ZZZ

# POLICE DEPARTMENT

WOODBRIDGE, NEW JERSEY

**RECORD OF BOOKING**
*PLEASE PRINT*

| CELL NUMBER | ARREST NUMBER | DATE & TIME OF BOOKING | INCIDENT NUMBER |
|---|---|---|---|
| OTHER PD | TWOO025000050 | 01/10/2025 16:54:57 | 25004326 |

| LAST NAME | FIRST | MIDDLE NAME | D.O.B. | AGE | SSN |
|---|---|---|---|---|---|
| WILLIAMS | WARREN | W | [redacted] | 36 | [redacted] |

| TRUE NAME | MAIDEN NAME | HOME PHONE |
|---|---|---|
| WARREN W WILLIAMS | | |

| STREET NO. STREET NAME | APT # | CITY/TOWN | STATE | ZIP | PHONE |
|---|---|---|---|---|---|
| 814 GILCHRIST AVE | | LINDEN | NJ | 07036 | (WORK) (CELL) [redacted] |

| SEX | HEIGHT | WEIGHT | RACE |
|---|---|---|---|
| M | 507 | 195 | BLACK |

| HAIR | EYES | BLD | SKIN |
|---|---|---|---|
| BLACK | BROWN | MUSCULAR | MEDIUM BROWN |

| ETHNICITY | SCARS | LOCATION OF ARREST |
|---|---|---|
| NOT OF HISPANIC ORIGIN | NONE | 428 WOODBRIDGE CENTER MALL |

| PLACE OF BIRTH | MARTIAL STATUS | DRIVER'S LICENSE |
|---|---|---|
| JERSEY CITY | SINGLE | W43657788611882 NJ |

| SBI # | FBI # | LOCAL ID (PRINT) |
|---|---|---|
| [redacted] | [redacted] | [redacted] |

| EMPLOYER | OCCUPATION |
|---|---|
| WHITE CASTLE | CREW MEMBER |

| ADDRESS OF EMPLOYER | L/R HANDED |
|---|---|
| 2001 E EDGAR ROAD LINDEN NJ 07036 | RIGHT |

[redacted]

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

| TREATED WHERE | ATTENDING PHYSICIAN |
|---|---|
| | |

| PRISONER ADVISED OF RIGHTS | YES | 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 | YES | 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 | BOOKING OFFICER |
|---|---|
| KREUSCH J | KREUSCH J |
| COMPLAINANT | OFFICER IN CHARGE |
| KREUSCH J | |

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 | WARRANT NUMBER |
|---|---|---|
| | ☒ | 1225S2025000068 |
| | | CITY/COURT WOODBRIDGE PD |

CHARGES
**SHOPLIFTING**

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

IS ARRESTEE A JUVENILE ☐ YES

| NAME OF PROBATION OFFICER NOTIFIED | TIME |
|---|---|
| | |

| NAME OF PARENT OR GUARDIAN NOTIFIED | OFFICER MAKING NOTIFICATION | TIME |
|---|---|---|
| | | |

| BAIL COMMISSIONER | AMOUNT OF BAIL | DATE AND TIME OF BAIL |
|---|---|---|
| LINDEN PD | | |