



Brielle Police Department

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

Officer Report for Incident 20BR01259

Nature: STOP

Location:

Address: 800 RIVERVIEW DR

BRIELLE NJ 08730

Offense Codes: N/A

Received By: Stefanelli, R

How Received: O

Agency: P99

Responding Officers: Clayton, R

Responsible Officer: Clayton, R

Disposition: SI 02/19/20

When Reported: 10:42:04 02/19/20

Occurred Between: 10:42:04 02/19/20 and 10:42:05 02/19/20

Assigned To:

Status:

Detail:

Status Date: **/**/**

Date Assigned: **/**/**

Due Date: **/**/**

Complainant:

Last:

First:

Mid:

DOB: **/**/**

Dr Lic:

Address:

Race:

Sex:

Phone:

City: ,

Offense Codes

Reported:

Observed:

Additional Offense: N/A Not Applicable

Circumstances

LT13 Highway, Road, Alley

Responding Officers:

Clayton, R

Unit :

P99158

Responsible Officer: Clayton, R

Agency: P99

Received By: Stefanelli, R

Last Radio Log: 10:47:33 02/19/20 C

How Received: O Ofcr. Initiated

Clearance: RR Report Required

When Reported: 10:42:04 02/19/20

Disposition: SI **Date:** 02/19/20

Judicial Status: NCI

Occurred between: 10:42:04 02/19/20

Misc Entry:

and: 10:42:05 02/19/20

Statute:

39 Violation

Description :

Title 39 Violations

Method :

39:3-33



Brielle Police Department

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

Officer Report for Incident 20BR00424

Nature: FRAUD

Location: P99

Address: 800 RIVERVIEW DR

BRIELLE NJ 08730

Offense Codes: FCHK

Received By: Cusack, B

How Received: P

Agency: P99

Responding Officers: Cusack, B

Responsible Officer: Cusack, B

Disposition: ACT 01/17/20

When Reported: 14:13:49 01/17/20

Occurred Between: 14:13:49 01/17/20 and 14:13:49 01/17/20

Assigned To: Meixsell, R

Detail: FRAU

Date Assigned: 01/17/20

Status: ACT

Status Date: 01/17/20

Due Date: 02/17/20

Complainant: 126683

Last:

First:

Mid:

DOB:

Dr Lic:

Address:

Race:

Sex:

Phone:

City:

Offense Codes

Reported:

Observed: FCHK Fraud, Checks

Additional Offense: FCHK Fraud, Checks

Circumstances

LT05 Commercial or Office Building

Responding Officers:

Cusack, B

Unit :

P99168

Responsible Officer: Cusack, B

Agency: P99

Received By: Cusack, B

Last Radio Log: **:**:** **/**/**

How Received: P In Person

Clearance: RR Report Required

When Reported: 14:13:49 01/17/20

Disposition: ACT **Date:** 01/17/20

Judicial Status: NCI

Occurred between: 14:13:49 01/17/20

Misc Entry:

and: 14:13:49 01/17/20

Statute:

Description :

Method :



Brielle PD

Officer Report for Incident 14BR04064

Nature: HARASSMENT

Address: 800 RIVERVIEW;LAW OF
DAROCI
BRIELLE NJ 08730

Location:

Offense Codes: HARR

Received By: Aldycki, L **How Received:** T **Agency:** P99
Responding Officers: Williams, Ke, Williams, Ke
Responsible Officer: Williams, Ke **Disposition:** 05/16/14
When Reported: 13:57:29 05/16/14 **Occurred Between:** 13:54:57 05/16/14 and 13:54:57 05/16/14

Assigned To:

Detail:

Date Assigned: **/**/**

Status:

Status Date: **/**/**

Due Date: **/**/**

Complainant: 180803

Last: [REDACTED]

First: [REDACTED]

Mid:

DOB: [REDACTED]

Dr Lic: [REDACTED]

Address: 800 RIVERVIEW DR

Race: [REDACTED]

Sex: [REDACTED]

Phone:

City: BRIELLE, NJ 08730

Offense Codes

Reported:

Observed:

Additional Offense: HARR Harassment

Circumstances

LT05 Commercial or Office Building

Responding Officers:

Unit :

Williams, Ke

P99163

Williams, Ke

P99163

Responsible Officer: Williams, Ke

Agency: P99

Received By: Aldycki, L

Last Radio Log: 14:13:27 05/16/14 C

How Received: T Telephone

Clearance: RR Report Required

When Reported: 13:57:29 05/16/14

Disposition: Date: 05/16/14

Judicial Status:

Occurred between: 13:54:57 05/16/14

Misc Entry:

and: 13:54:57 05/16/14

Modus Operandi:

Description :

Method :

2C Statute

NJ 2C Criminal Statutes

2C:33-4

Brielle Police Department
First Aid Report

Case Number: 07-2985 **Date:** 9/24/07 **Time:** 1655

Location: 800 Riverview Dr.

Victim: [REDACTED] **DOB:** [REDACTED] **Age:** 53

Victims Address: [REDACTED] **Phone:** [REDACTED]

Squad: Brielle F.A.

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

Nature: Stroke

Comments: (If Needed)

[REDACTED]

Officer: Off. Ryan Meixsell

[Signature]

Badge#: #225

[Signature]

10. BADGE NUMBER #149

PAGE 1 OF 2		NEW JERSEY POLICE ACCIDENT REPORT		REPORTABLE ☒ NON-REPORTABLE ☐	
43 CASE NUMBER 02-3292		ACCIDENT OCCURRED ON: Lot of Riverview Square - 800 Riverview		0048	
44 POLICE DEPARTMENT OF Brielle Borough		52 ROAD NAME ☐ STREET ADDRESS		53 ROUTE NO. SUFFIX 54 MILEPOST	
45 STATION/PRECINCT		55 ☐ FEET ☐ MILES ☐ METERS ☐ KM		56 ROAD NAME	
46 DATE OF COLLISION MONTH DAY YEAR 08 14 02		47 DAY OF WEEK S M Tu W Th F S Th F S		48 TIME (USE 2400 HRS.) 10 27	
49 MUNICIPALITY CODE 1309		50 TOTAL KILLED		51 TOTAL INJURED	
52 INS. CODE		53 INS. CODE		54 INS. CODE	
55 PARKED ☐ PED ☐ BICYCLIST ☐ RESPONDING TO AN EMERGENCY ☐ HIT & RUN		56 PARKED ☐ PED ☐ BICYCLIST ☐ RESPONDING TO AN EMERGENCY ☐ HIT & RUN		57 PARKED ☐ PED ☐ BICYCLIST ☐ RESPONDING TO AN EMERGENCY ☐ HIT & RUN	
58 DRIVER'S FIRST NAME Anthony Durstewitz		59 DRIVER'S FIRST NAME Brian F Culley		60 DRIVER'S FIRST NAME	
61 NUMBER AND STREET		62 NUMBER AND STREET		63 NUMBER AND STREET	
64 CITY		65 CITY		66 CITY	
67 DRIVER'S LICENSE NUMBER		68 DRIVER'S LICENSE NUMBER		69 DRIVER'S LICENSE NUMBER	
70 OWNER'S FIRST NAME		71 OWNER'S FIRST NAME		72 OWNER'S FIRST NAME	
73 OWNER'S FIRST NAME		74 OWNER'S FIRST NAME		75 OWNER'S FIRST NAME	
76 NUMBER AND STREET		77 NUMBER AND STREET		78 NUMBER AND STREET	
79 CITY		80 CITY		81 CITY	
82 VIN NUMBER		83 VIN NUMBER		84 VIN NUMBER	
85 VEHICLE REMOVED TO		86 VEHICLE REMOVED TO		87 VEHICLE REMOVED TO	
88 ALCOHOL DATA		89 HAZARDOUS MATERIAL		90 HAZARDOUS MATERIAL	
91 ACCIDENT DIAGRAM		92 ACCIDENT DIAGRAM		93 ACCIDENT DIAGRAM	
94 AREAS DAMAGED		95 AREAS DAMAGED		96 AREAS DAMAGED	
97 CARRIER NAME		98 CARRIER NAME		99 CARRIER NAME	
100 CHARGE		101 CHARGE		102 CHARGE	
103 OFFICER'S SIGNATURE		104 OFFICER'S SIGNATURE		105 OFFICER'S SIGNATURE	
106 NAMES & ADDRESSES OF OCCUPANTS		107 NAMES & ADDRESSES OF OCCUPANTS		108 NAMES & ADDRESSES OF OCCUPANTS	

NJTR-1 (R 8/95)

123 DEP CASE NUMBER
(SAFETYNET ONLY)

RECORD BUREAU COPY

**POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM**

0. AGENCY: Brielle Police Dept.

INVESTIGATION REPORT

1. Complaint No. <u>97-11/12 4027</u>		2. Mun. Code <u>1309</u>		3. Phone No. <u>528-5050</u>		4. UCR		21. Prosecutor's Case Number		22. Department Case Number <u>1.</u>		
5. Crime/Incident <u>Criminal Mischief</u>						23. Victim/s/ SS No.		24. Age	25. Sex	26. Race		
						1. <u>[REDACTED]</u>		<u>38</u>	<u>M</u>	<u>W</u>		
						2.						
						3.						
6. NJS <u>2C:17-3</u>						27. Victim/s/ Home Address		Phone				
						1. <u>[REDACTED]</u>		<u>UNK.</u>				
						2.						
						3.						
7. Between	8. Hour	9. Day	10. Mo.	11. Date	12. Yr.	28. Employer		Phone				
<u>At</u>	<u>X</u>	<u>09:54</u>	<u>5</u>	<u>7</u>	<u>3</u>	<u>97</u>	1. <u>[REDACTED]</u>					
13. Crime/Incident Location <u>800 Riverview Dr. (Gull Ln.)</u>						3.						
14. Municipality <u>Brielle</u>		15. County <u>Monmouth</u>		16. Code <u>1309</u>		29. Person Reporting Crime/Incident		30. Date and Time				
17. Type of Premises <u>Prof. Building</u>		18. Code <u>52</u>		19. Weapons-Tools <u>Other Force</u>		20. Code <u>55</u>		<u>[REDACTED]</u>				
32. Method of Operation <u>*See Narrative.</u>												
33. Vehicle <u>N/A</u>		34. Year		35. Make		36. Body Type		37. Color		38. Registration Number & State		
39. Serial Number or Identification		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 <u>3</u>		52. Adult <u>0</u>		53. Juvenile <u>3</u>		54. Status Crime <u>Cl. Arrest</u>		55. Status Case <u>Closed</u>		56. UCR Status Month _____ Year _____		
57. Date Cleared		58. Name		Address		SSN		59. Age		60. Sex	61. Race	
62. DOB		<u>[REDACTED]</u>										
64. Name <u>Pt. L. G. Olsen</u> <u>Att. [Signature]</u> #154						65. Badge Number <u>#154</u>		66. Page <u>1</u> of <u>2</u> Pages		67. Date Report <u>07/03/97</u>		
68. Reviewed by <u>Sgt. 142</u>						69.		70.		71.		

**POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM REPORT SYSTEM**

0. AGENCY: Brielle PD

INVESTIGATION REPORT

1. Complaint No. 96-2104		2. Mun. Code 1309		3. Phone No. 528-5050		4. UCR		21. Prosecutor's Case Number		22. Department Case Number	
5. Crime/Incident Theft of movable property						23. Victim/s/ 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]					
6. NJS 2C:20-3(a)						27. Victim/s/ Home Address 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]					
7. Between X	8. Hour 10:00	9. Day 6	10. Mo. 4	11. Date 12	12. Yr. 96	28. Employer 1. [REDACTED] 2. [REDACTED] 3. [REDACTED]					
13. Crime/Incident Location 800 Riverview Dr. Brielle						30. Date and Time 4/15/96 09:30					
14. Municipality Brielle		15. County Monmouth		16. Code 1309		29. Person Reporting Crime/Incident Victim		31. Address N/A			
17. Type of Premises Motor Veh.		18. Code 90		19. Weapons-Tools Phys. Force		20. Code 30		Phone			
32. Method of Operation [REDACTED]											
33. N/A		34. Make		35. Body Type		36. Color		38. Registration Number & State		39. Serial Number or Identification	
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 Unknown		52. Adult		53. Juvenile		54. Status Crime Open		55. Status Case Invest.		56. UCR Status Month _____ Year _____	
58. Name Unknown		Address		SSN		59. Age		60. Sex		61. Race	
										62. DOB	
63. Narrative [REDACTED]											
64. Name S/O F. Reiniger				65. Badge Number #200		66. Page <u>1</u> of <u>1</u> Pages		67. Date Report 4/15/96		68. Reviewed by #106	
Signature <u>S/O F. Reiniger #200</u>						69. #75		70. #71/152		71. #72/106	

DEPARTMENT COPY