

Date: 9/23/20  
Time: 15:30:38

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 1  
Program: CMS302L

MPD Arrest # : 1-15-000020-001

Prompt valid in: WILKINSON, DOMINQUE LAMAR

Street Number : WINDING RIDGE CT

City : NEPTUNE, NJ 07753

County : Monmouth

HOME :

Birth City : NEPTUNE, NJ

Social Security:

OL Expires : 3/31/18

Sex : Male

Height : 506

Occupation : NURSING HOME ATTENDANT

Notes :

Hair Length : Neck Len

Eye Color : Brown

Complexion : Dark

Teeth : No Discernible Features

Build : Thin

Weapon Held : Not Applicable

Caution :

Marital Status : Single

Additional Identifiers

NCIC Number :

NCIC Cancel Dt : 0/00/00

SBI Number :

Clothing Information

HAT : DO-RAG

COAT : BLUE TRACK JACKET

SHOE : ADIDAS SANDALS

More clothing? :

More E-Contacts:

More phone? :

Body Mark 1 : TATTOO / LEFT FOREARM / ARM, LEFT, TATTOO

Description: ISABELLA

Map Reference :

Birth Date : 21

Birth Country : USA

DL Number :

Race : Black

Ethnic Origin : Black

Weight : 150

Notes: :

Hair Color : Black

Hair Style : Braided

Glasses : No

Facial Hair : Full Beard

Speech : Normal

Hand Use : Right Handed

Religion :

Status :

NCIC Entry Date: 0/00/00

FBI Number :

SHIRT : BLACK TSHIRT

PANT : GRAY SWEATPANTS

Body Marks? :

E-mail Address :

Interfaces? :

\*\*\*EMPLOYER INFORMATION\*\*\*

Case Number : 1-15-000020

Employer Name : KING MANOR NURSING HOME

Street Number :

City : NEPTUNE, NJ 07753

Map Reference :

County :

More phone? :

E-mail Address :

More E-Contacts:

\*\*\*VEHICLE INFORMATION\*\*\*

UCR Veh Type :

State Veh Type : Auto

Year : 2008

Make : Dodge

Model : Charger

Model Name : Charger

Style : Pass. Car-Station Wagon

Color - Top : Black

Color - Bottom : Black

Lic#/Stat/Cntry:

Date Lic Expire: 10/20/15

VIN :

Permit Number :

Features/Odditi:

Damaged Code :

Disposition :

Insured? :

# Summary of Comments on doc14711420200929123637.pdf

Page: 1

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 Number: 1      Author: matos      Subject: Redact      Date: 9/29/2020 1:40:24 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 2      Author: matos      Subject: Redact      Date: 9/29/2020 1:40:49 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 3      Author: matos      Subject: Redact      Date: 9/29/2020 1:40:34 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 4      Author: matos      Subject: Redact      Date: 9/29/2020 1:40:57 PM

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 Number: 5      Author: matos      Subject: Redact      Date: 9/29/2020 1:41:12 PM

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 Number: 6      Author: matos      Subject: Redact      Date: 9/29/2020 1:41:23 PM

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 Number: 7      Author: matos      Subject: Redact      Date: 9/29/2020 1:41:41 PM

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Comments from page 1 continued on next page

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Date: 9/23/20  
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MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 2  
Program: CMS302L

Case#: 1-15-000020-001 (Continued)

Insured By . . . :  
State Number . . :  
NCIC Number . . :  
NCIC Cncl Date : 0/00/00  
Photos? . . . :

Lein Holder . . :  
Misc Number . . :  
NCIC Entry Date: 0/00/00  
Be On Look Out?:

\*\*\*\*\* A R R E S T I N F O R M A T I O N \*\*\*\*\*

Arrest Date . . : 1/09/15 17:12 Day of Week . . : Friday  
Neighborhood . . : SH 70 East TOT Agency . . . :  
Arrest Type . . : Criminal (drug related)  
Weapon Seized . . : Not Applicable Drug Influence?: No  
Alcohol Inf? . . : No Alcohol Percent: 0.000

Arresting Offic: FASTIGE, JOSEPH Assist Officer : MICCIULLA, MARC  
Other Officer :  
Entry Employee : FASTIGE, JOSEPH 1/09/15  
Officer Notes: : Officer Notes: :

Watch Commanders Review Area  
WC Review Off. : 0/00/00 Confine Signed?:

\*\*\*LOCATION INFORMATION\*\*\*

VIOLATION LOCATION

Address . . . : SH 70/ROOSEVELT CITY ROAD, E STATE HIGHWAY 70  
City/State/Zip : MANCHESTER, NJ 08759  
County . . . : Ocean

ARREST LOCATION

Address . . . : SH 70/CR 539 E STATE HIGHWAY 70  
City/State/Zip : MANCHESTER, NJ 08759  
County . . . : Ocean

\*\*\*ADDITIONAL ARREST INFORMATION\*\*\*

Case Number . . : 1-15-000020 Drug Indicator :  
Contact Reason : Restraint Type : Processing Room  
Rst Beg Dte/Tme: 1/09/15 17:55 Rst End Dte/Tme: 1/09/15 18:40  
\*\*\*\*\* C H A R G E I N F O R M A T I O N # 1 \*\*\*\*\*  
State Class . . : Possession of CDS  
Fed Class . . : Poss.Marijuana, Hashish, ETC.  
You Must Have a Federal Classification for This Arrest  
Statute/Ord . . : 2C:35-10A(4) Counts . . . : 1  
Fed Dispo . . : Cleared by Arrest - Adult  
State Dispo . . : Served Summons and Released  
MPD Case Type? : OFFN-MPD Offense MPD Case# /CMS : 1-15-000074  
Ref Offense# . . : 000 Ref Citation . . :  
Bail Information  
Bail Number . . :  
Warrant Date . . : 0/00/00 Bail Type . . :  
Judge . . . : Warrant Date . . :  
Date/Time Call : Bail Amount . . : 0.00

\*\*\*\*\* B O O K I N G I N F O R M A T I O N \*\*\*\*\*

Date: 9/23/20  
Time: 15:30:38

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 3  
Program: CMS302L

Case#: 1-15-000020-001 (Continued)

Booking Date . : FASTIGE, JOSEPH 1/09/15 17:55  
Incarcerated At: Served Summons Medical Needs : NONE  
Release Date . : 1/09/15 18:40 How Released . : Released on Summons  
Rel To Relate : Other Released By . : FASTIGE, JOSEPH  
Bail Amount . : 0.00 Near Rel Relat : Parent  
Release To? . : Near Relative? :

\*\*\*RELEASE INFORMATION\*\*\*

Case Number . : 1-15-000020-001 Last Name . . : SELF,  
Address . . . :  
City/State/Zip : MANCHESTER, NJ 08759  
County . . . : Map Reference :  
More phone? . : E-mail Address :  
More E-Contacts: Birth Date/Age : 0/00/0000 0  
Birth Cty/State: Birth Country :  
Soc Sec Number : 0 Oper Lic Info :  
OL Expires . . : 0/00/00 Occupation . . :  
Adult/Juvenile : Race . . . . :  
Sex . . . . : Ethnic Origin :  
Height . . . . : 0 Weight . . . . : 0  
Misc. ID# . . : Other ID . . . :  
Be On Look Out?:

\*\*\*NEAREST RELATIVE\*\*\*

Case Number . : 1-15-000020-001 Last Name . . :   
Address . . . :  WINDING RIDGE CT  
City/State/Zip : NEPTUNE, NJ 07753  
County . . . : Map Reference :  
More phone? . : E-mail Address :  
More E-Contacts: Birth Date/Age : 0/00/0000 0  
Birth Cty/State: Birth Country :  
Soc Sec Number : 0 Oper Lic Info :  
OL Expires . . : 0/00/00 Occupation . . :  
Adult/Juvenile : Race . . . . :  
Sex . . . . : Ethnic Origin :  
Height . . . . : 0 Weight . . . . : 0  
Misc. ID# . . : Other ID . . . :  
Be On Look Out?:

\*\*\*\*\* N A R R A T I V E # 1 \*\*\*\*\*

Original Report Reported By: FASTIGE, JOSEPH M. 1/09/15  
Entered By.: FASTIGE, JOSEPH M. 1/09/15

SUBJECT WAS PLACED UNDER ARREST FOR POSSESSION OF MARIJUANA UNDER 50  
GRAMS. SEE CASE #2015-0074 FOR FURTHER INFORMATION.

\* \* \* \* \* E N D O F R E P O R T \* \* \* \* \*



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 Number: 1      Author: matos      Subject: Redact      Date: 9/29/2020 1:42:30 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 2      Author: matos      Subject: Redact      Date: 9/29/2020 1:42:41 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

0074

Manchester Police Department  
1 Colonial Drive, Manchester NJ 08759  
Incident Report

1-15-000020-001

|                                  |   |                                                                         |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |
|----------------------------------|---|-------------------------------------------------------------------------|-------------|---------------------|-------|------------------|-------------------------|-----------------|--------------------|------------------|----------------|------------------|--|
| CRIME                            |   | STATUTE                                                                 |             | PROS. CASE #        |       | MUN. CODE        |                         | M.P.D. REPORT # |                    |                  |                |                  |  |
| Poss. of Marijuana (under 50)    |   | 2C:35-10A(4)                                                            |             | -                   |       | 1518             |                         | 2015-0074       |                    |                  |                |                  |  |
| NAME OF PRIMARY VICTIM (LFM)     |   |                                                                         |             | State of New Jersey |       |                  |                         |                 |                    |                  |                |                  |  |
| STREET                           |   |                                                                         |             | APT. #              |       |                  |                         |                 |                    |                  |                |                  |  |
| CITY                             |   |                                                                         |             | STATE               |       | ZIP              |                         |                 |                    |                  |                |                  |  |
| REPORTED AT:                     |   | TIME                                                                    | DAY OF WEEK | MONTH               | DATE  | YEAR             | D.O.B                   | AGE             | SEX                | RACE             | HISPANIC       | S.S. #           |  |
| 1700                             |   | FRI                                                                     | 01          | 09                  | 15    |                  |                         |                 |                    |                  |                |                  |  |
| OCCURRED FROM:                   |   |                                                                         |             |                     |       |                  | RESIDENT                |                 | HOME PHONE         |                  | BUSINESS PHONE |                  |  |
| TO/AT:                           |   | 1700                                                                    | FRI         | 01                  | 09    | 15               | BUSINESS / SCHOOL NAME: |                 |                    |                  |                |                  |  |
| LOCATION OF INCIDENT             |   |                                                                         |             |                     |       |                  | STREET                  |                 |                    |                  |                |                  |  |
| State Highway 70/County Road 539 |   |                                                                         |             |                     |       |                  | CITY                    |                 |                    |                  |                |                  |  |
| POST 4                           |   |                                                                         |             |                     |       |                  | DEVELOPMENT / AREA:     |                 | TECHNICAL SERVICE: |                  |                | STATE / ZIP CODE |  |
| State Highway 70                 |   |                                                                         |             |                     |       |                  | N/A                     |                 |                    |                  |                |                  |  |
| PERSONS                          |   | CODES Assoc., Suspect, Reporting Person., Witness, Victim, Owner, P.O.I |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |
| CODE # 1                         | S | NAME:                                                                   |             | ADDRESS:            |       |                  |                         | CITY:           |                    | STATE / ZIP CODE |                |                  |  |
|                                  |   | Dominique Lamar Wilkinson                                               |             | Winding Ridge Court |       |                  |                         | Neptune         |                    | NJ/07753         |                |                  |  |
|                                  |   | BUSINESS PHONE:                                                         |             | BUSINESS NAME:      |       |                  |                         |                 |                    |                  |                |                  |  |
|                                  |   |                                                                         |             | CITY                |       | STATE / ZIP CODE |                         |                 |                    |                  |                |                  |  |
|                                  |   | AGE:                                                                    | SEX:        | RACE:               | HT.:  | WT.:             | HAIR:                   | EYES:           | COMPLEX.:          | BUILD:           | FACIAL HAIR:   |                  |  |
|                                  |   | 21                                                                      | M           | B                   | 5-06  | 150              | Black                   | Brown           | Dark               | Stocky           | Beard          |                  |  |
|                                  |   | SOC. SEC. #:                                                            |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |
| CODE # 2                         | I | NAME:                                                                   |             | ADDRESS:            |       |                  |                         | CITY:           |                    | STATE / ZIP CODE |                |                  |  |
|                                  |   | HOME PHONE:                                                             |             | BUSINESS PHONE:     |       | BUSINESS NAME:   |                         |                 |                    |                  |                |                  |  |
|                                  |   | BUSINESS ADDRESS                                                        |             | CITY                |       | STATE / ZIP CODE |                         |                 |                    |                  |                |                  |  |
|                                  |   | DOB:                                                                    | AGE:        | SEX:                | RACE: | HT.:             | WT.:                    | HAIR:           | EYES:              | COMPLEX.:        | BUILD:         | FACIAL HAIR:     |  |
|                                  |   |                                                                         |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |
|                                  |   | ADDED INFO.:                                                            |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |
|                                  |   | SOC. SEC. #:                                                            |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |
| VEHICLES                         |   | CODES Stolen, Recovered, Abandoned, susPect, Impound, Evidence, Victim  |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |
| CODE # 1                         | P | YEAR                                                                    | BODY        | MAKE                | MODEL | COLOR(S)         |                         |                 |                    |                  |                |                  |  |
|                                  |   | 08                                                                      | 4 DR        | DOD                 | CHA   | BK               |                         |                 |                    |                  |                |                  |  |
|                                  |   | OTHER INFO.:                                                            |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |
|                                  |   |                                                                         |             |                     |       |                  |                         |                 |                    |                  |                |                  |  |

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 Number: 1 Author: matos Subject: Redact Date: 9/29/2020 1:42:55 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 2 Author: matos Subject: Redact Date: 9/29/2020 1:43:21 PM

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 Number: 3 Author: matos Subject: Redact Date: 9/29/2020 1:43:04 PM

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 Number: 4 Author: matos Subject: Redact Date: 9/29/2020 1:43:29 PM

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 Number: 5 Author: matos Subject: Redact Date: 9/29/2020 1:43:35 PM

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|----------|------------------|---------------------------|----------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROPERTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                | <b>CODES:</b>                                                                                                                                                                                                                                                                                                                                                                             |       | <u>Damaged, Stolen, Lost</u> |          | <b>REPORT #:</b> |                           | <b>15-0074</b> |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
| ALL OTHER ITEMS THAT ARE TAKEN INTO CUSTODY OF THE M.P.D. WILL BE RECORDED ON THE EVIDENCE / PROPERTY FORM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |       |                              |          |                  |                           |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                | QTY.                                                                                                                                                                                                                                                                                                                                                                                      | BRAND | MODEL                        | SERIAL # | DESCRIPTION      | RECOVERED                 | N.C.I.C.       | VALUE |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                                                                                                                                                                                                                                                                         |       |                              |          |                  | -                         | -              | -     |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                                                                                                                                                                                                                                                                         |       |                              |          |                  | -                         | -              | -     |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                                                                                                                                                                                                                                                                         |       |                              |          |                  | -                         | -              | -     |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>TOTAL VALUE OF PROPERTY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |       |                              |          |                  | <b>\$</b>                 |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>NARRATIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |       |                              |          |                  |                           |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>***SEE ATTACHED NARRATIVE PAGE***</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |       |                              |          |                  |                           |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><b>WAS A SUSPECT ARRESTED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>CAN A SUSPECT BE NAMED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>CAN A SUSPECT BE LOCATED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>CAN A SUSPECT BE DESCRIBED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>WAS THERE A WITNESS TO THE CRIME ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> <p><b>IS THERE A UNIQUE M.O. PRESENT ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>CAN THE SUSPECTS VEHICLE BE IDENTIFIED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>IS THE STOLEN PROPERTY TRACEABLE ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> <p><b>WAS PHYSICAL EVIDENCE RECOVERED</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |       |                              |          |                  |                           |                |       | <p><b>WAS A SUSPECT ARRESTED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>CAN A SUSPECT BE NAMED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>CAN A SUSPECT BE LOCATED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> | <p><b>CAN A SUSPECT BE DESCRIBED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>WAS THERE A WITNESS TO THE CRIME ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> <p><b>IS THERE A UNIQUE M.O. PRESENT ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> | <p><b>CAN THE SUSPECTS VEHICLE BE IDENTIFIED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>IS THE STOLEN PROPERTY TRACEABLE ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> <p><b>WAS PHYSICAL EVIDENCE RECOVERED</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> |
| <p><b>WAS A SUSPECT ARRESTED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>CAN A SUSPECT BE NAMED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>CAN A SUSPECT BE LOCATED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>CAN A SUSPECT BE DESCRIBED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>WAS THERE A WITNESS TO THE CRIME ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> <p><b>IS THERE A UNIQUE M.O. PRESENT ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> | <p><b>CAN THE SUSPECTS VEHICLE BE IDENTIFIED ?</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> <p><b>IS THE STOLEN PROPERTY TRACEABLE ?</b>      YES <input type="checkbox"/>    NO <input checked="" type="checkbox"/></p> <p><b>WAS PHYSICAL EVIDENCE RECOVERED</b>      YES <input checked="" type="checkbox"/>    NO <input type="checkbox"/></p> |       |                              |          |                  |                           |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
| NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                | BADGE #:                                                                                                                                                                                                                                                                                                                                                                                  |       | CASE STATUS:                 |          |                  | DATE OF RPT.              |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
| Ptl. Joseph Fastige                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                | 398                                                                                                                                                                                                                                                                                                                                                                                       |       | SERVICE COMPLETED            |          |                  | 01/09/15                  |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
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| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                | SUPERVISOR INITIALS                                                                                                                                                                                                                                                                                                                                                                       |       | CLEAR - ARREST               |          |                  | PAGE <u>2</u> OF <u>4</u> |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |       | CLEAR - JUV. ARREST          |          |                  |                           |                |       |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                           |
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**Manchester Police Department**  
**Continuation Page**

Case # 2015-0074

On January 9<sup>TH</sup>, 2015 at approximately 1700 hours, I was on stationary patrol facing northbound in the Cranberry's Pub parking lot (1330 State Highway 70) near State Highway 70 when I observed a black 2008 Dodge Charger (NJ REG: [REDACTED]) traveling eastbound on State Highway 70. During this time, I observed that the vehicle had front tinted windows. I then proceeded to follow the vehicle eastbound on State Highway 70 and gave dispatch the vehicle's information, activated my emergency lights, and conducted a motor vehicle stop in on State Highway 70 near County Road 539. It was at that time my Mobile Video Recorder was activated.

After stopping the vehicle, I got out of my patrol vehicle and approached the passenger side of the vehicle. I observed a male driver and no other occupants. I spoke with the driver and requested to see his driver's license, registration, and proof of insurance. The driver, identified as Dominique Lamar Wilkinson, then handed me his driver's license and the vehicle's documents. Mr. Wilkinson advised me that he had a medical reason for the front tinted windows, but could not provide me the medical document because it fell behind the glove box. I then gave dispatch Mr. Wilkinson's information and asked them to check him for any outstanding arrest warrants (ATS/ACS/NCIC). Dispatch advised me that Mr. Wilkinson was negative for any outstanding arrest warrants, but was placed under arrest in 2013 for possession of a controlled dangerous substance in Neptune Township. While I was away from Mr. Wilkinson's vehicle, I observed Mr. Wilkinson look back towards me multiple times and reach underneath the front passenger seat of the vehicle. I then approached the vehicle and asked Mr. Wilkinson what he was reaching for. Mr. Wilkinson then grabbed a plastic cup from the center console cup holder and advised me he was retrieving the plastic cup from the back seat. I earlier observed that the plastic cup was in the center console cup holder of the vehicle when I initially stopped Mr. Wilkinson's vehicle. While I was outside of Mr. Wilkinson's vehicle near the rear passenger side door, I was able to view a plastic container with a red lid underneath the front passenger seat of the vehicle. I then asked Mr. Wilkinson if he could retrieve the plastic container and hand it to me. At that point, Mr. Wilkinson voluntarily retrieved the plastic container from underneath the front passenger seat. I then observed that the plastic container had three (3) clear plastic zip lock bags containing green vegetative matter (indicative of marijuana). He then handed me the plastic container containing the suspected marijuana without incident.

Officer's Signature



Badge #

398

Date

1/14/15

Page 3 of 4

Supervisor's Initials Telsu

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 Number: 1      Author: matos      Subject: Redact      Date: 9/29/2020 1:45:02 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

## Manchester Police Department

### Continuation Page

Case # 2015-0074

Once Ptl. Micciulla arrived to assist, I requested Mr. Wilkinson to exit the vehicle. He did so without incident. After reading Mr. Wilkinson his Miranda Rights, to which he understood and was willing to answer questions, I asked him who the marijuana belonged to. Mr. Wilkinson advised me that a "friend" left it in his vehicle, but stated he knew he was responsible for it. At that time, I advised Mr. Wilkinson he was under arrest and requested him to turn around and place his hands behind his back. Handcuffs were then placed on him utilizing the double locking mechanism. Mr. Wilkinson was then searched incident to arrest. I then asked Mr. Wilkinson for consent to search his vehicle. Mr. Wilkinson stated that he would grant me consent to search his vehicle and signed a Consent to Search form (see attached). One handcuff was removed from Mr. Wilkinson's right wrist so he could sign the Consent to Search form. The handcuff was then placed back on Mr. Wilkinson's right wrist utilizing the double locking mechanism. He was advised that he would be present during the search and could stop the search at anytime. Mr. Wilkinson stood with Ptl. Micciulla while the search was conducted. During the search, no other items of evidentiary value were located in the vehicle.

After the search was completed, Mr. Wilkinson was placed into the rear passenger compartment of my patrol vehicle (#77). His vehicle was then locked, secured, and parked on the side of the roadway. Mr. Wilkinson was then transported to headquarters.

At headquarters, Mr. Wilkinson was processed for arrest. Mr. Wilkinson was charged with Possession of Marijuana under 50 grams 2C:35-10A(4) (Disorderly Persons). This charge was placed on a summons (#S-2015-000016). Mr. Wilkinson was also issued motor vehicle summonses for Tinted Windows 39:3-75 (MTC-106575) and CDS in a Motor Vehicle 39:4-49.1 (MTC-106576). Mr. Wilkinson was then released on his summonses.

The property seized during the investigation was photographed and documented onto a Property Report (PR #2015-14). The green vegetative matter seized in the investigation tested positive for marijuana utilizing the Nark II Test 20 field test kit. Item #1 on Property Report #2015-14 was placed into evidence to be transported to the Ocean County Sheriff's Department lab for further testing. This case is closed pending court action.

Officer's Signature



Badge # 398

Date 4/6/15

Page 4 of 4

Supervisor's Initials rlsn

Date: 9/23/20  
Time: 15:30:49

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 1  
Program: CMS302L

MPD Arrest # : 1-15-000019-001

Prompt valid in: START, ROBERT WILLIAM JR

Street Number : SECOND AVE

City : TOMS RIVER, NJ 08757

County : Ocean

HOME :

Birth Date : 22

Birth Country : USA

DL Number : NJ

Race : White

Ethnic Origin : Non-Hispanic

Weight : 160

Occupation : ERNEST MARIO PHARM SCHOOL TECH

Notes :

Hair Color : Brown

Hair Style : Straight

Glasses : No

Facial Hair : Unshaven

Build : Thin

Weapon Held : Not Applicable

Caution :

Marital Status : Single

Additional Identifiers

NCIC Number :

NCIC Cancel Dt : 0/00/00

SBI Number :

Clothing Information

HAT : NONE

COAT : BLACK HOODED SWEAT SHIRT

PANT : DARK BLUE JEANS

Body Marks? :

E-mail Address :

Interfaces? :

Description: NONE

Map Reference : E14

OTHER :

Birth City : NEPTUNE, NJ

Social Security:

OL Expires : 4/20/18

Sex : Male

Height : 506

Notes :

Hair Length : Short

Eye Color : Blue

Complexion : Light

Teeth : No Discernible Features

Speech : Slurred

Hand Use : Right Handed

Religion :

Status :

NCIC Entry Date: 0/00/00

FBI Number :

SHIRT : GRAY T-SHIRT

SHOE : BLACK SNEAKERS

More clothing? :

More E-Contacts:

More phone? :

\*\*\*EMPLOYER INFORMATION\*\*\*

Case Number : 1-15-000019

Employer Name : ERNEST MARIO PHARMACY SCHOOL

Street Number : FRELINGHEYSEN RD

City : PISCATAWAY, NJ 08854

Map Reference :

More phone? :

More E-Contacts:

County :

E-mail Address :

\*\*\*VEHICLE INFORMATION\*\*\*

UCR Veh Type :

Year : 2000

Model :

Style : Truck

Color - Bottom : Green

Date Lic Expire: 10/20/15

Permit Number :

Damaged Code :

State Veh Type : Pick-Up Truck

Make : Chevrolet

Model Name : PICKUP

Color - Top : Green

Lic#/Stat/Cntry:

VIN :

Features/Odditi:

Disposition : Impounded



- 
-  Number: 1 Author: matos Subject: Redact Date: 9/29/2020 1:45:46 PM  
25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."
- 
-  Number: 2 Author: matos Subject: Redact Date: 9/29/2020 1:46:15 PM  
17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number
- 
-  Number: 3 Author: matos Subject: Redact Date: 9/29/2020 1:46:27 PM  
17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number
- 
-  Number: 4 Author: matos Subject: Redact Date: 9/29/2020 1:46:01 PM  
25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."
- 
-  Number: 5 Author: matos Subject: Redact Date: 9/29/2020 1:46:33 PM  
17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number
- 
-  Number: 6 Author: matos Subject: Redact Date: 9/29/2020 1:47:07 PM  
17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number
- 
-  Number: 7 Author: matos Subject: Redact Date: 9/29/2020 1:47:21 PM  
17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number
- 
-  Number: 8 Author: matos Subject: Redact Date: 9/29/2020 1:47:29 PM  
17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in

a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

Date: 9/23/20  
Time: 15:30:49

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 2  
Program: CMS302L

Case#: 1-15-000019-001 (Continued)  
Insured? . . . : Yes  
Lein Holder . . :  
Misc Number . . :  
NCIC Entry Date: 0/00/00  
Be On Look Out?:  
Insured By . . . :  
State Number . . :  
NCIC Number . . :  
NCIC Cncl Date : 0/00/00  
Photos? . . . :

\*\*\*\*\* A R R E S T I N F O R M A T I O N \*\*\*\*\*  
Arrest Date . . : 1/09/15 1:13  
Neighborhood . . : Pine Lake Park  
Arrest Type . . : DWI  
Drug Influence?: No  
Alcohol Percent: 0.140  
Day of Week . . : Friday  
TOT Agency . . :  
Weapon Seized : Not Applicable  
Alcohol Inf? . . : Yes

Arresting Offic: CHANT, THOMAS  
Other Officer : GUARINO, MICHAEL  
Officer Notes: :  
Assist Officer : GUARINO, MICHAEL  
Entry Employee : CHANT, THOMAS 1/09/15  
Officer Notes: :

Watch Commanders Review Area  
WC Review Off. : HANKINS, JOSEPH 1/09/14  
Confine Signed?: YES

\*\*\*LOCATION INFORMATION\*\*\*

VIOLATION LOCATION  
Address . . . : CIRCLE K CONVENIENCE STORE, 2001 RIDGEWAY ROAD  
City/State/Zip : MANCHESTER, NJ 08759  
County . . . : Ocean  
ARREST LOCATION  
Address . . . : CIRCLE K CONVENIENCE STORE 2001 RIDGEWAY ROAD  
City/State/Zip : MANCHESTER, NJ 08757  
County . . . : Ocean

\*\*\*ADDITIONAL ARREST INFORMATION\*\*\*

Case Number . . : 1-15-000019  
Contact Reason :  
Rst Beg Dte/Tme: 1/09/15 1:45  
\*\*\*\*\* C H A R G E I N F O R M A T I O N # 1 \*\*\*\*\*  
State Class . . : DWI / Traffic Offenses  
Fed Class . . : Driving Under The Influence  
You Must Have a Federal Classification for This Arrest  
Statute/Ord . . : 39:4-50 DWI  
Fed Dispo . . : Cleared by Arrest - Adult  
State Dispo . . : Cleared by Arrest - Adult  
MPD Case Type? : OFFN-MPD Offense  
Ref Offense# . . : 000  
Bail Information  
Bail Number . . :  
Warrant Date . . : 0/00/00  
Judge . . . :  
Date/Time Call :  
Drug Indicator :  
Restraint Type : Processing Room  
Rst End Dte/Tme: 1/09/15 3:25  
Counts . . . : 1  
MPD Case# /CMS : 1-15-000071  
Ref Citation . . : MTC104800  
Bail Type . . . :  
Warrant Date . . :  
Bail Amount . . : 0.00

\*\*\*\*\* B O O K I N G I N F O R M A T I O N \*\*\*\*\*

Date: 9/23/20  
Time: 15:30:49

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 3  
Program: CMS302L

Case#: 1-15-000019-001 (Continued)

Booking Date . : CHANT, THOMAS 1/09/15 1:45  
Incarcerated At: Released To Parent / Guardian  
Medical Needs : [REDACTED]  
Release Date . : 1/09/15 3:25 How Released . : Released to Parent  
Rel To Relate . : Parent Released By . : CHANT, THOMAS  
Bail Amount . : 0.00 Near Rel Relat : Parent  
Release To? . : Near Relative? :

\*\*\*RELEASE INFORMATION\*\*\*

Case Number . : 1-15-000019-001 Last Name . : [REDACTED]  
Address . . . : [REDACTED] SECOND AVE  
City/State/Zip : MANCHESTER, NJ 08757  
County . . . . : Ocean Map Reference :  
HOME . . . . . : [REDACTED] More phone? . :  
E-mail Address : More E-Contacts:  
Birth Date/Age : [REDACTED] 51 Birth Cty/State:  
Birth Country : Soc Sec Number : [REDACTED]  
Oper Lic Info : [REDACTED] OL Expires . . : 10/20/15  
Occupation . . : [REDACTED] Adult/Juvenile : Adult  
Race . . . . . : Sex . . . . . : Male  
Ethnic Origin : Height . . . . . : 0  
Weight . . . . . : 0 Misc. ID# . . . :  
Other ID . . . . : Be On Look Out?:

\*\*\*NEAREST RELATIVE\*\*\*

Case Number . : 1-15-000019-001 Last Name . . : [REDACTED]  
Address . . . : [REDACTED] SECOND AVE  
City/State/Zip : MANCHESTER, NJ 08757  
County . . . . : Ocean Map Reference :  
HOME . . . . . : [REDACTED] More phone? . :  
E-mail Address : More E-Contacts:  
Birth Date/Age : [REDACTED] 51 Birth Cty/State:  
Birth Country : Soc Sec Number : [REDACTED]  
Oper Lic Info : [REDACTED] NJ OL Expires . . : 10/20/15  
Occupation . . : [REDACTED] Adult/Juvenile : Adult  
Race . . . . . : Sex . . . . . : Male  
Ethnic Origin : Height . . . . . : 0  
Weight . . . . . : 0 Misc. ID# . . . :  
Other ID . . . . : Be On Look Out?:

\*\*\*\*\* N A R R A T I V E # 1 \*\*\*\*\*

Original Report Reported By: CHANT, THOMAS C. 1/09/15  
Entered By.: CHANT, THOMAS C. 1/09/15

arrested for DWI on CR 571 in the circle k parking lot. no tattoos. .  
.14 BAC

\* \* \* \* \* E N D O F R E P O R T \* \* \* \* \*



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 Number: 1 Author: matos Subject: Redact Date: 9/29/2020 1:48:17 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 2 Author: matos Subject: Redact Date: 9/29/2020 1:48:24 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 3 Author: matos Subject: Redact Date: 9/29/2020 1:48:29 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 4 Author: matos Subject: Redact Date: 9/29/2020 1:48:47 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 5 Author: matos Subject: Redact Date: 9/29/2020 1:49:32 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 6 Author: matos Subject: Redact Date: 9/29/2020 1:48:59 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 7 Author: matos Subject: Redact Date: 9/29/2020 1:48:53 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 8 Author: matos Subject: Redact Date: 9/29/2020 1:49:40 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 9 Author: matos Subject: Redact Date: 9/29/2020 1:49:53 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's

personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 10 Author: matos Subject: Redact Date: 9/29/2020 1:50:08 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 11 Author: matos Subject: Redact Date: 9/29/2020 1:49:48 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 12 Author: matos Subject: Redact Date: 9/29/2020 1:50:13 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 13 Author: matos Subject: Redact Date: 9/29/2020 1:50:22 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number



**Manchester Police Department**  
**One Colonial Drive, Manchester NJ 08759**

1-15-075019-01

|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|--------------------------------------------------------------------------------|---------------------------|--------------------|--------------------------|-------------------------------------|-----------------|-------------------------------|-------------------|------------------------|-----------------------|--------------------|--------------------|
| <b>CRIME</b>                                                                   |                           | <b>STATUTE</b>     |                          | <b>PROS CASE #</b>                  |                 | <b>MUN CODE</b>               |                   | <b>M.P.D. REPORT #</b> |                       |                    |                    |
| Driving While Intoxicated                                                      |                           | 39:4-50            |                          |                                     |                 | 1518                          |                   | 2015-0071              |                       |                    |                    |
|                                                                                |                           |                    |                          | <b>NAME OF PRIMARY VICTIM (LPM)</b> |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          | State of New Jersey                 |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          | <b>STREET</b>                       |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          | <b>APT #</b>                        |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          | <b>CITY</b>                         |                 | <b>STATE</b>                  |                   | <b>ZIP</b>             |                       |                    |                    |
| <b>REPORTED AT:</b>                                                            | <b>TIME</b>               | <b>DAY OF WEEK</b> | <b>MONTH</b>             | <b>DATE</b>                         | <b>YEAR</b>     | <b>DOB</b>                    | <b>AGE</b>        | <b>SEX</b>             | <b>RACE</b>           | <b>HISPANIC</b>    | <b>S.S.#</b>       |
|                                                                                | 0113                      | Fri                | 1                        | 09                                  | 15              |                               |                   |                        |                       |                    |                    |
| <b>OCCURRED FROM</b>                                                           |                           |                    |                          |                                     |                 | <b>RESIDENT</b>               | <b>HOME PHONE</b> |                        | <b>BUSINESS PHONE</b> |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
| <b>TO/AT:</b>                                                                  | 0113                      | Fri                | 1                        | 09                                  | 15              | <b>BUSINESS / SCHOOL NAME</b> |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 | <b>STREET</b>                 |                   |                        |                       |                    |                    |
| <b>LOCATION OF INCIDENT</b>                                                    |                           |                    |                          |                                     |                 | <b>CITY</b>                   |                   |                        |                       |                    |                    |
| 2001 CR 571/ Circle K                                                          |                           |                    |                          |                                     |                 | STATE / ZIP CODE              |                   |                        |                       |                    |                    |
| <b>POST</b>                                                                    | <b>DEVELOPMENT / AREA</b> |                    | <b>TECHNICAL SERVICE</b> |                                     |                 |                               |                   |                        |                       |                    |                    |
| 1                                                                              | CR 571 East               |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
| <b>PERSONS</b>                                                                 |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
| <b>CODES</b> Assoc., Suspect, Reporting Person., Witness, Victim, Owner, P.O.I |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
| <b>CODE #1</b>                                                                 | <b>NAME</b>               |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | Start Jr, Robert William  |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>ADDRESS</b>            |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | Second Avenue             |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>CITY</b>               |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | Toms River                |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>STATE / ZIP CODE</b>   |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | NJ/08757                  |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>BUSINESS PHONE</b>     |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>BUSINESS NAME</b>      |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>BUSINESS ADDRESS</b>   |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>DOB</b>                | <b>AGE</b>         | <b>SEX</b>               | <b>RACE</b>                         | <b>HT.</b>      | <b>WT.</b>                    | <b>HAIR</b>       | <b>EYES</b>            | <b>COMPLEX.</b>       | <b>BUILD</b>       | <b>FACIAL HAIR</b> |
|                                                                                |                           | 22                 | M                        | W                                   | 5-06            | 160                           | Brown             | Blue                   | Light                 | Thin               | Unshaven           |
| <b>CODE #2</b>                                                                 | <b>NAME</b>               |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>ADDRESS</b>            |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | Second Avenue             |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>CITY</b>               |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | Toms River                |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>STATE / ZIP CODE</b>   |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | NJ/08757                  |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>BUSINESS PHONE</b>     |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>BUSINESS NAME</b>      |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>BUSINESS ADDRESS</b>   |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                | <b>AGE</b>                | <b>SEX</b>         | <b>RACE</b>              | <b>HT.</b>                          | <b>WT.</b>      | <b>HAIR</b>                   | <b>EYES</b>       | <b>COMPLEX.</b>        | <b>BUILD</b>          | <b>FACIAL HAIR</b> |                    |
|                                                                                | 51                        | M                  | W                        | 5-10                                | unk             | none                          | Green             | Light                  | Medium                | None               |                    |
| <b>VEHICLES</b>                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
| <b>CODES</b> Stolen, Recovered, Abandoned, suspect, Impound, Evidence, Victim  |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
| <b>CODE #1</b>                                                                 | <b>YEAR</b>               | <b>BODY</b>        | <b>MAKE</b>              | <b>MODEL</b>                        | <b>COLOR(S)</b> | <b>REGISTRATION</b>           | <b>STATE</b>      | <b>VIN:</b>            |                       |                    |                    |
|                                                                                | 00                        | Pickup             | Chevy                    | -                                   | Green           |                               | NJ                |                        |                       |                    |                    |
|                                                                                | <b>OTHER INFO:</b>        |                    |                          |                                     |                 | <b>VEHICLE VALUE</b>          |                   | <b>TOWED TO:</b>       |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   |                        |                       |                    |                    |
|                                                                                |                           |                    |                          |                                     |                 |                               |                   | All Shore              |                       | Page 1 of 6        |                    |

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 Number: 1 Author: matos Subject: Redact Date: 9/29/2020 1:51:08 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 2 Author: matos Subject: Redact Date: 9/29/2020 1:51:22 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 3 Author: matos Subject: Redact Date: 9/29/2020 1:51:53 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 4 Author: matos Subject: Redact Date: 9/29/2020 1:51:34 PM

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 Number: 5 Author: matos Subject: Redact Date: 9/29/2020 1:51:27 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 6 Author: matos Subject: Redact Date: 9/29/2020 1:52:01 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 7 Author: matos Subject: Redact Date: 9/29/2020 1:52:22 PM

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 Number: 8 Author: matos Subject: Redact Date: 9/29/2020 1:52:46 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 9 Author: matos Subject: Redact Date: 9/29/2020 1:52:31 PM

17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 10 Author: matos Subject: Redact Date: 9/29/2020 1:52:58 PM

17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 11 Author: matos Subject: Redact Date: 9/29/2020 1:53:05 PM

17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

**Manchester Police Department**  
**One Colonial Drive, Manchester NJ 08759**

|                                                                                                                                        |     |                                                                                                                                                |       |                                                                                                                                                                                                                                                                      |             |              |      |       |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|------|-------|
| <b>PROPERTY</b>                                                                                                                        |     | <b>CODES:</b> <u>Damaged, Stolen, Lost</u>                                                                                                     |       | REPORT #: <u>15-0071</u>                                                                                                                                                                                                                                             |             |              |      |       |
| ALL OTHER ITEMS THAT ARE TAKEN INTO CUSTODY OF THE M.P.D. WILL BE RECORDED ON THE EVIDENCE / PROPERTY FORM.                            |     |                                                                                                                                                |       |                                                                                                                                                                                                                                                                      |             |              |      |       |
| CODE                                                                                                                                   | QTY | BRAND                                                                                                                                          | MODEL | SERIAL #                                                                                                                                                                                                                                                             | DESCRIPTION | RECOVERED    | NCIC | VALUE |
|                                                                                                                                        | -   | -                                                                                                                                              | -     | -                                                                                                                                                                                                                                                                    | -           | -            | -    | -     |
|                                                                                                                                        | -   | -                                                                                                                                              | -     | -                                                                                                                                                                                                                                                                    | -           | -            | -    | -     |
|                                                                                                                                        | -   | -                                                                                                                                              | -     | -                                                                                                                                                                                                                                                                    | -           | -            | -    | -     |
| TOTAL VALUE OF PROPERTY: \$                                                                                                            |     |                                                                                                                                                |       |                                                                                                                                                                                                                                                                      |             |              |      | -     |
| <b>NARRATIVE</b>                                                                                                                       |     |                                                                                                                                                |       |                                                                                                                                                                                                                                                                      |             |              |      |       |
| -See Attached Narrative-                                                                                                               |     |                                                                                                                                                |       |                                                                                                                                                                                                                                                                      |             |              |      |       |
| WAS A SUSPECT ARRESTED ? <span style="margin-left: 20px;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span>   |     | CAN A SUSPECT BE DESCRIBED ? <span style="margin-left: 20px;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span>       |       | CAN THE SUSPECT'S VEHICLE BE IDENTIFIED ? <span style="margin-left: 20px;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span>                                                                                                                |             |              |      |       |
| CAN A SUSPECT BE NAMED ? <span style="margin-left: 20px;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span>   |     | WAS THERE A WITNESS TO THE CRIME ? <span style="margin-left: 20px;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span> |       | IS THE STOLEN PROPERTY TRACEABLE ? <span style="margin-left: 20px;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>                                                                                                                       |             |              |      |       |
| CAN A SUSPECT BE LOCATED ? <span style="margin-left: 20px;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span> |     | IS THERE A UNIQUE M.O. PRESENT ? <span style="margin-left: 20px;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>   |       | WAS PHYSICAL EVIDENCE RECOVERED ? <span style="margin-left: 20px;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</span>                                                                                                                        |             |              |      |       |
| NAME                                                                                                                                   |     | BADGE #                                                                                                                                        |       | CASE STATUS:                                                                                                                                                                                                                                                         |             | DATE OF RPT. |      |       |
| PTL. T. CHANT                                                                                                                          |     | 411                                                                                                                                            |       | SERVICE COMPLETED <input type="checkbox"/><br>UNFOUNDED <input type="checkbox"/><br>ACTIVE CASE <input type="checkbox"/><br>X - CLEAR <input type="checkbox"/><br>CLEAR - ARREST <input checked="" type="checkbox"/><br>CLEAR - JUV. ARREST <input type="checkbox"/> |             | 1/09/15      |      |       |
| SIGNATURE                                                                                                                              |     | SUPERVISOR INITIALS                                                                                                                            |       | Page                                                                                                                                                                                                                                                                 |             | of           |      |       |
|                                                                                                                                        |     |                                                                                                                                                |       | 2                                                                                                                                                                                                                                                                    |             | 6            |      |       |

## Manchester Police Department

Case #2015-0071

1. **Operation of Motor Vehicle:** On January 9th 2014 at approximately 0113 hrs while on patrol in marked patrol unit 81, I observed a green 2000 Chevrolet pickup truck (NJ Registration [REDACTED]) traveling south on CR 571 in the right lane. While following behind the vehicle I was unable to read the characters of the license plate. I also observed the vehicle failing to maintain its lane specifically by repeatedly crossing into left lane and weaving within the right lane. I conducted a motor vehicle stop for the observed violations in the parking lot of the Circle K convenience store at the intersection of CR 571 and Commonwealth Boulevard (2001 CR 571). Ptl. M. Walazek was following directly behind my vehicle and assisted me during the motor vehicle stop.
2. **When Stopped:** Ptl. M. Walazek and I approached the vehicle on the passenger side and observed the operator attempting to retrieve documents from the glove compartment of the vehicle and his wallet. I observed his hand movements to be slow and fumbling as he leafed through papers in the vehicle. After noticing the manual crank-style windows, I walked around the vehicle to make contact with the operator, later identified as Robert William Start Jr., on the driver side. I introduced myself and requested that Mr. Start produce his driver's license, vehicle registration and proof of insurance. He provided his NJ driver's license and the registration card for a trailer. While speaking to Mr. Start I detected the odor of an alcoholic beverage emanating from the interior of the vehicle and from his breath. I asked Mr. Start where he was coming from to which he responded "the bar". I asked him which bar he was coming from to which he responded "the lube in Brick" (Quaker Steak and Lube). His speech was slurred and he stumbled over his words while attempting to provide his home address. He said "nine 'o' second, Second Avenue" before correcting himself and providing his correct address ([REDACTED] Second Avenue). Based on the observed motor vehicle violations, his slow fumbling hand movements, the detected odor of an alcoholic beverage and his slurred speech, I asked Mr. Start to turn the vehicle off, remove the keys from the ignition and step out into the parking lot to perform Standard Field Sobriety Tests. While exiting the vehicle, I asked Mr. Start how much he had to drink to which he responded "three beers and two shots".

Officer's Signature

*[Signature]*

Badge # 411

Date 1/9/15

Page 3 of 6

Supervisor's Initials

*[Signature]*



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 Number: 1      Author: matos      Subject: Redact      Date: 9/29/2020 1:53:54 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 2      Author: matos      Subject: Redact      Date: 9/29/2020 1:54:14 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

## Manchester Police Department

Case #2015-0071

He then stated "I know I'm drunk". I advised Mr. Start to walk to the rear of the vehicle towards Ptl. M. Walazek to perform the tests. The Horizontal Gaze Nystagmus, Walk and Turn, and One Leg Stand tests were administered on dry, level pavement free of debris or obstructions in the Circle K parking lot.

Prior to administering the physical tests, Ptl. Walazek asked Mr. Start if he had any medical conditions that affect his vision or his ability to perform the tests. He responded that he would be able to perform them.

**Horizontal Gaze Nystagmus:** Ptl. M. Walazek administered the test using the tip of his pen as a stimulus. Ptl. M. Walazek advised me that Mr. Smart exhibited a lack of smooth pursuit in both eyes, sustained and distinct nystagmus at maximum deviation in both eyes, and an angle of onset prior to 45 degrees in both eyes. Mr. Smart scored six out of six decision points.

**Walk and Turn:** Ptl. M. Walazek instructed Mr. Start to stand with his left foot in front of his right foot in a heel to toe fashion while keeping his hands at his sides. He advised Mr. Start to remain in this position while he provided the instructions and demonstrated the test. Ptl. M. Walazek instructed Mr. Start, when told to begin, to walk nine paces forward in a heel to toe fashion while focusing on his toes and keeping his arms at his sides. After completing nine paces, he instructed Mr. Smart to turn around using small choppy steps and to continue nine more steps in the aforementioned fashion. While listening to the instructions, Mr. Start was unable to maintain his balance and stepped to his left with his right foot to regain it. He stated that he understood the instructions as explained and demonstrated and began the test when instructed to do so. Mr. Start did not touch heel to toe and was unable to maintain his balance while executing the turn and completed ten steps after turning around, as opposed to the instructed nine steps in both directions.

Officer's Signature



Badge # 411

Date 1/9/15

Page 4 of 6

Supervisor's Initials



## Manchester Police Department

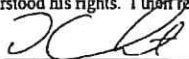
Case #2015-0071

**One Leg Stand:** Ptl. M. Walazek provided Mr. Start with instructions for the one leg stand. Ptl. M. Walazek instructed him to, when told to begin, to raise one foot approximately six inches from the ground with his leg straight, his toe extended forward, and his eyes focused on his toe. He advised him to begin counting, "one one-thousand, two one-thousand, three one-thousand...", and so on until instructed to stop. Mr. Start stated that he understood the test as instructed. He started the test by raising his right foot straight up from the ground by bending his knee, contrary to the instructions. When corrected, he straightened his leg to the instructed height of approximately six inches. He also began to sway his body to maintain balance before returning his foot to the ground. When he raised his foot again, Ptl. M. Walazek advised him to remove his fingers from his pocket. He then raised his arms more than six inches from his side attempting to maintain his balance. He put his foot down again to regain his balance prior to the completion of the test. He counted to 17.

Based on Mr. Start's performance on the Standard Field Sobriety Tests and the aforementioned observations, I placed him under arrest for driving while intoxicated. I handcuffed him to the rear using the double locking mechanism, searched him incident to arrest with negative findings. I examined the prisoner compartment of my vehicle with negative findings and placed him inside. All Shore Towing responded to the location and impounded the vehicle as per John's Law.

3. **En Route to Headquarters:** I transported Mr. Start to Manchester Police Headquarters without incident.
4. **At Headquarters:** At MPD headquarters, I removed Mr. Start and examined the prisoner compartment with negative findings. I detected the odor of an alcoholic beverage emanating from the prisoner compartment. I escorted Mr. Start from the sally port, upstairs to the processing room. I advised Mr. Start of his Miranda Rights from a Manchester Township Miranda Rights/ Waiver form. He signed the form acknowledging that he understood his rights. I then read the New Jersey Motor Vehicle Commission

Officer's Signature



Badge #

411

Date

1/9/15

Page 5 of 6

Supervisor's Initials



## Manchester Police Department

Case #2015-0071

Standard Statement for Operators of a Motor Vehicle-N.J.S.A. 39:4-50.2c, to which Mr. Start responded "Okay", indicating that he would submit breath samples. Ptl. Guarino pressed the "ESC" Function Key on the Alcotest machine and typed the word "TIME". The screen displayed 0150 hrs. After the twenty minute observation period, Ptl. Guarino pressed the start button on the Alcotest Machine and administered the Alcotest shortly thereafter. Due to an error with the machine and an insufficient amount of submitted breath, the test was administered a second time. (Sequential File # 01202 attached).

The second test determined his Blood Alcohol Content to be 0.14%. Sequential File # 01203. See attached.

After submitting breath samples to the

Prior to being released, Mr. Start was processed as per protocol and asked questions 1-19 on the New Jersey State Police Drinking Driving Report. See attached.

Mr. Start's [REDACTED] responded to MPD headquarters and signed the Potential Liability Form accepting responsibility for his son. See attached. I advised Mr. Start that the vehicle was impounded and further advised him on how to retrieve it following the required twelve hour hold as per John's Law.

### 5. Traffic Offenses

|             |                           |          |
|-------------|---------------------------|----------|
| MTC- 104800 | Driving While Intoxicated | 39:4-50  |
| MTC-104801  | Reckless Driving          | 39:4-96  |
| MTC-104802  | Careless Driving          | 39:4-97  |
| MTC-104803  | Failure to Maintain Lane  | 39:4-88b |
| MTC-104804  | Unclear License Plate     | 39:3-33  |

Officer's Signature

Badge #

411

Date

1/2/15

Page 6 of 6

Supervisor's Initials

JGTS

00070

---

 Number: 1      Author: matos      Subject: Redact      Date: 9/29/2020 2:01:39 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 2      Author: matos      Subject: Redact      Date: 9/29/2020 2:01:12 PM

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 Number: 3      Author: matos      Subject: Redact      Date: 9/29/2020 2:01:57 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."



Date: 9/23/20  
Time: 15:30:56

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 1  
Program: CMS302L

MPD Arrest # : 1-15-000021-001

Prompt valid in: BRINSON, NYQUAN TONY

Street Number : OREGON AVE

City : WARETOWN, NJ 08758

County : Ocean

HOME :

Birth City : TOMS RIVER, NJ

Social Security:

OL Expires : 1/20/18

Sex : Male

Height : 506

Occupation : PICKING AT HADDON HOUSE

Notes:

Hair Color : Black

Hair Style : Bushy

Glasses : No

Facial Hair : Mustache

Build : Medium

Weapon Held : Not Applicable

Caution :

Marital Status : Single

Additional Identifiers

NCIC Number :

NCIC Cancel Dt : 0/00/00

SBI Number :

Clothing Information

HAT : NONE

COAT : BLACK LEATHER

SHOE : BLACK SNEAKERS

More clothing? :

More E-Contacts:

More phone? :

Body Mark 1 : TATTOO / RIGHT HAND

Description: NEW JERSEY WITH "732"

Body Mark 2 : TATTOO / RIGHT FOREARM

Description: "LOYALTY"

Body Mark 3 : TATTOO / CENTER CHEST

Description: "FLY BOY"

Body Mark 4 : TATTOO / LEFT SHOULDER

Description: "LIFE'S A GAMBLE"

Map Reference :

Birth Date : 21

Birth Country : USA

DL Number : NJ

Race : Black

Ethnic Origin : Non-Hispanic

Weight : 165

Notes :

Hair Length : Short

Eye Color : Brown

Complexion : Dark

Teeth : No Discernible Features

Speech : Normal

Hand Use : Right Handed

Religion :

Status :

NCIC Entry Date: 0/00/00

FBI Number :

SHIRT : NORTH FACE HOODIE

PANT : BLUE JEANS

Body Marks? :

E-mail Address :

Interfaces? :

\*\*\*ALTERNATE ADDRESS\*\*\*

Case Number : 1-15-000021

Address : MANOR DR

City/State/Zip : MANCHESTER, NJ 08759

Map Reference : B8A

HOME :

E-mail Address :

County : Ocean

More phone? :

More E-Contacts:

\*\*\*ALIASES\*\*\*

Name : BRINSON, NIKE

Birth Date : /1993

SSAN Used :

\*\*\*EMPLOYER INFORMATION\*\*\*

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 Number: 1 Author: matos Subject: Redact Date: 9/29/2020 2:02:05 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 2 Author: matos Subject: Redact Date: 9/29/2020 2:02:24 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 3 Author: matos Subject: Redact Date: 9/29/2020 2:02:10 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 4 Author: matos Subject: Redact Date: 9/29/2020 2:02:43 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 5 Author: matos Subject: Redact Date: 9/29/2020 2:02:30 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 6 Author: matos Subject: Redact Date: 9/29/2020 2:02:50 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 7 Author: matos Subject: Redact Date: 9/29/2020 2:03:03 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 8 Author: matos Subject: Redact Date: 9/29/2020 2:03:25 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 9 Author: matos Subject: Redact Date: 9/29/2020 2:03:47 PM

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Date: 9/23/20  
Time: 15:30:56

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 2  
Program: CMS302L

Case#: 1-15-000021-001 (Continued)

Case Number : 1-15-000021  
Employer Name : HADDON HOUSE FOOD PRODUCTS  
Street Number : OAK GLEN RD  
City : HOWELL, NJ 07731  
Map Reference :  
WORK :  
E-mail Address :  
County : Ocean  
More phone? :  
More E-Contacts:

\*\*\*VEHICLE INFORMATION\*\*\*

UCR Veh Type : Miscellaneous  
Year : 2005  
Model :  
Style : Pass. Car-Station Wagon  
Color - Top : Black  
Lic#/Stat/Cntry :  
VIN :  
Features/Odditi :  
Disposition :  
Insured By :  
State Number :  
NCIC Number :  
NCIC Cncl Date : 0/00/00  
Photos :  
State Veh Type : Auto  
Make : Dodge  
Model Name : STRATUS  
Color - Bottom : Black  
Date Lic Expire: 12/20/15  
Permit Number :  
Damaged Code :  
Insured? :  
Lein Holder :  
Misc Number :  
NCIC Entry Date: 0/00/00  
Be On Look Out?:

\*\*\*\*\* A R R E S T I N F O R M A T I O N \*\*\*\*\*

Arrest Date : 1/10/15 23:26  
Neighborhood : Crestwood Area  
Arrest Type : Warrant  
Drug Influence?: No  
Alcohol Percent: 0.000  
Day of Week : Saturday  
TOT Agency :  
Weapon Seized : Not Applicable  
Alcohol Inf? : No

Arresting Offic: OHARA, MICHAEL  
Other Officer : GUARINO, MICHAEL  
Officer Notes :  
Assist Officer : FASTIGE, JOSEPH  
Entry Employee : OHARA, MICHAEL 1/11/15  
Officer Notes :

Watch Commanders Review Area  
WC Review Off. : HANKINS, JOSEPH 1/11/15  
Confine Signed?: YES

\*\*\*LOCATION INFORMATION\*\*\*

VIOLATION LOCATION

Address : SCHOOLHOUSE RD / PENWOOD DR, SCHOOLHOUSE RD  
City/State/Zip : MANCHESTER, NJ 08759  
County : Ocean

ARREST LOCATION

Address : SCHOOLHOUSE RD / PENWOOD DR SCHOOLHOUSE RD  
City/State/Zip : MANCHESTER, NJ 08759  
County : Ocean

\*\*\*ADDITIONAL ARREST INFORMATION\*\*\*

Case Number : 1-15-000021  
Contact Reason :  
Drug Indicator :  
Restraint Type : Processing Room

17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 10      Author: matos      Subject: Redact      Date: 9/29/2020 2:04:02 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 1      Author: matos      Subject: Redact      Date: 9/29/2020 2:04:12 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

 Number: 2      Author: matos      Subject: Redact      Date: 9/29/2020 2:04:33 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

 Number: 3      Author: matos      Subject: Redact      Date: 9/29/2020 2:04:51 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number



Date: 9/23/20  
Time: 15:30:56

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 3  
Program: CMS302L

Case#: 1-15-000021-001 (Continued)  
Rst Beg Dte/Tme: 1/10/15 23:40 Rst End Dte/Tme: 1/11/15 1:05  
\*\*\*\*\* C H A R G E I N F O R M A T I O N # 1 \*\*\*\*\*  
State Class : Warrant Fed Class : Court Sentenceing  
You Must Have a Federal Classification for This Arrest  
Statute/Ord : 2A:10-1(C) CONTEMPT OF COURT  
Counts : 1  
Fed Dispo : Cleared by Arrest - Adult  
State Dispo : Bailed MPD Case Type? : OFFN-MPD Offense  
MPD Case# /CMS : 1-15-000085 Ref Offense# : 000  
Ref Citation :  
Bail Information  
Bail Number : Bail Type : Cash  
Warrant Date : 1/08/15 Warrant Date : MTC106202  
Judge : JUDGE DANIEL F. SAHIN Bail Amount : 250.00  
Date/Time Call :

\*\*\*\*\* B O O K I N G I N F O R M A T I O N \*\*\*\*\*

Booking Date : OHARA, MICHAEL 1/10/15 23:40  
Incarcerated At: Released On Bail Medical Needs : NONE  
Release Date : 1/11/15 1:05 How Released : Bail Posted  
Rel To Relate : Released By : OHARA, MICHAEL  
Bail Amount : 250.00 Near Rel Relat :   
Release To? : Near Relative? :

\*\*\*RELEASE INFORMATION\*\*\*

\*\*\*NEAREST RELATIVE\*\*\*

Case Number : 1-15-000021-001 Last Name :   
Address : BEACON AVE  
City/State/Zip : MANCHESTER, NJ 08759  
County : Ocean Map Reference :  
HOME : More phone? :  
E-mail Address : More E-Contacts:  
Birth Date/Age : 0/00/0000 0 Birth Cty/State:  
Birth Country : Soc Sec Number : 0  
Oper Lic Info : OL Expires : 0/00/00  
Occupation : Adult/Juvenile :  
Race : Sex :  
Ethnic Origin : Height : 0  
Weight : 0 Misc. ID# :  
Other ID : Be On Look Out?:

\*\*\*\*\* O T H E R N A M E S # 1 \*\*\*\*\*

Arrest Case # : 1-15-000021 Prompt valid in: ,  
Person Type :  
Street Number :  
City : MANCHESTER, NJ 08759 Map Reference :  
County : Social Security: 0  
Birth Date : 0/00/0000 0 OL Expires : 0/00/00  
Oper Lic No. : Sex :  
Race :

---

 Number: 1      Author: matos      Subject: Redact      Date: 9/29/2020 2:05:41 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 2      Author: matos      Subject: Redact      Date: 9/29/2020 2:05:48 PM

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25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 3      Author: matos      Subject: Redact      Date: 9/29/2020 2:06:15 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

-----  
Date: 9/23/20  
Time: 15:30:56  
-----

MANCHESTER TOWNSHIP POLICE  
MPD Arrest Report

Page: 4  
Program: CMS302L  
-----

|                    |                                    |
|--------------------|------------------------------------|
| Ethnic Origin :    | Case#: 1-15-000021-001 (Continued) |
| Weight . . . . : 0 | Height . . . . : 0                 |
| Adult / Juvenil:   | Occupation . . .                   |
| E-mail Address :   | Be On Look Out?:                   |
| More phone? . :    | More E-Contacts:                   |

\*\*\*\*\* N A R R A T I V E # 1 \*\*\*\*\*

|                 |                                |         |
|-----------------|--------------------------------|---------|
| Original Report | Reported By: OHARA, MICHAEL S. | 1/11/15 |
|                 | Entered By.: OHARA, MICHAEL S. | 1/11/15 |

Stopped motor vehicle on Schoolhouse Rd. near Penwood Dr. for speeding  
(59 mph in a 45 mph zone). Operator was found to have an outstanding  
warrant out of Manchester Twp. Municipal Court for \$250.00.

\* \* \* \* \* E N D O F R E P O R T \* \* \* \* \*

0085

**Manchester Police Department**  
**1 Colonial Drive, Manchester NJ 08759**  
**Incident Report**

0115000021

|                               |                            |                    |              |                                                              |                           |                                |             |                        |                         |                       |                |
|-------------------------------|----------------------------|--------------------|--------------|--------------------------------------------------------------|---------------------------|--------------------------------|-------------|------------------------|-------------------------|-----------------------|----------------|
| <b>CRIME</b>                  |                            | <b>STATUTE</b>     |              | <b>PROS. CASE #.</b>                                         |                           | <b>MUN. CODE</b>               |             | <b>M.P.D. REPORT #</b> |                         |                       |                |
| Warrant Arrest                |                            | -                  |              | -                                                            |                           | 1518                           |             | 2015-85                |                         |                       |                |
| Contempt                      |                            | 2C:29-9            |              | -                                                            |                           | -                              |             | -                      |                         |                       |                |
|                               |                            |                    |              | <b>NAME OF PRIMARY VICTIM (LFM)</b>                          |                           |                                |             |                        |                         |                       |                |
|                               |                            |                    |              | The State of New Jersey                                      |                           |                                |             |                        |                         |                       |                |
|                               |                            |                    |              | <b>STREET</b> <span style="float:right"><b>APT. #</b></span> |                           |                                |             |                        |                         |                       |                |
|                               |                            |                    |              | -                                                            |                           |                                |             |                        |                         |                       |                |
|                               |                            |                    |              | <b>CITY</b>                                                  |                           | <b>STATE</b>                   |             | <b>ZIP</b>             |                         |                       |                |
|                               |                            |                    |              | -                                                            |                           | -                              |             | -                      |                         |                       |                |
| <b>REPORTED AT:</b>           | <b>TIME</b>                | <b>DAY OF WEEK</b> | <b>MONTH</b> | <b>DATE</b>                                                  | <b>YEAR</b>               | <b>D.O.B</b>                   | <b>AGE</b>  | <b>SEX</b>             | <b>RACE</b>             | <b>HISPANIC</b>       | <b>S.S. #.</b> |
|                               | 2312                       | Sat                | 01           | 10                                                           | 15                        | -                              | -           | -                      | -                       | -                     | -              |
| <b>OCCURRED FROM:</b>         |                            |                    |              |                                                              |                           | <b>RESIDENT</b>                |             | <b>HOME PHONE</b>      |                         | <b>BUSINESS PHONE</b> |                |
|                               |                            |                    |              |                                                              |                           | -                              |             | -                      |                         | -                     |                |
| <b>TO / AT:</b>               |                            |                    |              |                                                              |                           | <b>BUSINESS / SCHOOL NAME:</b> |             |                        |                         |                       |                |
|                               |                            |                    |              |                                                              |                           | -                              |             |                        |                         |                       |                |
| <b>LOCATION OF INCIDENT</b>   |                            |                    |              |                                                              |                           | <b>STREET</b>                  |             |                        |                         |                       |                |
| Schoolhouse Rd. / Penwood Dr. |                            |                    |              |                                                              |                           | -                              |             |                        |                         |                       |                |
| <b>POST</b>                   | <b>DEVELOPMENT / AREA:</b> |                    |              |                                                              | <b>TECHNICAL SERVICE:</b> |                                | <b>CITY</b> |                        | <b>STATE / ZIP CODE</b> |                       |                |
| 3                             | Crestwood Area / West      |                    |              |                                                              | -                         |                                | -           |                        | -                       |                       |                |

|                |  |                                                                                                                                       |  |  |  |  |  |  |  |  |  |
|----------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>PERSONS</b> |  | <b>CODES</b> <u>Assoc.</u> , <u>Suspect</u> , <u>Reporting Person.</u> , <u>Witness</u> , <u>Victim</u> , <u>Owner</u> , <u>P.O.I</u> |  |  |  |  |  |  |  |  |  |
|----------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|

|                |                          |                      |             |              |             |              |              |                         |                 |               |                     |
|----------------|--------------------------|----------------------|-------------|--------------|-------------|--------------|--------------|-------------------------|-----------------|---------------|---------------------|
| <b>CODE #1</b> | <b>NAME:</b>             | <b>ADDRESS:</b>      |             |              |             | <b>CITY:</b> |              | <b>STATE / ZIP CODE</b> |                 |               |                     |
|                | S Nyquan Tony Brinson    | Oregon Ave.          |             |              |             | Waretown     |              | NJ 08758                |                 |               |                     |
|                | <b>BUSINESS NAME:</b>    | Haddon Food Products |             |              |             |              |              |                         |                 |               |                     |
|                | <b>BUSINESS ADDRESS:</b> | 123 Oak Glen Rd.     |             |              |             | Howell       |              | NJ 07731                |                 |               |                     |
|                | <b>DOB:</b>              | <b>AGE:</b>          | <b>SEX:</b> | <b>RACE:</b> | <b>HT.:</b> | <b>WT.:</b>  | <b>HAIR:</b> | <b>EYES:</b>            | <b>COMPLEX:</b> | <b>BUILD:</b> | <b>FACIAL HAIR:</b> |
|                | -                        | 21                   | M           | B            | 5'06        | 165          | Black        | Brown                   | Dark            | Medium        | Mustache            |
|                | <b>SOC. SEC. #.</b>      |                      |             |              |             |              |              |                         |                 |               |                     |
|                | -                        |                      |             |              |             |              |              |                         |                 |               |                     |

|                |                         |                        |             |                       |             |              |              |                         |                 |               |                     |
|----------------|-------------------------|------------------------|-------------|-----------------------|-------------|--------------|--------------|-------------------------|-----------------|---------------|---------------------|
| <b>CODE #2</b> | <b>NAME:</b>            | <b>ADDRESS:</b>        |             |                       |             | <b>CITY:</b> |              | <b>STATE / ZIP CODE</b> |                 |               |                     |
|                | -                       | -                      |             |                       |             | -            |              | -                       |                 |               |                     |
|                | <b>HOME PHONE:</b>      | <b>BUSINESS PHONE:</b> |             | <b>BUSINESS NAME:</b> |             |              |              |                         |                 |               |                     |
|                | -                       | -                      |             | -                     |             |              |              |                         |                 |               |                     |
|                | <b>BUSINESS ADDRESS</b> |                        |             |                       |             |              |              |                         |                 |               |                     |
|                | -                       |                        |             |                       |             |              |              |                         |                 |               |                     |
|                | <b>DOB:</b>             | <b>AGE:</b>            | <b>SEX:</b> | <b>RACE:</b>          | <b>HT.:</b> | <b>WT.:</b>  | <b>HAIR:</b> | <b>EYES:</b>            | <b>COMPLEX:</b> | <b>BUILD:</b> | <b>FACIAL HAIR:</b> |
|                | -                       | -                      | -           | -                     | -           | -            | -            | -                       | -               | -             | -                   |
|                | <b>ADDED INFO.:</b>     |                        |             |                       |             |              |              |                         |                 |               |                     |
|                | -                       |                        |             |                       |             |              |              |                         |                 |               |                     |
|                | <b>SOC. SEC. #.</b>     |                        |             |                       |             |              |              |                         |                 |               |                     |
|                | -                       |                        |             |                       |             |              |              |                         |                 |               |                     |

|                 |  |                                                                                                                                      |  |  |  |  |  |  |  |  |  |
|-----------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>VEHICLES</b> |  | <b>CODES</b> <u>Stolen</u> , <u>Recovered</u> , <u>Abandoned</u> , <u>susPect</u> , <u>Impound</u> , <u>Evidence</u> , <u>Victim</u> |  |  |  |  |  |  |  |  |  |
|-----------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|

|                |                     |             |             |              |                 |                       |              |                  |
|----------------|---------------------|-------------|-------------|--------------|-----------------|-----------------------|--------------|------------------|
| <b>CODE #1</b> | <b>YEAR</b>         | <b>BODY</b> | <b>MAKE</b> | <b>MODEL</b> | <b>COLOR(S)</b> | <b>REGISTRATION</b>   | <b>STATE</b> | <b>VIN</b>       |
|                | 05                  | 2 Door      | DOD         | STR          | Black           | -                     |              |                  |
|                | <b>OTHER INFO.:</b> |             |             |              |                 | <b>VEHICLE VALUE:</b> |              | <b>TOWED TO:</b> |
|                | -                   |             |             |              |                 | -                     |              | -                |

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 Number: 1 Author: matos Subject: Redact Date: 9/29/2020 2:07:29 PM

17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 2 Author: matos Subject: Redact Date: 9/29/2020 2:07:41 PM

17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 3 Author: matos Subject: Redact Date: 9/29/2020 2:08:46 PM

25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 4 Author: matos Subject: Redact Date: 9/29/2020 2:08:54 PM

25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."

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 Number: 5 Author: matos Subject: Redact Date: 9/29/2020 2:09:13 PM

17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number

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 Number: 6 Author: matos Subject: Redact Date: 9/29/2020 2:09:22 PM

17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number



**Manchester Police Department**  
**1 Colonial Drive, Manchester NJ 08759**  
**Incident Report**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                          |                                  |                     |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|----------|
| <b>PROPERTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <b>CODES:</b> <u>Damaged, Stolen, Lost</u>                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                          | <b>REPORT #:</b><br><b>15-85</b> |                     |          |
| ALL OTHER ITEMS THAT ARE TAKEN INTO CUSTODY OF THE M.P.D. WILL BE RECORDED ON THE EVIDENCE / PROPERTY FORM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                          |                                  |                     |          |
| <b>CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QTY.                            | BRAND                                                                                                                                                                                                                                                                                                                       | MODEL | SERIAL #                                                                                                                                                                                                                                                                                                                                 | DESCRIPTION                      | RECOVERED           | N.C.I.C. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                               |                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                          |                                  | -                   | -        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                               |                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                          |                                  | -                   | -        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>TOTAL VALUE OF PROPERTY:</b> |                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                          |                                  |                     | \$       |
| <b>NARRATIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                          |                                  |                     |          |
| <p>On 01/10/15 at approximately 2312 hours, while on patrol in marked unit 74, I observed a black 2005 Dodge Stratus bearing NJ registration ( ) on CR 530 traveling westbound near Schoolhouse Rd. The vehicle was observed traveling at a high rate of speed. While traveling in the eastbound lane of CR 530, I utilized my Stalker Radar (#34709) and observed the vehicle traveling at 59 mph in a 45 mph zone. I then positioned myself behind the suspect vehicle and initiated a motor vehicle stop for the observed violation by activating my emergency overhead lights, which automatically activated the vehicle's mobile video recorder (MVR). After the vehicle pulled over onto the right shoulder, I called in my location, which was currently Schoolhouse Rd. near Penwood Dr. I then approached the suspect vehicle on the passenger's side.</p> <p>After introducing myself and explaining the nature of the stop to the operator, I requested his driver's license, vehicle registration and proof of insurance, which he provided. I identified the operator of the vehicle by his NJ photo driver's license as Nyquan Brinson. Mr. Brinson was checked for outstanding warrants. Dispatch advised me that Mr. Brinson had one outstanding warrant (#MTC106202) out of Manchester Township Municipal Court in the amount of \$250.00. Ptl. Guarino and Ptl. Fastige arrived on scene to assist with the investigation. Mr. Brinson was placed under arrest for his outstanding warrant. He was handcuffed to the rear with the handcuffs double locked. He was searched incident to arrest which yielded negative results. The rear compartment was searched, with negative findings before Mr. Brinson was seated in the prisoner compartment.</p> <p>Mr. Brinson was transported to headquarters and processed per departmental protocol. The rear prisoner compartment of the police vehicle was searched, yielding negative results, once Mr. Brinson was removed from the vehicle. Mr. Brinson posted bail and was released. No further action was taken by this officer.</p> |                                 |                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                          |                                  |                     |          |
| WAS A SUSPECT ARRESTED ?    YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>CAN A SUSPECT BE NAMED ?    YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>CAN A SUSPECT BE LOCATED ?    YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | CAN A SUSPECT BE DESCRIBED ?    YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>WAS THERE A WITNESS TO THE CRIME ?    YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>IS THERE A UNIQUE M.O. PRESENT ?    YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |       | CAN THE SUSPECTS VEHICLE BE IDENTIFIED ?    YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>IS THE STOLEN PROPERTY TRACEABLE ?    YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>WAS PHYSICAL EVIDENCE RECOVERED ?    YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                  |                     |          |
| NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | BADGE #:                                                                                                                                                                                                                                                                                                                    |       | <b>CASE STATUS:</b>                                                                                                                                                                                                                                                                                                                      |                                  | <b>DATE OF RPT.</b> |          |
| Ptl. M. O'Hara                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 405                                                                                                                                                                                                                                                                                                                         |       | SERVICE COMPLETED <input type="checkbox"/><br>UNFOUNDED <input type="checkbox"/><br>ACTIVE CASE <input type="checkbox"/><br>X - CLEAR <input type="checkbox"/><br>CLEAR - ARREST <input checked="" type="checkbox"/> <b>X</b><br>CLEAR - JUV. ARREST <input type="checkbox"/>                                                            |                                  | 01/16/15            |          |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | SUPERVISOR INITIALS                                                                                                                                                                                                                                                                                                         |       | PAGE                                                                                                                                                                                                                                                                                                                                     |                                  | OF                  |          |
| Ptl. M. O'Hara #405                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | JG                                                                                                                                                                                                                                                                                                                          |       | 2                                                                                                                                                                                                                                                                                                                                        |                                  | 2                   |          |

MPD Form 136

34709 0-140

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 Number: 1      Author: matos      Subject: Redact      Date: 9/29/2020 2:10:16 PM

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17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number