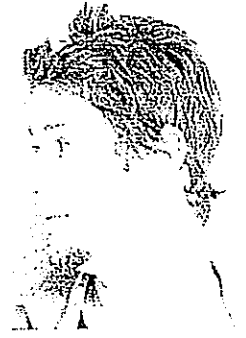


## COUNTY OF BURLINGTON

## UNIFORM ARREST REPORT

|                                                                                                                         |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
|-------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------|
| 1. DEPARTMENT<br>North Hanover Twp. Police Dept.                                                                        |               | 2. CODE<br>0327                                     |               | UNIFORM CRIME STATUS                                                                                  |                                |                                                    | ARREST STATUS                                                                                           |                                                        |                              |
| 9. CASE NUMBER<br>141-11                                                                                                |               | 10.                                                 |               | 3.                                                                                                    | 4.                             | 5. OTHER NJ                                        | 6. OUT STATE OR FEDERAL                                                                                 | 7. PENDING                                             | 8. COMPLETE                  |
| 11. NAME-FIRST<br>Adam Wayne Knighten                                                                                   |               |                                                     |               | MIDDLE<br>LAST                                                                                        |                                | 12. ALIAS - NICKNAME<br>N/A                        |                                                                                                         |                                                        |                              |
| 13. ADDRESS (NUMBER - STREET - MUNICIPALITY - STATE)<br>511 Wrightstown-Sykesville Rd Lot 206B, Wrightstown, NJ 08562   |               |                                                     |               |                                                                                                       |                                | 14. PLACE OF BIRTH<br>Mt. Holly, NJ                |                                                                                                         |                                                        |                              |
| 15. DATE OF BIRTH<br>10/10/85                                                                                           | 16. AGE<br>25 | 17. SEX<br>M                                        | 18. RACE<br>W | 19. HEIGHT<br>6'3                                                                                     | 20. WEIGHT<br>190              | 21. HAIR<br>Brown                                  | 22. EYES<br>Brown                                                                                       | 23. COMPLEXION<br>Fair                                 | 24. MARITAL STATUS<br>Single |
| 25. OTHER DISSCRIPTIVE INFORMATION<br>N/A                                                                               |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 26. PRINTS TAKEN<br>N                                                                                                   |               | 27. PHOTO TAKEN<br>Y                                |               | 28. SOCIAL SECURITY NUMBER<br>[REDACTED]                                                              |                                | 29. PHONE NUMBER<br>[REDACTED]                     |                                                                                                         | 30. OCCUPATION<br>Maintenance                          |                              |
| 31. DL NUMBER & STATE<br>[REDACTED]                                                                                     |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 32. EMPLOYER - SCHOOL<br>Wrightstown Boro                                                                               |               |                                                     |               |                                                                                                       | 33. ADDRESS<br>Wrightstown, NJ |                                                    |                                                                                                         |                                                        |                              |
| <b>DETAILS OF ARREST</b>                                                                                                |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 34. ARREST DATE<br>5/7/11                                                                                               |               | 35. TIME<br>03:04                                   |               | 36. PLACE (NUMBER - STREET - MUNICIPALITY - STATE)<br>RT.537 & Ivy La.                                |                                |                                                    |                                                                                                         | 37. MUN CODE<br>0327                                   |                              |
| 38. CHARGE<br>DWI                                                                                                       |               |                                                     |               |                                                                                                       |                                | 39. NIS<br>39:4-50                                 |                                                                                                         | 40. UCR CODE                                           |                              |
| 41. COMPLAINANTS NAME AND ADDRESS<br>State Of NJ                                                                        |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 42. WITH WARRANT<br><input type="checkbox"/>                                                                            |               | 43. W/OUT WARRANT<br><input type="checkbox"/>       |               | 44. ON VIEW<br><input checked="" type="checkbox"/>                                                    |                                | 45. SUMMONS<br><input checked="" type="checkbox"/> |                                                                                                         | 46. JUVENILE<br><input type="checkbox"/>               |                              |
| 47. POLICE DISPOSTION OF JUVENILE<br>N/A                                                                                |               | 48. CODE                                            |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 49. OFFENCE DATE<br>5/7/11                                                                                              |               | 50. TIME<br>02:55                                   |               | 51. PLACE (NUMBER - STREET - MUNICIPALITY - STATE)<br>RT.537 & Ivy La.                                |                                |                                                    |                                                                                                         | 52. MUN CODE<br>0327                                   |                              |
| 53. VEHICLE INFORMATION (YEAR - MAKE - BODY TYPE - REG NUMBER & STATE)<br>03' Silver Chrysler PT Cruiser NJ REG: ZDC98K |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| <b>BAIL INFORMATION</b>                                                                                                 |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 54. DATE<br>5/7/11                                                                                                      |               | 55. COURT (MAGISTRATE - JUDGE)<br>JMC Brennan       |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 56. BAL AMOUNT<br>\$0.00                                                                                                |               | 57. REL ON BAIL<br><input type="checkbox"/>         |               | 58. R-O-R<br><input checked="" type="checkbox"/>                                                      |                                | 59. COMMITTED DEFAULT<br><input type="checkbox"/>  |                                                                                                         | 60. COMMITTED WITHOUT BAIL<br><input type="checkbox"/> |                              |
| 61. PLACE COMMITTED<br>Released On Summons                                                                              |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| <b>DISPOSITION</b>                                                                                                      |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 62. DATE                                                                                                                |               | 63. COURT (MAGISTRATE - JUDGE)                      |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 64. CHARGED                                                                                                             |               | 65. LESSER                                          |               | 66. DISMISSED                                                                                         |                                | 67. ACQUITTIED                                     |                                                                                                         | 68. OTHER - DESCRIBE (TOT OTHER AUTHORITY, ECT)        |                              |
| 69. SENTENCED                                                                                                           |               |                                                     |               |                                                                                                       |                                |                                                    |                                                                                                         |                                                        |                              |
| 70. NARRATIVE<br><br>SEE CONTINUATION PAGE FOR NARRATIVE                                                                |               |                                                     |               | 70A PHOTOGRAPH<br> |                                |                                                    | 70B PHOTOGRAPH<br> |                                                        |                              |
| 71. REPORTING DATE<br>5/7/11                                                                                            |               | 72. NAME AND BADGE NUMBER<br>Ptl. V. Santiago, 4606 |               |                                                                                                       |                                | 73. DEPARTMENT<br>North Hanover P.D.               |                                                                                                         | 74.                                                    |                              |

|                                                                          |                                                     |                                                                      |                            |
|--------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------|----------------------------|
| Case Number: 141-11                                                      |                                                     | Sequential File Number: 00264                                        |                            |
| STA/UNIT<br>460                                                          | North Hanover Township<br>Drunk Driving Report      | (1) Defendant: First Name - Initial - Last Name<br>Adam W Knighten   |                            |
| (7) Street Address<br>511 Sykesville Rd 206b                             |                                                     | (2) Age:<br>25                                                       | (3) Sex:<br>Male           |
|                                                                          |                                                     | (4) Weight:<br>190                                                   | (5) Eye Color:<br>Brown    |
|                                                                          |                                                     | (6) Race:<br>White                                                   |                            |
|                                                                          |                                                     | (8) City - State<br>Wrightstown NJ                                   |                            |
|                                                                          |                                                     | (9) Summons Number (Drinking Driving/Allowing ONLY)<br>D025837       |                            |
| (10) Driver's License Number:<br>[REDACTED]                              | (11) Day of Week:<br>Saturday                       | Violation Date<br>5/7/11                                             | Time of Day:<br>02:55 AM   |
| (12) Make of Vehicle Used:<br>Chrysler                                   | (13) Year - Model - Color<br>2003 PT Cruiser Silver | (14) License Number and State<br>ZDC98K NJ                           |                            |
| (15) Name of Vehicle Owner:<br>Adam W Knighten                           |                                                     | (16) Address of Vehicle Owner:<br>511 Sykesville Rd 206b, Wrightsto  |                            |
| (17) Municipality of Violation:<br>North Hanover Twp.                    | Code No:<br>0327                                    | (18) Roadway or Location:<br>Monmouth Rd & Ivy La.                   | (19) County:<br>Burlington |
| (20) Arrested By - Badge Number - Station<br>Ptl. V. Santiago, 4606, 460 |                                                     | (21) Tested By - Badge Number - Station<br>Chief M Keubler 4600, 460 |                            |

**(22) ACCIDENT INVOLVED**

- ☒ NONE  
☐ PEDESTRIAN  
☐ FATAL  
☐ INJURY  
☐ 1 VEHICLE  
☐ 2 VEHICLE OR MORE  
☐ OTHER (Explain)

**(23) EXAMINATION**

- ☒ CHEM BREATH TEST  
☐ BREATH TEST REFUSED  
☐ OBSERVATION  
☐ DOCTORS EXAMINATION  
☐ BLOOD TEST  
☐ NARCOTICS, HABIT PRODUCING OR HALLUCINOGENIC DRUGS

**(24) SUMMONS ISSUED FOR**

- ☒ 39:4-50 INFLUENCE  
☐ 39:4-14g INFLUENCE (Moped)  
☐ OR ALLOWING TO OPERATE

16 BLOOD ALCOHOL RESULTS  
1<sup>st</sup> result: % 2<sup>nd</sup> result: %

17 SUMMONS NUMBER

(39:4-50.2 Refusal only)

18 SUMMONS NUMBER

(39:4-14.3g Refusal only)

Laboratory ☐ Yes ☒ No Report No.

**OBSERVATIONS WERE:**

**(25) Ability to Walk**

- ☐ Unable to  
☐ Falling  
☐ On hands and knees  
☐ Moved in circles  
☒ Swaying  
☐ Grasping for support  
☐ Sagging  
☐ Staggering

**(26) Ability to Stand**

- ☒ Swaying  
☐ Rigid  
☐ Unable to stand  
☐ Sagging knees  
☐ Continual leaning for balance  
☐ Feet wide apart for balance

**(27) Speech**

- ☐ Shouting  
☐ Rambling  
☐ Slobbering  
☐ Incoherent  
☐ Boisterous  
☐ Whispering  
☐ Slurred  
☐ Hoarse  
☐ Whining  
☐ Crying  
☐ Stuttering  
☐ Accent  
☐ Slow

**(28) Demeanor**

- ☐ Fighting  
☐ Excited  
☐ Indifferent  
☐ Hilarious  
☐ Antagonistic  
☒ Cooperative  
☐ Polite  
☐ Calm  
☐ Sleepy  
☐ Crying

**(29) Actions**

- ☐ Punching  
☐ Kicking  
☐ Resisting  
☐ Profanity  
☐ Thumbing nose  
☐ Threatening  
☐ Difficult to awaken

**(30) Eyes**

- ☒ Bloodshot  
☐ Glass eye?  
☐ Watery  
☐ Right  
☐ Droopy lids  
☐ Left  
☐ Wearing glasses  
☒ Not wearing glasses

**(31) Clothing**

- ☒ Mussed  
☐ Dirty  
☐ Partially dressed  
☐ Vomited on  
☐ Defecated in same  
☐ Urinated in same  
☐ Fumbling  
☐ Slow

**(33) Face**

- ☐ Flushed  
☐ Pale

**(34) Odor of Alcoholic beverage on breath**

- ☐ None  
☒ Yes

(35) Remarks: (If Needed, to Clarify Observations)

DIVISION OF MOTOR VEHICLES STANDARD STATEMENT  
FOR OPERATORS OF A MOTOR VEHICLE N.J.S.A. 39:4-50.2(e)  
(Revised & effective April 26, 2004)

**THE ARRESTING OFFICER MUST READ THE FOLLOWING TO THE DEFENDANT:  
FULL TEXT OF STANDARD STATEMENT FOLLOWS:**

1. You have been arrested for operating a motor vehicle while under the influence of intoxicating liquor or drugs or with a blood alcohol concentration at, or, above, that is permitted by law.
2. You are required by law to submit to the taking of samples of your breath for the purpose of making chemical tests to determine the content of alcohol in your blood.
3. A record of the taking of the samples, including the date, time, and results, will be made. Upon your request, a copy of that record will be made available to you.
4. Any warnings previously given to you concerning your right to remain silent and your right to consult with an attorney do not apply to the taking of breath samples and do not give you the right to refuse to give, or to delay giving, samples of your breath for the purpose of making chemical tests to determine the content of alcohol in your blood. You have no legal right to have an attorney, physician, or anyone else present, for the purpose of taking the breath samples.
5. After you have provided samples of your breath for chemical testing, you have the right to have a person or physician of your own selection, and at your own expense, take independent samples and conduct independent chemical tests of your breath, urine, or blood.
6. If you refuse to provide samples of your breath you will be issued a separate summons for this refusal.
7. Any response that is ambiguous or conditional, in any respect, to your giving consent to the taking of breath samples will be treated as a refusal to submit to breath testing.
8. According to law, if a court of law finds you guilty of refusing to submit to chemical tests of your breath, then your license to operate a motor vehicle will be revoked by the court for a period of no less than seven months and no more than 20 years. The Court will also fine you a sum of no less than \$300 and no more than \$2,000 for your refusal conviction.
9. Any license suspension or revocation for a refusal conviction will be independent of any license suspension or revocation imposed for any related offense.
10. If you are convicted of refusing to submit to chemical tests of your breath, you will be referred by the Court to an Intoxicated Driver Resource Center and you will be required to satisfy the requirements of that center in the same manner as if you had been convicted of a violation of N.J.S.A. 39:4-50, or you will be subject to penalties for your failure to do so.
11. I repeat, you are required by law to submit to the taking of samples of your breath for the purpose of making chemical tests to determine the content of alcohol in your blood. Now, will you submit the samples of your breath?

Answer: Yes

**(ADDITIONAL INSTRUCTIONS FOR POLICE OFFICER)**

IF THE PERSON: REMAINS SILENT; OR STATES OR OTHERWISE INDICATES THAT HE/SHE REFUSES TO ANSWER ON THE GROUNDS THAT HE/SHE HAS A RIGHT TO REMAIN SILENT, OR WISHES TO CONSULT AN ATTORNEY, PHYSICIAN, OR ANY OTHER PERSON; OR IF THE RESPONSE IS AMBIGUOUS OR CONDITIONAL IN ANY RESPECT WHATSOEVER, THEN THE POLICE OFFICER SHALL READ THE FOLLOWING ADDITIONAL STATEMENT:

**FULL TEXT OF ADDITIONAL STATEMENT FOLLOWS:**

I have previously informed you that the warnings given to you concerning your right to remain silent and your right to consult with an attorney do not apply to the taking of breath samples and do not give you a right to refuse to give, or to delay giving, samples of your breath for the purpose of making chemical tests to determine the content of alcohol in your blood. Your prior response, or lack of response, is unacceptable. If you do not unconditionally agree to provide breath samples now, then you will be issued a separate summons charging you with refusing to submit to the taking of samples of your breath for the purpose of making chemical tests to determine the content of alcohol in your blood.

Once again, I ask you, will you submit to giving samples of your breath?

Answer: N/A

|                     |                                                        |                                                                    |             |
|---------------------|--------------------------------------------------------|--------------------------------------------------------------------|-------------|
| Case Number: 141-11 |                                                        | Sequential File Number: 264                                        | (continued) |
| STA/UNIT<br>460     | North Hanover Twp. Police<br>DRINKING - DRIVING REPORT | (1) Defendant: First Name - Initial - Last Name<br>Adam W Knighten |             |

### 1. OPERATION OF THE MOTOR VEHICLE:

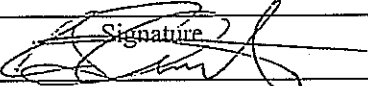
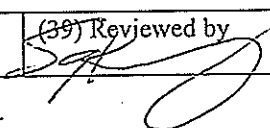
I(Ptl. Santiago #4606) was on patrol in the area of Jacobstown-New Egypt Rd (CR-528) and Meany Rd and observed a silver vehicle fail to stop at the stop sign at Meany Rd. I then turned around and conducted a motor vehicle stop on Monmouth Rd (CR-537) & Ivy La.

### 2. WHEN STOPPED:

Once stopped, I advised the driver Adam Knighten that he was being stopped for failing to stop at the stop sign. and asked for his credentials. As I obtained Adam Knighten's credentials, I smelled a strong odor of an alcoholic beverage omitting from the inside of his vehicle. I then asked Adam if he had anything to drink and he stated:"I had a few". I then advised Adam to step out of his vehicle so Field Sobriety Test can be conducted. I then advised Adam Knighten to stand with his feet together and his arms down to the side and conducted the Horizontal Gaze Nystagmus test. While conducting this test, I obtain positive hits in both eyes for Lack Of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation and Onset Of Nystagmus prior to 45 degrees. I then explained and demonstrated to Adam Knighten the One Leg Stand Test and asked him if he had any problems with his legs. Adam Knighten stated that he had no problems with his legs. While Adam Knighten performed the test, he had placed his foot down on the ground several times until I told him to stop the test. I then explained and demonstrated to Adam Knighten the Walk & Turn Test. As Adam Knighten performed the Walk & Turn Test, he stepped off balance several times and then completed the test. At this point, I advised Adam Knighten that he was under arrest for DWI. Adam Knighten was advised of his Miranda Rights word for word with card in hand and acknowledge that he understood his rights. Ptl. Canales #4625 stood by until Bird's towing towed the vehicle. Adam Knighten was then placed in the rear of my patrol car and transported to police headquarters to be processed.

### 3. ENROUTE TO STATION:

While enroute to police headquarters, Adam Knighten sat quietly in the rear of my patrol vehicle. I also could smell a strong odor of an alcoholic beverage coming from the rear of my patrol vehicle where Adam Knighten was seated. Transport to police headquarters was completed without incident.

|                                                        |                                                                                                  |                                                                                                           |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| (38) Rank, Name Badge Number<br>Ptl. V. Santiago, 4606 | Signature<br> | (39) Reviewed by<br> |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

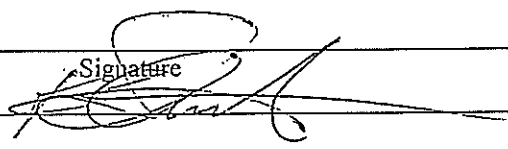
|                     |                                                        |                                                                    |             |
|---------------------|--------------------------------------------------------|--------------------------------------------------------------------|-------------|
| Case Number: 141-11 |                                                        | Sequential File Number: 264                                        | (continued) |
| STA/UNIT<br>460     | North Hanover Twp. Police<br>DRINKING - DRIVING REPORT | (1) Defendant: First Name - Initial - Last Name<br>Adam W Knighten |             |

#### 4. AT THE STATION:

Upon arrival at police headquarters, Adam Knighten was removed from my patrol vehicle and escorted to the processing room. Adam Knighten was then handcuffed with one hand to the holding bench. I read Adam Knighten word for word the New Jersey Motor Vehicle Commission Standard Statement For Operators Of A Motor Vehicle (Paragraph 36) asking him to provide samples of his Blood Alcohol Content. When asked if he would submit to giving samples of his breath for the determination of his Blood Alcohol Content, Adam Knighten replied: "Yes." Sgt. Stefani #2605 from Chesterfield Twp Police Department operated the Alcotest 7110 and obtained a breath test result of .14% BAC. Adam Knighten was further processed and later released to his friend Donald Klitz who was explained the Potential Liability Warning Form and signed off on the same.

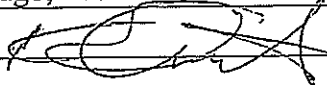
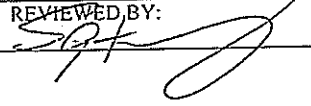
#### 5. TRAFFIC OFFENSES:

D025836 Failure To Stop At Stop Sign  
D025837 DWI  
D025838 Reckless Driving

|                                                        |                                                                                                 |                  |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------|
| (38) Rank, Name Badge Number<br>Ptl. V. Santiago, 4606 | Signature<br> | (39) Reviewed by |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------|

## COUNTY OF BURLINGTON

CONTINUATION PAGE

|                                                                                              |                                        |                                                                                                 |
|----------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------|
| DEPARTMENT:<br>NORTH HANOVER P.D.                                                            | CODE:<br>0327                          | CASE NUMBER:<br>141-11                                                                          |
| See DWI Case# 141-11 for case narrative.                                                     |                                        |                                                                                                 |
| TYPE NAME AND BADGE NUMBER<br>Ptl. V. Santiago, 4606                                         | PAGE 2 of 2                            | DATE OF REPORT:<br>5/7/11                                                                       |
| SIGNATURE:  | DEPARTMENT:<br>NORTH HANOVER TWP. P.D. | REVIEWED BY:  |

DEPARTMENT OF  
**Water and Public Safety**  
*Water is for meeting life*

**John E. Stefani**  
**Chief of Waterworks**

IN QUALITY AND COMPLIANCE TO CERTAIN STANDARDS OF QUALITY PRESENT TO CHAPTER 16 OF  
THE LAWS OF THE STATE OF NEW JERSEY IN THE OPERATION OF THE  
AUTHORITY TO DEREGULATE UTILITIES  
GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY, THIS 18th DAY OF August  
TWO THOUSAND AND FIVE

*[Signature]*  
STATE ENGINEER  
NEW JERSEY WATER POLICE

*[Signature]*  
ATTORNEY GENERAL  
STATE OF NEW JERSEY

ORIGINAL COURSE DATES

|    | DATE    | Refresher Course<br>PLACE | INSTRUCTOR    |
|----|---------|---------------------------|---------------|
| 1. | 5-8-07  | GCRA                      | C. Pomeroy    |
| 2. | 6/26/09 | GCRA                      | Adrian Standa |
| 3. |         |                           |               |
| 4. |         |                           |               |
| 5. |         |                           |               |
| 6. |         |                           |               |
| 7. |         |                           |               |
| 8. |         |                           |               |
| 9. |         |                           |               |

S.P. 222B (Rev. 05/03)

POTENTIAL LIABILITY WARNING - N.J.S.A. 39:4-50.22 (Rev. 2-20-2004) FORM

|                                                                                                                                                                                                              |                                               |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| Defendant Information                                                                                                                                                                                        |                                               | Case # <u>141-11</u>                                            |
| Name: Last, First, M.I.<br><u>KNIGHTON, ADAM, W</u>                                                                                                                                                          | DL# & State <u>(NJ)</u>                       | Arresting Officer Information                                   |
| Street Address<br><u>LOT 206B<br/>511 WRIGHTSTOWN-SIKESVILLE RD</u>                                                                                                                                          | Birth Date<br><u>10/10</u>                    | Name: Last, First, M.I. Rank<br><u>SANTIAGO, VICTOR, D, PTL</u> |
| Town, State ZIP<br><u>WRIGHTSTOWN, NJ 08562</u>                                                                                                                                                              | Arrest: Date & Time<br><u>3/7/11 03:04hrs</u> | Badge #<br><u>4606</u>                                          |
| Violation(s) Charged:<br>(Check appropriate boxes) <input checked="" type="checkbox"/> N.J.S.A. 39:4-50(a), DWI<br><input type="checkbox"/> N.J.S.A. 39:4-50.2, Refusal to submit to chemical breath testing |                                               |                                                                 |

You have been summoned by, or on behalf of, the person whose name appears above as "defendant," to transport or accompany the defendant from this law enforcement agency. The defendant has been arrested and charged with one or both of the motor vehicle violations checked in the box above. Pursuant to N.J.S.A. 39:4-50.22, this WARNING is to advise you that if you accept responsibility to transport or accompany the defendant, and you permit or facilitate the operation of a motor vehicle by the defendant while the defendant is intoxicated or has a blood alcohol concentration at, or above, that permitted by law (N.J.S.A. 39:4-50), then you are potentially subject to criminal penalties and civil liability.

Permitting a person who is intoxicated or who has a blood alcohol concentration at, or above, that permitted by law, to operate a motor vehicle is a violation of N.J.S.A. 39:4-50(a). If you are charged and convicted under that statute: your driving privilege will be suspended; fines and monetary penalties will be imposed; and you may be incarcerated. If you permit or facilitate the defendant to operate a motor vehicle while the defendant remains intoxicated or has a blood alcohol concentration at, or above, that permitted by law, and the defendant becomes involved in a motor vehicle collision where other persons are injured or killed, then you may be subject to indictment and criminal prosecution. If you are prosecuted and found guilty, the court can impose fines and mandatory penalties, and a prison sentence. In addition to any criminal liability, if you permit or facilitate the defendant to operate a motor vehicle while the defendant remains intoxicated or has a blood alcohol concentration at, or above, that permitted by law, and the defendant becomes involved in a motor vehicle collision where there is property damage, or personal injury or death, then you may be held liable for civil damages, and those damages may not be covered by insurance.

Person Acknowledging Receipt

DONALD KLITZ SR  
Print Name  
PO BOX 18 ARNES MT RD  
Street Address  
SELTWISTOWN, NJ 08042  
City & State

Law Enforcement Officer

MR VICTOR SANTIAGO  
Print Name  
PTL 4606  
Rank & Badge No.  
3/7/11  
Date & Time of Acknowledgment

ACKNOWLEDGMENT OF RECEIPT OF POTENTIAL LIABILITY WARNING

I, Donald Klitz Sr, have received this POTENTIAL LIABILITY WARNING from the Law Enforcement Officer whose name appears below.

REFUSAL TO ACKNOWLEDGE, IN WRITING,  
RECEIPT OF POTENTIAL LIABILITY WARNING

\_\_\_\_\_, was given a copy of this POTENTIAL LIABILITY WARNING, but refused to sign the acknowledgment of receipt.

Signature of Law Enforcement Officer

Date & Time of Refusal to Acknowledge



NORTH HANOVER TOWNSHIP  
POLICE DEPARTMENT

41 Schoolhouse Road, Jacobstown, NJ 08562  
(609) 723-8300 Office (609) 758-3351  
northhanoverpolice@comcast.net

CHIEF OF POLICE  
Mark Keubler

D.W.I. ARREST OBSERVATION LOG

SUBJECT'S NAME: Adam W Knighton

CASE NUMBER: 191-11

DATE / TIME OF ARREST: 3/7/11 03:04hrs

DATE / TIME SUBJECT'S PROPERTY SECURED: 03:04hrs

DATE / TIME OBSERVATION BEGAN: ~~03:04~~ 3/7/11 03:04

DATE / TIME OF BREATH TEST: 3/7/11 03:32

ARRESTING OFFICER / BADGE NUMBER: PTL. SANTIAGO #4606

TESTING OFFICER / BADGE NUMBER: SGT. STEFANI #2605

**ALCOHOL INFLUENCE REPORT FORM, ALCOTEST 7110 MKIII-C  
NORTH HANOVER TWP. PD**

Department Case No.: 141-11  
Summons No(s): D025837  
Sequential File No.: 00264

**Subject**

Last Name: KNIGHTEN First Name: ADAM MI: W  
D.O.B.: 10/10/1985 Age: 25 Gender: MALE Ht: 6 ft. 03 in. Wt: 190 lbs.  
Driver License Number: [REDACTED] Issuing State: NJ

**Arresting Officer**

Last Name: SANTIAGO First Name: VICTOR MI: -  
Badge No.: 4606 Arrest Date: 05/07/2011 Arrest Time: 03:04D Arrest Location: 0327

**Instrument**

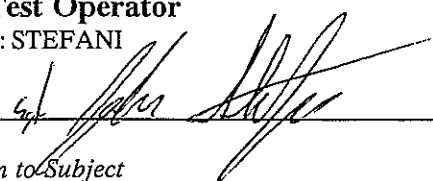
Alcotest 7110 MKIII-C Serial No.: ARWJ-0002  
Location: NORTH HANOVER TWP. PD  
Calibration File No.: 00251 Calib. Date: 01/27/2011 Calib. No.: 00013  
Certification File No.: 00252 Cert. Date: 01/27/2011 Cert. No.: 00010  
Linearity File No.: 00253 Lin. Date: 01/27/2011 Lin. No.: 00010  
Solution File No.: 00262 Soln. Date: 04/13/2011 Soln. No.: 00094  
Sequential File No.: 00264 File Date: 05/07/2011  
  
Calibrating Unit: WET Model No.: CU-34 Serial No.: DDWL S3-0445  
Control Solution %: 0.100% Expires: 05/22/2011  
Solution Control Lot: 09E066 Bottle No.: 1223

**Breath Test Information**

| Function          | Result | Time   | Volume | Duration | Temp.    | Error Message |
|-------------------|--------|--------|--------|----------|----------|---------------|
|                   | %BAC   | HH:MM  | (L)    | Sec (s)  | Sim.(°C) |               |
| Ambient Air Blank | 0.000% | 03:31D |        |          |          |               |
| Control Test 1    |        |        |        |          | 34.0°C   |               |
| EC Result         | 0.100% | 03:32D |        |          |          |               |
| IR Result         | 0.100% | 03:32D |        |          |          |               |
| Ambient Air Blank | 0.000% | 03:33D |        |          |          |               |
| Breath Test 1     |        |        | 2.8L   | 9.5s     |          |               |
| EC Result         | 0.146% | 03:33D |        |          |          |               |
| IR Result         | 0.145% | 03:33D |        |          |          |               |
| Ambient Air Blank | 0.000% | 03:34D |        |          |          |               |
| Breath Test 2     |        |        | 2.6L   | 10.1s    |          |               |
| EC Result         | 0.147% | 03:36D |        |          |          |               |
| IR Result         | 0.147% | 03:36D |        |          |          |               |
| Ambient Air Blank | 0.000% | 03:37D |        |          |          |               |
| Control Test 2    |        |        |        |          | 34.0°C   |               |
| EC Result         | 0.098% | 03:37D |        |          |          |               |
| IR Result         | 0.097% | 03:37D |        |          |          |               |
| Ambient Air Blank | 0.000% | 03:38D |        |          |          |               |

**REPORTED BREATH TEST RESULT: 0.14% BAC**

**Breath Test Operator**

Last Name: STEFANI First Name: JOHN MI: L  
Signature:  Badge No.: 2605  
Date: 05/07/2011

Copy Given to Subject

|                                                                                                                                                                                                           |                                                         |                                             |                                                                                          |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|
| COURT I.D.                                                                                                                                                                                                | PREFIX                                                  | TICKET NUMBER                               | MUNICIPAL COURT<br>NORTH HANOVER TOWNSHIP<br>41 Schoolhouse Road<br>Jacobstown, NJ 08562 |                                      |
| <b>0327</b>                                                                                                                                                                                               | <b>D</b>                                                | <b>025837</b>                               |                                                                                          |                                      |
| <b>COMPLAINT-SUMMONS</b>                                                                                                                                                                                  |                                                         |                                             |                                                                                          |                                      |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                        |                                                         |                                             |                                                                                          |                                      |
| Driver's Lic. No.                                                                                                                                                                                         | [REDACTED]                                              |                                             |                                                                                          |                                      |
| EXP. DATE                                                                                                                                                                                                 | STATE                                                   | <input type="checkbox"/> Commercial License |                                                                                          |                                      |
| 11/13                                                                                                                                                                                                     | NJ                                                      |                                             |                                                                                          |                                      |
| THE UNDERSIGNED CERTIFIES THAT:                                                                                                                                                                           |                                                         |                                             |                                                                                          |                                      |
| Name                                                                                                                                                                                                      | First                                                   | Initial                                     | Last                                                                                     | (Please Print)                       |
| ADAM                                                                                                                                                                                                      | W                                                       |                                             | KNIGHTON                                                                                 |                                      |
| Address                                                                                                                                                                                                   |                                                         |                                             |                                                                                          |                                      |
| 511 WRIGHTSTOWN-SYKESVILLE LOT 206B                                                                                                                                                                       |                                                         |                                             |                                                                                          |                                      |
| City                                                                                                                                                                                                      | State                                                   | Zip Code                                    | Telephone                                                                                |                                      |
| WRIGHTSTOWN                                                                                                                                                                                               | NJ                                                      | 08562                                       |                                                                                          |                                      |
| Birth Date                                                                                                                                                                                                | Eyes                                                    | Sex                                         | Weight                                                                                   | Height                               |
| 10-10-85                                                                                                                                                                                                  | B                                                       | M                                           |                                                                                          |                                      |
| DID UNLAWFULLY (PARK) (OPERATE) A:                                                                                                                                                                        |                                                         |                                             |                                                                                          |                                      |
| Make of Vehicle                                                                                                                                                                                           | Year                                                    | Body Type                                   | Color                                                                                    |                                      |
| CAR                                                                                                                                                                                                       | 03                                                      | SEDAN                                       | SL                                                                                       |                                      |
| License Plate No.                                                                                                                                                                                         | State                                                   | Exp. Date                                   |                                                                                          |                                      |
| ZDC 98K                                                                                                                                                                                                   | NJ                                                      | 9/11                                        |                                                                                          |                                      |
| Offense Date                                                                                                                                                                                              | Month                                                   | Day                                         | Year                                                                                     | Time                                 |
|                                                                                                                                                                                                           | 5                                                       | 7                                           | 11                                                                                       | 03:04 PM                             |
| LOCATION OF OFFENSE                                                                                                                                                                                       | Describe Location                                       |                                             |                                                                                          |                                      |
|                                                                                                                                                                                                           | 528 + MEADY RD                                          |                                             |                                                                                          |                                      |
| Municipality                                                                                                                                                                                              | County                                                  | Mun. Code (Offense)                         |                                                                                          |                                      |
| NORTH HANOVER                                                                                                                                                                                             | BURLINGTON                                              | 0327                                        |                                                                                          |                                      |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)                                                                                                                            |                                                         |                                             |                                                                                          |                                      |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                         |                                                         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-4 Unregistered vehicle                                                                                                                                                         | <input type="checkbox"/> 4-85 Improper passing          |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                                                                                                                                | <input type="checkbox"/> 4-97 Careless driving          |                                             |                                                                                          |                                      |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS                                                                                                             | <input type="checkbox"/> 4-124 Failure to turn          |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-33 Unclear plates                                                                                                                                                              | <input type="checkbox"/> 4-144 Failure to stop or yield |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                                                                                                                                        | <input type="checkbox"/> 8-1 Failure to inspect         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                                                                 | <input type="checkbox"/> 8-4 Failure to make repairs    |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                   |                                                         |                                             |                                                                                          |                                      |
| <input checked="" type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                           |                                                         |                                             |                                                                                          |                                      |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                       |                                                         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH |                                                         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                    |                                                         |                                             |                                                                                          |                                      |
| <b>PENALTY SCHEDULE ON REVERSE</b>                                                                                                                                                                        |                                                         |                                             |                                                                                          |                                      |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                    |                                                         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                      |                                                         |                                             |                                                                                          |                                      |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                           |                                                         |                                             |                                                                                          |                                      |
| DUI                                                                                                                                                                                                       |                                                         |                                             |                                                                                          |                                      |
| Statute No.                                                                                                                                                                                               | Ordinance/Code No.                                      |                                             |                                                                                          |                                      |
| 39: 4-50                                                                                                                                                                                                  |                                                         |                                             |                                                                                          |                                      |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE:      |                                                         |                                             |                                                                                          |                                      |
| Month                                                                                                                                                                                                     | Day                                                     | Year                                        |                                                                                          |                                      |
| 5                                                                                                                                                                                                         | 7                                                       | 11                                          |                                                                                          |                                      |
| Signature of Complaining Witness                                                                                                                                                                          |                                                         |                                             | Officer's ID. No.                                                                        |                                      |
| [Signature]                                                                                                                                                                                               |                                                         |                                             | 4808                                                                                     |                                      |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                   |                                                         |                                             |                                                                                          |                                      |
| COURT APPEARANCE REQUIRED                                                                                                                                                                                 | COURT DATE                                              | Month                                       | Day                                                                                      | Year                                 |
| <input checked="" type="checkbox"/>                                                                                                                                                                       |                                                         | 5                                           | 24                                                                                       | 11                                   |
| Time                                                                                                                                                                                                      | Hour                                                    | Minute                                      |                                                                                          |                                      |
|                                                                                                                                                                                                           | 10                                                      | 00                                          | AM                                                                                       |                                      |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Death/Serious Bodily Injury                                  |                                                         |                                             |                                                                                          |                                      |
| CONDITIONS                                                                                                                                                                                                | AREA                                                    | <input type="checkbox"/> Business           | <input type="checkbox"/> School                                                          | <input type="checkbox"/> Residential |
|                                                                                                                                                                                                           | ROAD                                                    | <input type="checkbox"/> Dry                | <input type="checkbox"/> Wet                                                             | <input type="checkbox"/> Snow        |
|                                                                                                                                                                                                           | TRAFFIC                                                 | <input type="checkbox"/> Light              | <input type="checkbox"/> Medium                                                          | <input type="checkbox"/> Heavy       |
|                                                                                                                                                                                                           | VISIBILITY                                              | <input type="checkbox"/> Clear              | <input type="checkbox"/> Rain                                                            | <input type="checkbox"/> Snow        |
|                                                                                                                                                                                                           |                                                         |                                             |                                                                                          | <input type="checkbox"/> Fog         |
| Equipment                                                                                                                                                                                                 | <input type="checkbox"/> Helicopter                     | <input type="checkbox"/> Pace               | <input type="checkbox"/> Speed Measurement Device                                        | <input type="checkbox"/> EBDT        |
| Equipment Operator's Name                                                                                                                                                                                 | Operator ID No.                                         |                                             | Unit Code                                                                                |                                      |

COMPLAINT-SUMMONS

UTT-1 10-17-06 (rev. 1/9/07)

|                                                                                                                                                                                                           |                                                         |                                             |                                                                                          |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|
| COURT I.D.                                                                                                                                                                                                | PREFIX                                                  | TICKET NUMBER                               | MUNICIPAL COURT<br>NORTH HANOVER TOWNSHIP<br>41 Schoolhouse Road<br>Jacobstown, NJ 08562 |                                      |
| <b>0327</b>                                                                                                                                                                                               | <b>D</b>                                                | <b>025836</b>                               |                                                                                          |                                      |
| <b>COMPLAINT-SUMMONS</b>                                                                                                                                                                                  |                                                         |                                             |                                                                                          |                                      |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                        |                                                         |                                             |                                                                                          |                                      |
| Driver's Lic. No.                                                                                                                                                                                         | [REDACTED]                                              |                                             |                                                                                          |                                      |
| EXP. DATE                                                                                                                                                                                                 | STATE                                                   | <input type="checkbox"/> Commercial License |                                                                                          |                                      |
| 11/13                                                                                                                                                                                                     | NJ                                                      |                                             |                                                                                          |                                      |
| THE UNDERSIGNED CERTIFIES THAT:                                                                                                                                                                           |                                                         |                                             |                                                                                          |                                      |
| Name                                                                                                                                                                                                      | First                                                   | Initial                                     | Last                                                                                     | (Please Print)                       |
| ADAM                                                                                                                                                                                                      | W                                                       |                                             | KNIGHTON                                                                                 |                                      |
| Address                                                                                                                                                                                                   |                                                         |                                             |                                                                                          |                                      |
| 511 WRIGHTSTOWN-SYKESVILLE LOT 206B                                                                                                                                                                       |                                                         |                                             |                                                                                          |                                      |
| City                                                                                                                                                                                                      | State                                                   | Zip Code                                    | Telephone                                                                                |                                      |
| WRIGHTSTOWN                                                                                                                                                                                               | NJ                                                      | 08562                                       |                                                                                          |                                      |
| Birth Date                                                                                                                                                                                                | Eyes                                                    | Sex                                         | Weight                                                                                   | Height                               |
| 10-10-85                                                                                                                                                                                                  | B                                                       | M                                           |                                                                                          |                                      |
| DID UNLAWFULLY (PARK) (OPERATE) A:                                                                                                                                                                        |                                                         |                                             |                                                                                          |                                      |
| Make of Vehicle                                                                                                                                                                                           | Year                                                    | Body Type                                   | Color                                                                                    |                                      |
| CAR                                                                                                                                                                                                       | 03                                                      | SEDAN                                       | SL                                                                                       |                                      |
| License Plate No.                                                                                                                                                                                         | State                                                   | Exp. Date                                   |                                                                                          |                                      |
| ZDC 98K                                                                                                                                                                                                   | NJ                                                      | 9/11                                        |                                                                                          |                                      |
| Offense Date                                                                                                                                                                                              | Month                                                   | Day                                         | Year                                                                                     | Time                                 |
|                                                                                                                                                                                                           | 5                                                       | 7                                           | 11                                                                                       | 03:04 PM                             |
| LOCATION OF OFFENSE                                                                                                                                                                                       | Describe Location                                       |                                             |                                                                                          |                                      |
|                                                                                                                                                                                                           | 528 + MEADY RD                                          |                                             |                                                                                          |                                      |
| Municipality                                                                                                                                                                                              | County                                                  | Mun. Code (Offense)                         |                                                                                          |                                      |
| NORTH HANOVER                                                                                                                                                                                             | BURLINGTON                                              | 0327                                        |                                                                                          |                                      |
| AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)                                                                                                                            |                                                         |                                             |                                                                                          |                                      |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                         |                                                         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-4 Unregistered vehicle                                                                                                                                                         | <input type="checkbox"/> 4-85 Improper passing          |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-29 Failure to exhibit documents                                                                                                                                                | <input type="checkbox"/> 4-97 Careless driving          |                                             |                                                                                          |                                      |
| <input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS                                                                                                             | <input type="checkbox"/> 4-124 Failure to turn          |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-33 Unclear plates                                                                                                                                                              | <input type="checkbox"/> 4-144 Failure to stop or yield |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-66 Maintenance of lamps                                                                                                                                                        | <input type="checkbox"/> 8-1 Failure to inspect         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 3-76.2f Failure to wear seatbelt                                                                                                                                                 | <input type="checkbox"/> 8-4 Failure to make repairs    |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 4-81 Failure to observe signal                                                                                                                                                   |                                                         |                                             |                                                                                          |                                      |
| <input checked="" type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone                                                                                                                           |                                                         |                                             |                                                                                          |                                      |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                       |                                                         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH |                                                         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                    |                                                         |                                             |                                                                                          |                                      |
| <b>PENALTY SCHEDULE ON REVERSE</b>                                                                                                                                                                        |                                                         |                                             |                                                                                          |                                      |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                    |                                                         |                                             |                                                                                          |                                      |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                      |                                                         |                                             |                                                                                          |                                      |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                           |                                                         |                                             |                                                                                          |                                      |
| FAILURE TO STOP AT STOP SIGN                                                                                                                                                                              |                                                         |                                             |                                                                                          |                                      |
| Statute No.                                                                                                                                                                                               | Ordinance/Code No.                                      |                                             |                                                                                          |                                      |
| 39: 4-144                                                                                                                                                                                                 |                                                         |                                             |                                                                                          |                                      |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE:      |                                                         |                                             |                                                                                          |                                      |
| Month                                                                                                                                                                                                     | Day                                                     | Year                                        |                                                                                          |                                      |
| 5                                                                                                                                                                                                         | 7                                                       | 11                                          |                                                                                          |                                      |
| Signature of Complaining Witness                                                                                                                                                                          |                                                         |                                             | Officer's ID. No.                                                                        |                                      |
| [Signature]                                                                                                                                                                                               |                                                         |                                             | 4808                                                                                     |                                      |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                   |                                                         |                                             |                                                                                          |                                      |
| COURT APPEARANCE REQUIRED                                                                                                                                                                                 | COURT DATE                                              | Month                                       | Day                                                                                      | Year                                 |
| <input checked="" type="checkbox"/>                                                                                                                                                                       |                                                         | 5                                           | 24                                                                                       | 11                                   |
| Time                                                                                                                                                                                                      | Hour                                                    | Minute                                      |                                                                                          |                                      |
|                                                                                                                                                                                                           | 10                                                      | 00                                          | AM                                                                                       |                                      |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Death/Serious Bodily Injury                                  |                                                         |                                             |                                                                                          |                                      |
| CONDITIONS                                                                                                                                                                                                | AREA                                                    | <input type="checkbox"/> Business           | <input type="checkbox"/> School                                                          | <input type="checkbox"/> Residential |
|                                                                                                                                                                                                           | ROAD                                                    | <input type="checkbox"/> Dry                | <input type="checkbox"/> Wet                                                             | <input type="checkbox"/> Snow        |
|                                                                                                                                                                                                           | TRAFFIC                                                 | <input type="checkbox"/> Light              | <input type="checkbox"/> Medium                                                          | <input type="checkbox"/> Heavy       |
|                                                                                                                                                                                                           | VISIBILITY                                              | <input type="checkbox"/> Clear              | <input type="checkbox"/> Rain                                                            | <input type="checkbox"/> Snow        |
|                                                                                                                                                                                                           |                                                         |                                             |                                                                                          | <input type="checkbox"/> Fog         |
| Equipment                                                                                                                                                                                                 | <input type="checkbox"/> Helicopter                     | <input type="checkbox"/> Pace               | <input type="checkbox"/> Speed Measurement Device                                        | <input type="checkbox"/> EBDT        |
| Equipment Operator's Name                                                                                                                                                                                 | Operator ID No.                                         |                                             | Unit Code                                                                                |                                      |

COMPLAINT-SUMMONS

UTT-1 10-17-06 (rev. 1/9/07)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                         |                                                                                                                                                                           |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| COURT I.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PREFIX          | TICKET NUMBER                           | <b>MUNICIPAL COURT</b><br>NORTH HANOVER TOWNSHIP<br>41 Schoolhouse Road<br>Jacobstown, NJ 08562                                                                           |                                                                     |
| <b>0327</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>D</b>        | <b>025838</b>                           |                                                                                                                                                                           |                                                                     |
| <b>COMPLAINT-SUMMONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                         |                                                                                                                                                                           |                                                                     |
| YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO<br>ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                         |                                                                                                                                                                           |                                                                     |
| Driver's Lic. No. [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                         |                                                                                                                                                                           |                                                                     |
| EXP. DATE <b>11/13</b> STATE <b>NJ</b> <input type="checkbox"/> Commercial License                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                         |                                                                                                                                                                           |                                                                     |
| <b>THE UNDERSIGNED CERTIFIES THAT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                         |                                                                                                                                                                           |                                                                     |
| Name: First <b>Adam</b> Initial <b>W</b> Last <b>KNIGHTEN</b> (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                         |                                                                                                                                                                           |                                                                     |
| Address <b>311 WRIGHTSTOWN-SYKESVILLE RD LOT 206B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                         |                                                                                                                                                                           |                                                                     |
| City <b>WRIGHTSTOWN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | State <b>NJ</b>                         | Zip Code <b>08562</b>                                                                                                                                                     | Telephone                                                           |
| Birth Date <b>10-10-85</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Eyes <b>2</b>   | Sex <b>M</b>                            | Weight <b>160</b>                                                                                                                                                         | Height <b>5'8"</b> Restrictions                                     |
| <b>DID UNLAWFULLY (PARK) (OPERATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                         |                                                                                                                                                                           |                                                                     |
| Make of Vehicle <b>CAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Year <b>03</b>  | Body Type <b>SED</b>                    | <input type="checkbox"/> Commercial Vehicle<br><input type="checkbox"/> Omnibus<br><input type="checkbox"/> Hazardous Material<br><input type="checkbox"/> Out of Service |                                                                     |
| License Plate No. <b>2DC98K</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State <b>NJ</b> | Exp. Date <b>9/11</b>                   |                                                                                                                                                                           |                                                                     |
| Offense Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Month <b>5</b>  | Day <b>7</b>                            | Year <b>11</b>                                                                                                                                                            | Time <b>8:04</b> AM/PM                                              |
| LOCATION OF OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Describe Location <b>528 J MEADY RD</b> |                                                                                                                                                                           |                                                                     |
| Municipality <b>NORTH HANOVER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | County <b>BURLINGTON</b>                | Mun. Code (Offense)                                                                                                                                                       | <b>0 3 2 7</b>                                                      |
| <b>AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE</b><br>(ONE CHARGE PER COMPLAINT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                         |                                                                                                                                                                           |                                                                     |
| <b>TRAFFIC OFFENSES - (CHECK ONE) - TITLE 39:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                         |                                                                                                                                                                           |                                                                     |
| <input checked="" type="checkbox"/> 3-4 Unregistered vehicle<br><input type="checkbox"/> 3-29 Failure to exhibit documents<br><input type="checkbox"/> D.L. or <input type="checkbox"/> REG or <input type="checkbox"/> INS<br><input type="checkbox"/> 3-33 Unclear plates<br><input type="checkbox"/> 3-66 Maintenance of lamps<br><input type="checkbox"/> 3-76.2f Failure to wear seatbelt<br><input type="checkbox"/> 4-81 Failure to observe signal<br><input type="checkbox"/> 4-85 Improper passing<br><input type="checkbox"/> 4-97 Careless driving<br><input type="checkbox"/> 4-124 Failure to turn<br><input type="checkbox"/> 4-144 Failure to stop or yield<br><input type="checkbox"/> 8-1 Failure to inspect<br><input type="checkbox"/> 8-4 Failure to make repairs<br><input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone |                 |                                         |                                                                                                                                                                           |                                                                     |
| <b>IN EXCESS OF SPEED LIMIT BY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                         |                                                                                                                                                                           |                                                                     |
| <input type="checkbox"/> 1-9MPH <input type="checkbox"/> 10-14MPH <input type="checkbox"/> 15-19MPH <input type="checkbox"/> 20-24MPH <input type="checkbox"/> 25-29MPH <input type="checkbox"/> 30-34MPH<br><input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                         |                                                                                                                                                                           |                                                                     |
| <b>PENALTY SCHEDULE ON REVERSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                         |                                                                                                                                                                           |                                                                     |
| <b>PARKING OFFENSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                         |                                                                                                                                                                           |                                                                     |
| <input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                         |                                                                                                                                                                           |                                                                     |
| <b>OTHER TRAFFIC/PARKING OFFENSE (Describe)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                         |                                                                                                                                                                           |                                                                     |
| <b>RECKLESS DRIVING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                         |                                                                                                                                                                           |                                                                     |
| Statute No. <b>39: 4-96</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | Ordinance/Code No.                      |                                                                                                                                                                           |                                                                     |
| THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                         |                                                                                                                                                                           |                                                                     |
| Signature of Complaining Witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | Month <b>5</b>                          | Day <b>7</b>                                                                                                                                                              | Year <b>11</b>                                                      |
| [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | Officer's ID. No.                       | <b>4805</b>                                                                                                                                                               |                                                                     |
| <b>NOTICE TO APPEAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                         |                                                                                                                                                                           |                                                                     |
| COURT APPEARANCE REQUIRED <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | COURT DATE      | Month <b>5</b>                          | Day <b>26</b>                                                                                                                                                             | Year <b>11</b>                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | Time <b>1:00</b>                        | AM/PM                                                                                                                                                                     |                                                                     |
| <input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Death/Serious Bodily Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                         |                                                                                                                                                                           |                                                                     |
| CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AREA.....       | <input type="checkbox"/> Business       | <input type="checkbox"/> School                                                                                                                                           | <input type="checkbox"/> Residential <input type="checkbox"/> Rural |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ROAD.....       | <input type="checkbox"/> Dry            | <input type="checkbox"/> Wet                                                                                                                                              | <input type="checkbox"/> Snow <input type="checkbox"/> Ice          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TRAFFIC.....    | <input type="checkbox"/> Light          | <input type="checkbox"/> Medium                                                                                                                                           | <input type="checkbox"/> Heavy                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VISIBILITY..... | <input type="checkbox"/> Clear          | <input type="checkbox"/> Rain                                                                                                                                             | <input type="checkbox"/> Snow <input type="checkbox"/> Fog          |
| Equipment <input type="checkbox"/> Helicopter <input type="checkbox"/> Pace <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> EBDT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                         |                                                                                                                                                                           |                                                                     |
| Equipment Operator's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | Operator ID No.                         |                                                                                                                                                                           | Unit Code                                                           |

COMPLAINT-SUMMONS

UTT-1 10-17-06 (rev. 1/9/07)

**NEW JERSEY** Motor Vehicle Permission **CLASS: D**

**AUTO DRIVER LICENSE**

 **DOB: 10-15-1980**

**ADAM W. KINNISSON**  
311 WRIGHTSTON RD  
WRIGHTSTON NJ 08098

**ISSUED: 12-03-2008** **EXPIRES: 12-30-2013**

**ENDOR:**

**SEX: M** **HGT: 6-03** **WEI: 175** **EYES: BRN** **HAIR: BRN**

**0000074** **SLREN 24.00**

**NEW JERSEY**  
**AUTO DRIVER LICENSE**

Motor Vehicle  
Commission

CLASS: D

*[Signature]*

DOB: 01-11-1951  
DONALD K. KUTY  
1000 18th Ave  
Newark, NJ 07102  
SEX: M HT: 5-11 WT: 170 EYES: BR HAIR: BR  
EXP: 01-31-2013  
0000218 MEREL 2100





STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
INVESTIGATIONS BUREAU

INVESTIGATIONS BUREAU  
PHONE NUMBER  
866-713-8392

**DRIVING WHILE IMPAIRED - LAST DRINK LOCATION REPORT**

**INSTRUCTIONS:** To ALL LAW ENFORCEMENT OFFICERS, ENFORCING NJ's driving while impaired laws and completing the Alcohol Influence Report. Whenever a subject indicates that his/her last drink was at a location other than a private residence or public property, you must also ask for the information requested on this form, write the information in block printing using black ink, and FAX the form to the NJ Division of Alcoholic Beverage Control.

**NJABC FAX NUMBER: 609-292-1707 (24 HOURS)**

|                                                   |                                 |                          |           |                              |     |
|---------------------------------------------------|---------------------------------|--------------------------|-----------|------------------------------|-----|
| S.P. BARRACKS OR<br>POLICE DEPARTMENT             |                                 | MUNICIPAL<br>CODE        |           | 0327                         |     |
| CASE #                                            | 141-11                          | ACCIDENT INVOLVED (Y/N)  | N         | SERIOUS INJURY (S) FATAL (F) | —   |
| DATE OF ARREST                                    | 3/2/11                          | TIME OF ARREST           | 03:04 hrs |                              |     |
| MALE <input checked="" type="checkbox"/>          | FEMALE <input type="checkbox"/> | AGE                      | 25        | B.A.C. (%)                   | .14 |
| NAME OF PLACE<br>WHERE LAST DRINK<br>WAS CONSUMED |                                 | TARA'S TAVERN            |           |                              |     |
| STREET                                            |                                 | COOKSTOWN - NEW EGYPT RD |           |                              |     |
| CITY                                              |                                 | WRIGHTSTOWN, NJ 08562    |           |                              |     |

FOR NJABC USE ONLY

|                                  |                                 |    |
|----------------------------------|---------------------------------|----|
| TRADE NAME MATCH                 | YES                             | NO |
| IDENTIFIED ABC<br>LICENSE NUMBER | ATTACH PAGE TWO<br>SCREEN PRINT |    |

NOTES:

|                            |                             |                      |
|----------------------------|-----------------------------|----------------------|
| REVIEWED &<br>ENTERED DATE | REVIEWED &<br>REJECTED DATE | OPERATOR<br>INITIALS |
|----------------------------|-----------------------------|----------------------|

5/12/11

Work With Documents

Year: 2011 Incident: 00003045

T -Free Form Document-----AU2346S1-

Dispatch Narrative

20110507.AOX

More: + -

Information on the units assigned to the call follows.

|        |       |         |                |      |                |
|--------|-------|---------|----------------|------|----------------|
| Unit#: | P4606 | Radio#: | Ofcr 1:        | 4808 | Ofcr 2:        |
| DSP:   | :     | ARV:    | 05/07/11 02:55 | CLR: | 05/07/11 05:21 |

|        |       |         |                |      |                |
|--------|-------|---------|----------------|------|----------------|
| Unit#: | P4625 | Radio#: | Ofcr 1:        | 3266 | Ofcr 2:        |
| DSP:   | :     | ARV:    | 05/07/11 02:57 | CLR: | 05/07/11 03:27 |

|                   |         |
|-------------------|---------|
| 1 SUBJ IN CUSTODY | 3:04:30 |
|-------------------|---------|

|                             |         |
|-----------------------------|---------|
| Wrecker selected from Birds | 3:04:51 |
|-----------------------------|---------|

|                          |         |
|--------------------------|---------|
| P4606 TRANSP SUBJ TO STA | 3:08:11 |
|--------------------------|---------|

|                              |         |
|------------------------------|---------|
| P4625 ADVISED BIRDS HAVE VEH | 3:24:49 |
|------------------------------|---------|

|                     |         |
|---------------------|---------|
| P4606 SUBJ RELEASED | 5:21:30 |
|---------------------|---------|

F -F3=Exit F6=Print F12=Cancel-----

North Hanover Twp Police

PL1020D2

5/07/11

Incident Maintenance

Inquiry

ORI #: NJ0032700 Sta 460

2011-00003045

Call Date/Time . : 05/07/2011 2:55:13 Saturday

Dispatch Date/Time: 05/07/2011 2:55:13

Arrive Date/Time : 05/07/2011 2:55:13

Clear Date Time . : 05/07/2011 5:21:55 Disposition:

Location . . : RT537

Type: X

Cross Street : IVY LA

Venue: 46 N Hanover

Nature Of Call: SLVR

Caller . . . : , , ,

Complainant . : , , ,

Incident Type : 1666 P MV Stop

Phone Number:

Report Req'd . : NO

Priority . : 1

Unit 1 # . . : 4606 ID # 1 : SANTAIGO,VICTOR,D ID # 2:

Unit 2 # . . : 4625 ID # 3 : CANALES,DAXTON F, ID # 4:

Area: 4600 4600 Section: 8 Sector 8 Grid : W11 W11

F3=Exit F7=Prior F8=Next F9=Cases F10=FI'S F11=NCIC Hist F12=Cancel

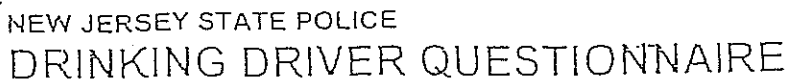
F14=Status/Dispos F15=Suspect Vehicles F16=Names F17=Times F18=Radio Log

F19=Dispatch F20=Plates F22=Additional F23=Case Doc F24=Documents

## NORTH HANOVER TOWNSHIP POLICE

## OPERATIONS REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                      |                                                                                  |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|---------------------|
| 1. STATION<br>460                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. CENTRAL #<br>3045-11                                                                                                            | 3. DATE OF INCIDENT<br>5/7/11        | 4. ENTERED IN COUNTY<br><input type="checkbox"/> yes <input type="checkbox"/> no |                     |
| 5. NATURE OF INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MVS/ DWI Arrest                                                                                                                    |                                      |                                                                                  |                     |
| 6. LOCATION OF INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RT.528 & Meany Rd                                                                                                                  |                                      |                                                                                  |                     |
| 7. VICTIM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                    |                                      |                                                                                  |                     |
| 8. COMPLAINANT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ptl. Santiago #4606                                                                                                                |                                      |                                                                                  |                     |
| 9. ACCUSED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Adam W Knighten [REDACTED]<br>511 Wrightstown-Sykesville Lot 206B<br>Wrightstown, NJ 08562<br>03' CHR PT Cruiser<br>NJ REG: ZDC98K |                                      |                                                                                  |                     |
| 10. ACTION TAKEN: The above accused was stopped for failure to maintain lane. Once stopped, the u/s asked the accused for his credentials and smelled a strong odor of an alcoholic beverage omitting from his breath. The u/s then advised the accused to step out of his vehicle and conducted Field Sobriety Test. The accused failed all test and was placed into custody for DWI. The accused was advised of his Miranda Rights and transported to police headquarters to be processed. While at police headquarters the accused was read Paragraph 36 which he agreed to take breath test. Sgt. Stefani #2605 from Chesterfield Twp Police Dept. operated the Alcotest 7110 and obtained breath results of .14% BAC. The accused was further processed and was picked by his friend Donald Klitz who signed off on the Potential Liability Warning Form. Case #141-11 |                                                                                                                                    |                                      |                                                                                  |                     |
| 11. SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    | 12. SUPERVISOR'S CHECK AND APPROVAL: |                                                                                  |                     |
| Ptl. V. Santiago, 4606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    |                                      |                                                                                  |                     |
| 13. DATE OF REPORT:<br>5/7/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14. HOURS:<br>02:55                                                                                                                | 15. RADIO:<br>XXX                    | 16. PHONE:                                                                       | 17. ON VIEW:<br>XXX |
| 18. PENDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    | 19. COMPLETE:<br>XXX                 | 20. CLASSIFICATION CRIME OR OTHER.<br>Other                                      |                     |



Copy given to Subject:

## COUNTY OF BURLINGTON

## UNIFORM ARREST REPORT

|                                                                                                    |               |                      |               |                                          |                           |                                |                         |                               |                              |
|----------------------------------------------------------------------------------------------------|---------------|----------------------|---------------|------------------------------------------|---------------------------|--------------------------------|-------------------------|-------------------------------|------------------------------|
| 1. DEPARTMENT<br>North Hanover Twp. Police Dept.                                                   |               | 2. CODE<br>0327      |               | UNIFORM CRIME STATUS                     |                           |                                |                         | ARREST STATUS                 |                              |
|                                                                                                    |               |                      |               | 3.                                       | 4.                        | 5. OTHER NJ                    | 6. OUT STATE OR FEDERAL | 7. PENDING                    | 8. COMPLETE                  |
| 9. CASE NUMBER<br>141-11                                                                           |               | 10.                  |               |                                          |                           |                                |                         |                               |                              |
| 11. NAME-FIRST<br>ADAM                                                                             |               |                      |               | MIDDLE<br>WAYNE                          |                           | LAST<br>KNIGHTEN               |                         | 12. ALIAS - NICKNAME          |                              |
| 13. ADDRESS (NUMBER - STREET - MUNICIPALITY - STATE)<br>511 WILKINSON ST - SPARKSVILLE RD LOT 2068 |               |                      |               | 14. PLACE OF BIRTH<br>MT. HOLLY, NJ      |                           |                                |                         |                               |                              |
| 15. DATE OF BIRTH<br>10/10/85                                                                      | 16. AGE<br>25 | 17. SEX<br>M         | 18. RACE<br>W | 19. HEIGHT<br>6'3                        | 20. WEIGHT<br>190         | 21. HAIR<br>Brown              | 22. EYES<br>Brown       | 23. COMPLEXION<br>Fair        | 24. MARITAL STATUS<br>Single |
| 25. OTHER DISCRIPITIVE INFORMATION                                                                 |               |                      |               |                                          |                           |                                |                         |                               |                              |
| 26. PRINTS TAKEN<br>N                                                                              |               | 27. PHOTO TAKEN<br>Y |               | 28. SOCIAL SECURITY NUMBER<br>[REDACTED] |                           | 29. PHONE NUMBER<br>[REDACTED] |                         | 30. OCCUPATION<br>MAINTENANCE |                              |
| 32. EMPLOYER - SCHOOL                                                                              |               |                      |               |                                          | 33. ADDRESS<br>[REDACTED] |                                |                         |                               |                              |

## DETAILS OF ARREST

|                                                                        |  |                                               |  |                                                    |  |                                         |  |                                          |  |
|------------------------------------------------------------------------|--|-----------------------------------------------|--|----------------------------------------------------|--|-----------------------------------------|--|------------------------------------------|--|
| 34. ARREST DATE                                                        |  | 35. TIME                                      |  | 36. PLACE (NUMBER - STREET - MUNICIPALITY - STATE) |  |                                         |  | 37. MUN CODE<br>0327                     |  |
| 38. CHARGE                                                             |  |                                               |  | 39. NJS                                            |  |                                         |  | 40. UCR CODE                             |  |
| 41. COMPLAINANTS NAME AND ADDRESS                                      |  |                                               |  |                                                    |  |                                         |  |                                          |  |
| 42. WITH<br>WARRANT <input type="checkbox"/>                           |  | 43. W/OUT<br>WARRANT <input type="checkbox"/> |  | 44. ON<br>VIEW <input type="checkbox"/>            |  | 45. SUMMONS<br><input type="checkbox"/> |  | 46. JUVENILE<br><input type="checkbox"/> |  |
| 47. POLICE DISPOSTION OF JUVENILE                                      |  | 48. CODE                                      |  |                                                    |  |                                         |  |                                          |  |
| 49. OFFENCE DATE                                                       |  | 50. TIME                                      |  | 51. PLACE (NUMBER - STREET - MUNICIPALITY - STATE) |  |                                         |  | 52. MUN CODE                             |  |
| 53. VEHICLE INFORMATION (YEAR - MAKE - BODY TYPE - REG NUMBER & STATE) |  |                                               |  |                                                    |  |                                         |  |                                          |  |

## BAIL INFORMATION

|                      |  |                                             |  |                                       |  |                                                   |  |                                                        |  |
|----------------------|--|---------------------------------------------|--|---------------------------------------|--|---------------------------------------------------|--|--------------------------------------------------------|--|
| 54. DATE             |  | 55. COURT (MAGISTRATE - JUDGE)              |  |                                       |  |                                                   |  |                                                        |  |
| 56. BAL AMOUNT<br>\$ |  | 57. REL ON BAIL<br><input type="checkbox"/> |  | 58. R-O-R<br><input type="checkbox"/> |  | 59. COMMITTED DEFAULT<br><input type="checkbox"/> |  | 60. COMMITTED<br>WITHOUT BAIL <input type="checkbox"/> |  |
| 61. PLACE COMMITTED  |  |                                             |  |                                       |  |                                                   |  |                                                        |  |

## DISPOSITION

|               |  |                                |  |               |  |               |  |                                                 |  |
|---------------|--|--------------------------------|--|---------------|--|---------------|--|-------------------------------------------------|--|
| 62. DATE      |  | 63. COURT (MAGISTRATE - JUDGE) |  |               |  |               |  |                                                 |  |
| 64. CHARGED   |  | 65. LESSER                     |  | 66. DISMISSED |  | 67. ACQUITTED |  | 68. OTHER - DESCRIBE (TOT OTHER AUTHORITY, ECT) |  |
| 69. SENTENCED |  |                                |  |               |  |               |  |                                                 |  |

|                                                            |  |                                                   |  |                                      |  |
|------------------------------------------------------------|--|---------------------------------------------------|--|--------------------------------------|--|
| 70. NARATIVE<br><br>SEE CONTINUATION PAGE<br>FOR NARRATIVE |  | 70A PHOTOGRAPH<br><br>[REDACTED]                  |  | 70B PHOTOGRAPH<br><br>DWI # D025837  |  |
| 71. REPORTING DATE                                         |  | 72. NAME AND BADGE NUMBER<br>Chief M Keubler 4600 |  | 73. DEPARTMENT<br>North Hanover P.D. |  |
|                                                            |  |                                                   |  | 74.                                  |  |