

COMPLAINT - SUMMONS

COMPLAINT NUMBER

0308**S****2022****000018**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

CINNAMINSON MUNICIPAL COURT**1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000****856-829-4027****COUNTY OF: BURLINGTON**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
2022-02285COMPLAINANT P/O
NAME:**J FOGGIA**
900 MANOR RD**CINNAMINSON****NJ 08077****THE STATE OF NEW JERSEY****VS.****CRYSTAL L TOOHEY**

ADDRESS:

31 SAINT MIHIEL DRIVE**DELRAN****NJ 08075-0000**

DEFENDANT INFORMATION

SEX: F EYE COLOR: GREEN

DOB: [REDACTED]

DRIVER'S LIC. #:

DL STATE: [REDACTED]

SOCIAL SECURITY #:

SBI #: [REDACTED]

TELEPHONE #: [REDACTED] (c)

LIVESCAN PCN #: 030802003289

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **01/31/2022** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE ACT OF SHOPLIFTING BY PURPOSELY TAKING POSSESSION OR CONCEALING ON HER PERSON, MERCHANDISE SPECIFICALLY DESCRIBED AS, \$143.28 WORTH OF MONSTER ENERGY, DISPLAYED, HELD STORED OR OFFERED FOR SALE BY SHOPRITE, WITH THE INTENT TO DEPRIVE OWNER THEREOF

in violation of:

Original Charge

1) **2C:20-11B(1)**

2)

3)

Amended Charge

CERTIFICATION:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____ P/O **J FOGGIA** Date: **01/31/2022**

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

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Municipal Court in the county of: **BURLINGTON**at the following address: **CINNAMINSON MUNICIPAL COURT****1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000**

If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

Date of Arrest: **01/31/2022** Appearance Date: **02/22/2022** Time: **10:00AM** Phone: **856-829-4027**

Signature of Person Issuing Summons: _____

P/O

J FOGGIA

Date:

01/31/2022☐ Domestic Violence – Confidential☒ Related Traffic Tickets
or Other Complaints☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

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STATE V.**CRYSTAL L TOOHEY****FTA Bail Information**

Date Bail Set: _____

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed: _____

Date Referred to

County Prosecutor: _____

Date of First
Appearance: **02/22/2022**☐ Advised of Rights by _____

Defendant Desires Counsel:

☐ Yes ☐ No**Prosecuting Attorney Information****Defense Counsel Information****Name:****Name:**

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:20-11B (1)**

2)

3)

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (* see code)

Finding
Code:

Date:

Finding
Code:

Date:

Finding
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDRLab Fee

DEDRLab:

LAB:

DEDRLab:

LAB:

DEDRLab:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: _____

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:**Related Traffic Tickets and Complaints:**
SSC-008533*** Finding Codes**

- 1 – Guilty
- 2 – Not Guilty
- 3 – Dismissed – Other
- 4 – Guilty but Merged
- 5 – Dismissed-Rule
- 6 – Dismissed Lack of Prosecution
- 7 – Dismissed – Pros Motion/Vic Req
- 8 – Conditional Discharge
- D – Dismissed- Prosecutor Discretion
- M – Dismissed- Mediation
- P – Dismissed-Plea Agreement
- S – Disposed at Superior
- W – Dismissed-False ID

ORIGINAL - Court Action

JUDGE'S SIGNATURE _____

DATE _____

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NJ/CDR1 1/1/2017

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER

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CINNAMINSON MUNICIPAL COURT**1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000****856-829-4027** COUNTY OF: **BURLINGTON**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
2022-02285

COMPLAINANT P/O

J FOGGIA

NAME:

900 MANOR RD**CINNAMINSON****NJ 08077***THE STATE OF NEW JERSEY**VS.***CRYSTAL L TOOHEY**

ADDRESS:

31 SAINT MIHIEL DRIVE**DELRAN****NJ 08075-0000**

DEFENDANT INFORMATION

SEX: **F** EYE COLOR: **GREEN**

DOB: [REDACTED]

DRIVER'S LIC. #: [REDACTED]

DL STATE: **MD**

SOCIAL SECURITY #: [REDACTED]

SBI #: [REDACTED]

TELEPHONE #: [REDACTED] (C)

LIVSCAN PCN #: **030802003289**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **01/31/2022** in **CINNAMINSON TWP**, **BURLINGTON County, NJ** did: **WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE ACT OF SHOPLIFTING BY PURPOSELY TAKING POSSESSION OR CONCEALING ON HER PERSON, MERCHANDISE SPECIFICALLY DESCRIBED AS, \$143.28 WORTH OF MONSTER ENERGY, DISPLAYED, HELD STORED OR OFFERED FOR SALE BY SHOPRITE, WITH THE INTENT TO DEPRIVE OWNER THEREOF**

in violation of:

Original Charge

1) 2C:20-11B(1)**2)****3)**

Check

✓

Certification by Police Regarding Complaint-Summons

✓

I certify that I served the complaint-summons by delivering a copy to the defendant personally.

I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over

Name of family member over 14 years of age

I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address.

Defendant's last known address

I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf.

Name and title of authorized person

Other manner of service: I certify that I served the complaint-summons in the following manner:

I certify that I was unable to serve the complaint-summons.

Signed: **P/O J FOGGIA CINNAMINSON POLICE DEPT**

Name, Title and Department of Officer

Date of Action: **01/31/2022****RETURN OF SERVICE
INFORMATION**

Affidavit of Probable Cause

COMPLAINT NUMBER

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1621 RIVERTON RD
CINNAMINSON NJ 08077-0000
856-829-4027 COUNTY OF: BURLINGTON

of CHARGES
1

CO-DEFTS

POLICE CASE #:
2022-02285

COMPLAINANT P/O J FOGGIA
NAME: 900 MANOR RD

CINNAMINSON

NJ 08077

*THE STATE OF NEW JERSEY**VS.*

CRYSTAL L TOOHEY

ADDRESS:

31 SAINT MIHIEL DRIVE

DELRAN

NJ 08075-0000

DEFENDANT INFORMATION

SEX: F EYE COLOR: GREEN

DOB: [REDACTED]

DRIVER'S LIC. #:

DL STATE: NJ

SOCIAL SECURITY #:

SBI #: [REDACTED]

TELEPHONE #: [REDACTED] (C)

LIVESCAN PCN #: 030802003289

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:

Affidavit of Probable Cause

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1/1/2017

Affidavit of Probable Cause

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THE STATE OF NEW JERSEY

VS.

CRYSTAL L TOOHEY

2. I am aware of the facts above because: (Included, but not limited to: your observations, statements of eyewitnesses, defendant's admission, etc.)

3. If victim was injured, provide the extent of the injury:

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____

Date: _____

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

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CINNAMINSON MUNICIPAL COURT**1621 RIVERTON RD****CINNAMINSON****NJ 08077-0000****856-829-4027** COUNTY OF: **BURLINGTON**

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POLICE CASE #:

2022-02285

COMPLAINANT P/O

J FOGGIA

NAME:

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SEX: **F** EYE COLOR: **GREEN**

DOB: [REDACTED]

DRIVER'S LIC. #: [REDACTED]

DL STATE: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

SBI #: [REDACTED]

TELEPHONE #: [REDACTED]

(C)

LIVESCAN PCN #: **030802003289**

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

Certification:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: _____

Date: _____

Preliminary Law Enforcement Incident Report