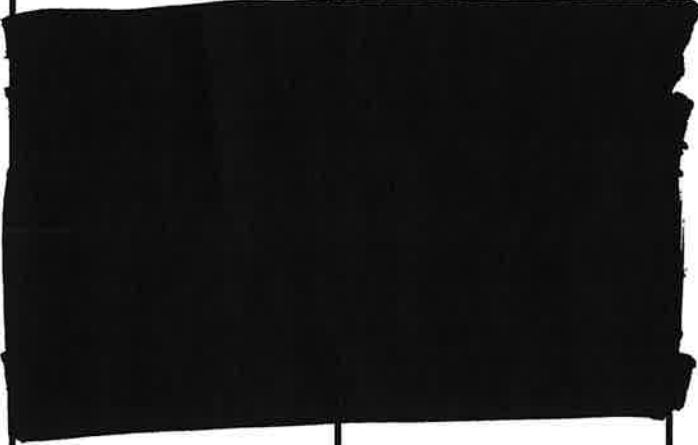


POLICE DEPARTMENT

WOODBIDGE, NEW JERSEY

RECORD OF BOOKING

PLEASE PRINT

CELL NUMBER OTHER PD		ARREST NUMBER TWO0025000050		DATE & TIME OF BOOKING 01/10/2025 16:54:57		INCIDENT NUMBER 25004326	
LAST NAME WILLIAMS		FIRST WARREN		MIDDLE NAME W		D.O.B. [REDACTED]	AGE 36
TRUE NAME WARREN W WILLIAMS						MAIDEN NAME	
STREET NO. STREET NAME 814 GILCHRIST AVE						APT #	
CITY/TOWN LINDEN						STATE NJ	
ZIP 07036						PHONE (WORK) [REDACTED]	
PHONE (CELL) [REDACTED]							
SEX M	HEIGHT 507	WEIGHT 195	RACE BLACK				
HAIR BLACK	EYES BROWN	BLD MUSCULAR	SKIN MEDIUM BROWN				
ETHNICITY NOT OF HISPANIC ORIGIN		SCARS NONE	LOCATION OF ARREST 428 WOODBRIDGE CENTER MALL				
PLACE OF BIRTH JERSEY CITY	MARTIAL STATUS SINGLE	DRIVER'S LICENSE W43657788611882 NJ					
SBI # [REDACTED]	FBI # [REDACTED]	LOCAL ID (PRINT) [REDACTED]					
EMPLOYER WHITE CASTLE		OCCUPATION CREW MEMBER					
ADDRESS OF EMPLOYER 2001 E EDGAR ROAD LINDEN NJ 07036			L/R HANDED RIGHT				
IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION							
TREATED WHERE		ATTENDING PHYSICIAN					
PRISONER ADVISED OF RIGHTS ☐		BY WHOM KREUSCH J					
FINGERPRINTS TAKEN ☒	YES	PHOTO TAKEN ☒	YES				
IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW							
PRISONER ADVISED OF RIGHTS ☐		BY WHOM KREUSCH J					
BREATHLYZER READING	BY WHOM						
I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.							
PRISONER SIGNATURE							
I further understand that it is unlawful to make any written false statement in this matter which I know or believe not to be true and that the providing of such false information may result in Criminal Charges being brought against me pursuant to N.J.S. 2C:28-3							
PRISONER SIGNATURE							
ARRESTING OFFICER KREUSCH J		BOOKING OFFICER KREUSCH J					
COMPLAINANT KREUSCH J		OFFICER IN CHARGE					
IS ARRESTEE A JUVENILE ☐ YES							
NAME OF PARENT OR GUARDIAN NOTIFIED							
BAIL COMMISSIONER LINDEN PD							
NAME OF PROBATION OFFICER NOTIFIED							
OFFICER MAKING NOTIFICATION							
AMOUNT OF BAIL							
DATE AND TIME OF BAIL							

OFFENSES

1. **CONTEMPT 2C:29-9**
2. **SHOPLIFTING 2C:20-11**
3. **POSSESSION OF BURGLARY TOOLS 2C:5-5**
4. _____
5. _____

ARREST ON WARRANT? ☒ YES ☐ NO

WARRANT NUMBER **1225S2025000068**

CITY/COURT **WOODBIDGE PD**

CHARGES
SHOPLIFTING

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: **KNOWN TO OFFICER**