

Owner of Location: Duc Amici's

Address of Location: 420 Higgins Avenue

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: On location

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

Owner advised that the alarm was set off in error in the kitchen.

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 1

Officer Signature: Ptl. Michael Mechler Badge #: 157

Ptl. Mechler 157

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 04-2905 Date : 9-18-04 Time: 22:32 Total Time Expended : 10 Min.

Owner of Location: Duc Amici Restaurant

Address of Location: 420 Higgins Avenue Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: (Yes) / No How? _____

By Whom : BPD

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: Vait Rizvani Phone: [redacted]

Address: _____ Occupation / Position: Chef

List age If a Juvenile: N/A

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 3
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Off. Joseph Sikrastri Badge #: #221

Off. [signature] #221

(6/89) SUPERSEDES ALL PREVIOUS VERSIONS

Page 01

DMV USE 03-3953

NEW JERSEY MOTOR VEHICLE SERVICES
MOTOR VEHICLE ACCIDENT REPORT

Follow Instructions on other side

14 ACCIDENT DATE: 11/1/03 | 15 DAY OF WK: Saturday | 16 TIME: 10 ☐ AM ☒ PM | 17 NUMBER OF VEHICLES: 2 | 18 NUMBER KILLED: 0 | 19 NUMBER INJURED: 0 | 20 DID POLICE INVESTIGATE ACCIDENT? ☐ YES ☒ NO | 21 NAME OF POLICE AGENCY:

22 LOCATION OF ACCIDENT (MUNICIPALITY): Brielle

23 ROUTE NUMBER OR NAME OF STREET: 420 Higgins Ave

24 IF NOT AT INTERSECTION COLLISION WAS BETWEEN: ROAD 1: Parking Lot - Higgins Ave; ROAD 2: ; DISTANCE FROM ROAD 1:

25 COUNTY: Monmouth

26 INTERSECTING STREET, ROAD OR RAILROAD:

Your Vehicle 1: [redacted]

Other Vehicle 2:

44 INSURANCE COMPANY:

45 POLICY NO.:

29 DRIVER'S FIRST NAME	INITIAL	LAST NAME	40 DRIVER'S FIRST NAME	INITIAL	LAST NAME
Thomas	J	LaBaugh	UNKNOWN		

30 NUMBER AND STREET: [redacted]

47 NUMBER AND STREET:

35 CITY / STATE / ZIP CODE: [redacted]

48 CITY / STATE / ZIP CODE:

49 DRIVER'S LICENSE NUMBER: [redacted] | 50 STATE: [redacted] | 51 BIRTH DATE MO. DAY YEAR: [redacted] | 52 EYE COLOR: [redacted] | 53 SEX: [redacted]

☒ SAME AS DRIVER

38 NUMBER AND STREET	54 OWNER'S FIRST NAME (☐ SAME AS DRIVER)	INITIAL	LAST NAME

39 CITY / STATE / ZIP CODE	55 CITY / STATE / ZIP CODE

40 MAKE OF VEHICLE	41 YEAR	42 LICENSE PLATE NO.	43 STATE	57 MAKE OF VEHICLE	58 YEAR	59 LICENSE PLATE NO.	60 STATE

61 DESCRIBE DAMAGE TO VEH. NO. 1: Right Side, back towards rear tire.

62 CIRCLE ONE OF THE 8 DIAGRAMS BELOW IF IT ADEQUATELY DESCRIBES THE ACCIDENT OR DRAW YOUR OWN DIAGRAM IN THE SPACE TO THE RIGHT →

1. REAR END
2. OVERTAKING
3. LEFT TURN
4. INTERSECTION
5. RIGHT TURN
6. RIGHT TURN
7. HEAD ON
8. SIDESWIPE

63 9

DIAGRAM — INDICATE NORTH

64 DESCRIBE DAMAGE TO VEH. NO. 2:

EST. COST TO REPAIR: | EST. COST TO REPAIR:

INJURED LOCATED: 1 IN VEH. 1 2 IN VEH. 2 3 ON A PEDALCYCLE 4 OTHER 5 PEDESTRIAN

POSITION IN/ON VEHICLE: 1 DRIVER 2 THRU 7 PASSENGERS 8 RIDING/HANGING ON OUTSIDE

VICTIM'S PHYSICAL CONDITION: 1 KILLED 2 INCAPACITATED 3 MODERATE INJURY 4 COMPLAINT OF PAIN

65 ACCIDENT DESCRIPTION: Came home from restaurant and noticed that truck was hit. No one has come forward to claim responsability, as I have checked with restaurant management.

(SEE ATTACHED)

66 DESCRIBE DAMAGE TO PROPERTY OTHER THAN VEHICLE (GIVE OWNER'S NAME AND ADDRESS AND EST. COST TO REPAIR):

67	68	69	70 AGE	71 SEX

Injury Section: Fill Out Space Below for Every Person Injured or Killed in the Accident.

NAME AND ADDRESS OF INJURED:
NATURE OF INJURY:
NAME AND ADDRESS OF INJURED:
NATURE OF INJURY:

X SIGN HERE (Thomas J LaBaugh) Date of Report 11-3-03

FILL IN BUT DO NOT DETACH

DMV USE

NEW JERSEY

If you fail to give full information below, it will be assumed that you did not have automobile liability insurance.

Fill in this form with information from your insurance policy. All information will be verified with the insurance company.

DMV USE

NAME OF INSURANCE COMPANY COVERING YOU FOR LIABILITY FOR DAMAGE OR INJURY TO OTHERS (NOT AGENT): Preserver Insurance Co.

NAME AND ADDRESS OF INSURANCE AGENT WHO SOLD YOU POLICY: Comprehensive Risk Management, LLC, 1512 Hwy 138, Wall, NJ 07719

NO.: [redacted] | POLICY PERIOD: [redacted] TO [redacted]

DATE OF ACCIDENT: MONTH 11 DAY 1 YEAR [redacted] | MAKE OF YOUR VEHICLE (NO. 1): [redacted] | YEAR [redacted] | VEH. [redacted]

LOCATION OF ACCIDENT – STREET OR ROUTE NO. AND MUNICIPALITY (SAME AS ABOVE): 420 Higgins Ave (Parking Lot), Brielle

NAME AND ADDRESS OF DRIVER – VEHICLE 1: [redacted]

NAME AND ADDRESS OF OWNER – VEHICLE 1: same as above

NAME AND ADDRESS OF POLICY HOLDER: [redacted]

IMPORTANT ☐ This accident should also be reported directly to your insurance representative. Failure to report may jeopardize your vehicle liability insurance.

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 03-2925 Date : 08-16-03 Time: 21:41 Total Time Expended : 10 mins

Owner of Location: Duc Amici's [redacted]

Address of Location: 402 Higgins Ave. Brielle, NJ 08730

Type of Alarm :

- [X] Residence
- [ ] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [X] Telephone
- [ ] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: [redacted]

If Fire Call, Was access Gained To Structure?: (Yes) / No How? Unsecured/Open Door

By Whom : Police/ Fire Personnel

List all Persons That Entered Structure:

Ptl. Clayton

Fire Chief Speicher

Observations at Scene : [redacted]

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age if a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 1

Officer Signature: Ptl. Robert Clayton Badge #: #158

POLICE DEPARTMENT

Vehicle Report ☒
Property Report ☐

0. Agency **Brielle Police Department**

RELEASED

1. Complaint Number	2. Mun. Code	3. Phone Number	4. Prosecutor's Case Number	5. Department Case Number
03-2713	1309	528-5050		

6. Owner's Name - First	Middle	Last
[redacted]		

7. Owner's Address (Number - Street - Municipality - State)	8. Phone Number
[redacted]	

9. Stolen Date	10. Place Stolen (Street - Municipality - State - Zip Code)	11. Mun Code

VEHICLE INFORMATION

12. Vehicle - Year	13. Vehicle - Make	14. Body Type	15. Color	16. Registration - State	17. Serial Number - Complete
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

18. Vehicle Locked	19. Keys In Vehicle	20. Unidentified Owner - Explain	21. Vehicle Value
	w/ vehicle		

PROPERTY INFORMATION

Value of Property	22. Currency	23. Jewelry	24. Furs	25. Clothing	26. Miscellaneous	27. Evidence Retained
28	29	30	31	32	33	34

DETAILS OF RECOVERY

35. Recovered Date	36. Place Recovered (Street - Municipality - State)	36. Mun. Code

38. In Possession Of	39. Address (Street - Municipality - State - Zip Code)	40. Phone Number
[redacted]	420 Higgins Avenue, Brielle, NJ. 08730	

41. Stored Date	42. Place Stored (Name and Address)	43. Phone Number
[redacted]	Monmouth Autobody- #71 Manasquan, NJ.	732-223-7600

44. Condition of Vehicle at Recovery	45. Own	46. Other Authority	47. Other	48. UCR Mo. Yr.	49. Total Value Recovered
Damage- rear bumper/ right side	Yes				

50. Narrative (List and Describe Property) — 51. Estimated Value

Vehicle can be removed from impound area.

Owner must sign release.

Towed: Unlicense operator (listed above)

** Vehicle towed by A+ Towing to Monmouth Autobody Manasquan, NJ.

DISPOSITION OF VEHICLE / PROPERTY

52. Release Date	53. Proof of Ownership	54. Signature of Officer Authorizing Release
7-31-03	OWNER	Sgt. James Seidel

55. Released to Owner - Agent - Official	56. Address
Si[redacted]	

58. Signature of Officer Releasing Vehicle / Property #145

59. Name	60. Badge Number	61	62	63. Date Report	64. Reviewed
Sgt. James Seidel	#145	12-8	70	07-31-2003	

Signature

VPR - 1

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 03-1993 Date : 06/11/03 Time: 0159 Total Time Expended : 5 mins.

Owner of Location: Duc Amici

Address of Location: 420 Higgins Ave. Brielle, NJ

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani

If Fire Call, Was access Gained To Structure?: (Yes) / No How? Escorted by Rep.

By Whom : Police/Fire

List all Persons That Entered Structure:

Sgt. Kitchenman (1st Floor) Fire Chief Speicher (1st & 2nd Floor)

Ptl.Olsen (2nd Floor)

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: Phone:

Address: Occupation / Position:

List age if a Juvenile:

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [X] Fire / Number of Trucks Responding: 3

Officer Signature: Sgt. Grant Kitchenman Badge #: 149

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 03-1991 Date : 06/11/03 Time: 00:12 Total Time Expended : 10 mins.

Owner of Location: Due Amici

Address of Location: 420 Higgins Ave. Brielle, NJ

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: Vait Rizvani

If Fire Call, Was access Gained To Structure?: (Yes) / No How? Escorted by Rep.

By Whom : Police/Fire

List all Persons That Entered Structure:

Sgt. Kitchenman (1st Floor) Fire Chief Speicher (1st & 2nd Floor)

Ptl.Olsen (2nd Floor)

Observations at Scene :

Reported Smoke/Heat Alarm Activation at named location. Building checked by patrols and fire personnel - Yielded Negative results. False Alarm

Person Responsible for Alarm Activation if on Location:

Name: Phone:

Address: Occupation / Position:

List age If a Juvenile:

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 3

Officer Signature: Ptl. Gary Clark #154 Badge #: 154

Sgt #149

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 03-1386 Date : 4-28-03 Time: 10:58 Total Time Expended : 10 Min.

Owner of Location: Duc Amicis

Address of Location: 420 Higgins Avenue

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: Ptl. Michael Mechler Badge #: #157

#154

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 03-1015 Date : 03-24-03 Time: 08:45 Total Time Expended : 10min.

Owner of Location: Due Amici (Restaurant)

Address of Location: 420 Higgins Ave. Brielle NJ. 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain In Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [X] Burglar / Intrusion
- [ ] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: Yes / (No) Responding: Yes / (No) Name / Address / Phone: _____

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: No one on scene Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 1
- [ ] Fire / Number of Trucks Responding: _____

Officer Signature: S/O Ronald Sofield Badge #: #220

R Sofield #220

#388

Brielle Police Department

ALARM ACTIVATION REPORT

Case Number : 02-4576 Date : 11-05-02 Time: 21:04 Total Time Expended : 10 mins

Owner of Location: Duc Amici's

Address of Location: 420 Higgins Ave. Brielle, NJ 08730

Type of Alarm :

- [ ] Residence
- [X] Business
- [ ] School
- [ ] Other (Explain in Comments)

How Reported: (Check one or More)

- [ ] Telephone
- [X] Central Station / Alarm Company
- [ ] Neighbor / Passerby
- [ ] Police Observed

Class of Alarm :

- [ ] Burglar / Intrusion
- [X] Fire / Smoke Condition
- [ ] Hold - Up
- [ ] Carbon Monoxide Detector or Other

Owner / Rep Contacted: (Yes) / No Responding: (Yes) / No Name / Address / Phone: [redacted]

If Fire Call, Was access Gained To Structure?: Yes / No How? _____

By Whom : _____

List all Persons That Entered Structure:

_____ _____

_____ _____

_____ _____

Observations at Scene :

[redacted]

Person Responsible for Alarm Activation if on Location:

Name: _____ Phone: _____

Address: _____ Occupation / Position: _____

List age If a Juvenile: _____

Officer and Type of Equipment Responding:

- [X] Police / Number of Cars Responding: 2
- [X] Fire / Number of Trucks Responding: 1

Officer Signature: Ptl. Robert Clayton Badge #: #158

MUNICIPAL CODE NUMBER	BRIELLE BOROUGH MONMOUTH COUNTY, NEW JERSEY	OPERATIONS REPORT		
1309	POLICE DEPARTMENT	2 1800	3 DATE OF INCIDENT 10-6-00	4 INCIDENT NUMBER 00-6671

5. NATURE OF INCIDENT	Public Assist
6. LOCATION OF INCIDENT	Due Amici Rest. 420 Higgins Ave Brielle NJ 528 0666 [redacted]
7. VICTIM COMPLAINANT ACCUSED	[redacted]

8. ACTION TAKEN

[redacted]

9. SIGNATURE [signature]

10. BADGE NUMBER #147

FORM 101

POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM

0. AGENCY: Brielle PD

INVESTIGATION REPORT

1. Complaint No.	2. Mun. Code	3. Phone No.	4. UCR	21. Prosecutor's Case Number	22. Department Case Number
96-360	1309	528-5050			

5. Crime/Incident: Fire Investigation

23. Victim/s/ SS No.

	24. Age	25. Sex	26. Race
1. [redacted]			
2.			
3.			

6. NJS

27. Victim/s/ Home Address — Phone

1. 420 Higgins Ave. [redacted]
2.
3.

7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.
At XX	1518	7	6	29	96

28. Employer — Phone

1.
2.
3.

13. Crime/Incident Location: 420 Higgins Ave.

14. Municipality	15. County	16. Code
Brielle	Monmouth	1309

29. Person Reporting Crime/Incident [redacted] — 30. Date and Time

17. Type of Premises	18. Code	19. Weapons-Tools	20. Code
Other/comm.	70		

31. Address — Phone

32. Method of Operation: See below.

33. Vehicle	34. Year	35. Make	36. Body Type	37. Color	38. Registration Number & State	39. Serial Number or Identification

VALUE STOLEN PROPERTY	40. Currency	41. Jewelry	42. Furs	43. Clothing	44. Auto	45. Misc.

46. Total Value Stolen	47. Total Value Recovered	48. Teletype Alarm	49. Technical Services	50. Technician - Agency

List Accused - List and identify Additional Victims - Describe Perpetrators or Suspects - Action Taken Include Findings and Observations of Investigator - Physical Evidence Found - Where By Whom - Disposition and Technical Services Performed - Interview of Victims - Witnesses - Persons Contacted - Accused Suspects - List - Describe Stolen Property Value - Court Action - Attach Statements.

51. No. of Accused	52. Adult	53. Juvenile	54. Status Crime	55. Status Case	56. UCR Status Month____ Year____	57. Date Cleared

58. Name	Address	SSN	59. Age	60. Sex	61. Race	62. DOB

63. Narrative

[redacted]

Sgt. Robert McCormack

Signature: Sgt Robert McCormack

Sgt. 137

Page 1 of 2 Pages

6/30/96

69.

70.

71.

MCUCR-IR-1-20M-Ad-7/80

DEPARTMENT COPY