DEPTFORD TWP POLICE
2017 OCT -5 PM 1:28

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Mildred MI J Last Name Anderson

Company

Mailing Address 6101 Tanyard Oaks Ct

City Sewell State NJ Zip 08080 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Mildred J Anderson Date 10/5/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Domestic violence
2. Tanyard Oaks Ct
3. 9/19/17

AGENCY USE ONLY

Est. Document Cost
~~Est. Delivery Cost~~
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress - Open
Denied - Closed
(Filed) - Closed 10/5/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-53514
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature 10/6/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE D1

2017 OCT -6 AM 10:19

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Denise ~~Adamic~~ Last Name Adamic

Company First Service Residential

Mailing Address 1102 Broadacres Dr

City Clementon State NJ Zip 08021 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension x501

Preferred Delivery: Pick Up ✓ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Denise Adamic Date 10/6/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Harassment – Police Report against James Kane by Denise Adamic on 9/29/17

AGENCY USE ONLY

Est. Document Cost _____
~~Est. Delivery Cost~~ _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress – Open _____
Denied – Closed _____
Filled – Closed 10-6-17
Partial – Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Record Date _____
Ready Date _____
Total Pages _____

Final Cost

Total $0
Deposit _____
Balance Due _____
Balance Paid $0

Records Provided

[redacted] 10/6/17
Custodian Signature Date

DEPTFORD TWP
POLICE
D1
2017 OCT 10 PM 3:33

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Nashiz MI M Last Name Amin

Company

Mailing Address Po Box 1573

City Camden State NJ Zip 08105 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Date 10-10-2017

Payment Information

Maximum Authorization Cost $ Ø

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Harassment report
2. 9-28-17
3. 820 Cooper St
4. Case # 17-34882

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress - Open
Denied - Closed
Filed - Closed 10-10-17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total Ø
Deposit
Balance Due
Balance Paid Ø

Records Provided

Custodian Signature HØ82 Date 10/16/17

Police Records

From: James Van Auken [redacted]
Sent: Monday, October 16, 2017 4:16 PM
To: Police Records
Subject: Opra

#092
10/19/17

Accident Report
1. Drivers Full Name: James D Van Auken
2. Accident Location: Northbound Lane of NJ Rt. 41 before the intersection of Cooper St.
3. October 8th, 2017

Police Records

From: Alice Cupaiuolo <[redacted]
Sent: Monday, October 30, 2017 2:39 PM
To: Police Records
Subject: OPRA Request

Good afternoon:

Please provide me the crash report for Case Number: 17-038329 which occurred on October 25, 2017.

Thank you.

Alice I. Cupaiuolo, Esquire
Law Offices of Alice I Cupaiuolo, PA
1364 Delsea Drive
Deptford, New Jersey 08096
[redacted]

DEPTFORD TWP POLICE
2017 SEP 29 PM 3:15

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Emilia MI Y Last Name Alas

Company

Mailing Address 402 windward CT

City ELKTON State MD Zip 21921 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Emilia Alas Date 9-29-17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident - 9/21/17 - Deptford Mall

AGENCY USE ONLY

Est Document Cost
~~Est. Delivery Cost~~
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open
Denied - Closed
Filled - Closed 9/29
Partial - Closed

AGENCY USE ONLY

Tracking Information 17-33791 Final Cost .15

Tracking # Total .15
Rec'd Date Deposit
Ready Date Balance Due
Total Pages Balance Paid .15

Records Provided

0

Custodian Signature Date

PM
sent 10/16/17

Police Records

From: Diana Archer [redacted]
Sent: Monday, October 16, 2017 9:26 AM
To: Police Records
Cc: Lisa Ciambrano
Subject: complaint

We received a call over the weekend to lodge Michael Roman. He did not score enough to lodge in the detention center, however he was placed in the shelter. Pltm. Emmons was the arresting officer. I believe the youth is charged with 7counts of burglary 3rd Rec. Stolen property DP, Failure to Surrender DP, Resisting DP, Poss. Marijuana DP.. The officer was supposed to fax over a copy of the complaint to 856-686-7432 in order for us to approve the shelter placement. We have a hearing scheduled before the Judge and need a copy of this complaint before this afternoon. Please fax this complaint to [redacted] Thank you

Diana Archer, Sr. Probation Officer
Juvenile Intake
Office[redacted]
[redacted]

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 OCT -6 AM 10:29

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name JOYCE MI ____ Last Name ALVERSADO

Company ____

Mailing Address 185 Nathan Hale Drive

City Deptford State NJ Zip 08096 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* (HAVE NOT) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jalversado Date 10/07/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Harrassment / Verbal Assault
2. September 29, 2017
3. 185 Nathan Hale Drive Deptford NJ 08096
4. 17324930

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
(Filed) - Closed 10/16
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-349-80 Final Cost

Tracking # ____ Total 0
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid ____

Records Provided

Custodian Signature 10/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE DV

2017 OCT 25 AM 9:44

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Debra MI F. Last Name Adkins

Company

Mailing Address 227 Pine Valley Lane

City Sewell State NJ Zip 08080 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Debra Adkins Date 10/25/2017

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Incident - Theft
2. 10/23/2017
3. 227 Pine Valley lane, Sewell, NJ 08080
4. 17-038132

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

DV

In Progress – Open
Denied – Closed
Filled – Closed 10-25-17
Partial – Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

[signature] 10/31/17
Custodian Signature Date

DEPTFORD TWP POLICE
2017 OCT -4 AM 11:11

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Taylor MI C Last Name Ribecchi

Company

Mailing Address 3 Freedom Court

City Deptford State NJ Zip 08096 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Taylor Ribecchi Date 10/4/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident
2. 9/15/17
3. Rt 41, Deptford
4. [redacted]

AGENCY USE ONLY

Est. Document Cost
~~Est. Delivery Cost~~
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

DI

In Progress - Open
Denied - Closed
Filed - Closed 10-04-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-033044
Rec'd Date
Ready Date
Total Pages

Final Cost
Total .15
Deposit
Balance Due
Balance Paid .15

Records Provided

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 13 AM 11:52

RM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jose MI A. Last Name Rodriguez

Company

Mailing Address 204 Grant Ave

City Clementon State NJ Zip 08089 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jose A Rodriguez Date 10-13-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. FRAUD - Deptford Mall - Verizon Store.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

RM

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10/13
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-32058
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

#052 Custodian Signature 10/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 OCT 12 AM 10:44

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Britney MI N Last Name Renner

Company N/A

Mailing Address 128 Woodlawn Ave

City Mantua State NJ Zip 08051 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up ✓ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Britney Renner Date 10/12/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

All documents in regards to my case
criminal
I believe I was stopped right outside of Bud's Pools
6/9/16 hurfville rd
britney.renner@gmail.com case#: 16-022885

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress - Open _____
Denied - Closed _____
Filled - Closed 10-12-17
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 16-022885
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total .15
Deposit _____
Balance Due _____
Balance Paid .15

Records Provided

Custodian Signature 10/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 11 PM 3:51

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name: Darlene MI: D Last Name: Reichert

Company:

Mailing Address: 1351 Good Intent Rd, Apt 53

City: Deptford State: NJ Zip: 08096 Email: [redacted]

Business Hours Telephone: Area Code: [redacted] Number: Extension:

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Darlene A Reichert Date: 10-11-17

Payment Information

Maximum Authorization Cost $ 1.35

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

COMPLAINT CALLED IN TO APT. 67
NOISE 8-10-17 17-028-401
~~NOISE~~
DOMESTIC 9-22-17 17-03881

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D

In Progress - Open
Denied - Closed
(Filled) - Closed 10-11-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 1.35
Deposit
Balance Due
Balance Paid 1.35

Records Provided

Custodian Signature 1252 Date 10/16/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 OCT 27 PM 2:40

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Stilianos MI N Last Name Rombos

Company

Mailing Address 203 Steeplechase Ct.

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10-27-17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

INVESTIGATION REPORT.

115 Beacon Drive, Deptford, NJ, 08096

10-3-17

CASE#: 17-035548

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-28-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total .10
Deposit ____
Balance Due ____
Balance Paid .10

Records Provided

[signature] 10/31/17
Custodian Signature Date

PM
EMAiled
10/30/17

FAX

To: Deptford Police Records
Company:
Fax: 8568484564
Phone:

From: Chavi Rosenbaum
Fax: [redacted]
Phone: [redacted]
E-mail: [redacted]

HOC 2
10/31/17

Notes: OPRA Request: Accident Report

RE: OPRA Request

Good Morning,

I'd like to request an accident/ crash report be sent via email in reference to the following incident:

Case #: 17-34880

Date: 9/28/2017

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 OCT 10 AM 11:31

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Michael MI P Last Name Rank.

Company Just Four wheels | Ocean HomeHealth

Mailing Address 1000 Airport Rd.

City Lakewood State NJ Zip 08070 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/10/2017

Payment Information

Maximum Authorization Cost $ .20

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report
Ryan Fahr
10/5/17 Delsea Dr
2017035763

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress Open ____
Denied Closed ____
Filed Closed 10-10-17
Partial Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-035763
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total .20
Deposit ____
Balance Due ____
Balance Paid .20

Records Provided

[signature] 10052
Custodian Signature

10/16/17
Date

#582

10/24/17

Police Records

From: Tracy Schaffstall [redacted]
Sent: Monday, October 23, 2017 10:04 AM
To: Police Records
Subject: Opra

Good Morning,

I am requesting a copy of a police report for the following:

Theft Report - Tracy Schaffstall

10-12-17

Case # 17-36674

Thank you,

Tracy Schaffstall

Dental Solutions

6 Oriole Ave

Media, PA 19063

Phone: [redacted]

Fax: [redacted]

Email: [redacted]>

10-24-17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 OCT 20 AM 11:29

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Richard MI D Last Name Santoro

Company

Mailing Address PO Box 85

City Westville State NJ Zip 0853 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/20/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Identity Theft
10-17
Deptford
17-037247

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

return

In Progress - Open
Denied - Closed
Filed - Closed 10-20-17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

#5192 10/23/17
Custodian Signature Date

DEPTFORD TWP
POLICE
D1
2017 OCT 17 PM 3:06

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Leonard MI ___ Last Name Shaw

Company N/A

Mailing Address 90 Chelsea Circle

City Clementon State NJ Zip 08021 Email [redacted]

Business Hours Telephone: Area Code ___ Number [redacted] Extension ___

Preferred Delivery: Pick Up ___ US Mail ___ On Site Inspect ___

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Leonard Shaw Date 10/17/17

Payment Information

Maximum Authorization Cost $ ¢

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident report 10/19/17
Cooper Street

Leonard Sven1 @ Comcast.net [redacted]

AGENCY USE ONLY

Est. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated Balance ___

Deposit Date ___

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1 e-mailed

In Progress – Open ___
Denied – Closed ___
Filed – Closed 10-24-17
Partial – Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-037413
Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost
Total ¢
Deposit ___
Balance Due ___
Balance Paid ¢

Records Provided

HS292 10/24/17
Custodian Signature Date

P/O - Emmons

DEPTFORD TWP
POLICE D1

2017 OCT 23 PM 12:15

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Jeanette MI D Last Name Stein

Company

Mailing Address 1007 Delsea Drive

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jeanette D Stein Date 10/23/2017

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copy of Accident Report
Case # 17-36964

Walmart Parking lot
Clements Bridge Rd.
10/14/17

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress – Open ____
Denied – Closed ____
Filled – Closed 10-23-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total .15
Deposit ____
Balance Due ____
Balance Paid .15

Records Provided

#5982 Custodian Signature 10/24/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 13 PM 3:05

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Custom MI E Last Name Silva

Company

Mailing Address 1501 Little Gloucester Rd

City Blackwood State NJ Zip 08012 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I (*HAVE*) / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Custom Edmunds Silva Date 10/13/2017

Payment Information

Maximum Authorization Cost $ 1.15

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident #41 10/6/2017

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress – Open
Denied – Closed
Filed – Closed 10/13
Partial – Closed

AGENCY USE ONLY

Tracking Information 17-3596

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost 1.15
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature 10/16/17 Date

State of New Jersey DEPTFORD TWP POLICE
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 OCT -6 PM 12:00

TM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Sean MI W Last Name Sperry

Company

Mailing Address 624 Chestnut Ave

City Woodbury Heights State NJ Zip 08097 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature SS Date 10/6/17

Payment Information

Maximum Authorization Cost $ ~~4~~

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

[redacted]

Please EMAIL when Ready to both EMAILS TM

Accident 10/6/17

Tanyard Rd.

AGENCY USE ONLY

Est. Document Cost ____
~~Est. Delivery Cost~~ ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Sent US Mail

In Progress - Open ____
Denied - Closed ____
Filed - Closed 10-10-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-035913
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ~~9~~
Deposit ____
Balance Due ____
Balance Paid ~~9~~

Records Provided

+0192 10/6/17
Custodian Signature Date

DEPTFORD TWP
POLICE
2017 OCT 30 PM 12:3

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Shaul MI J Last Name Sampson

Company Sampson Motors

Mailing Address 744 Saddlebrook Dr

City Willowbrook State NJ Zip 08724 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 10/30/17

Payment Information

Maximum Authorization Cost $ 15

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Suplament report of case # 17-03705

Arson

10-15-17

1345 Delsea Dr Deptford twp

17-03705

[redacted]

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D

In Progress – Open ____

Denied – Closed ____

Filled – Closed 10-30-17

Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total 15

Deposit ____

Balance Due ____

Balance Paid 15

Records Provided

[redacted] 10/31/17

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 OCT 26 PM 3:18

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Trisha MI M Last Name Schneider

Company

Mailing Address 338 Villanova Ave

City Merchantville State NJ Zip 08109 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Date 10/26/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Neglu's harassment Report 10/23/17

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress – Open
Denied – Closed
Filed – Closed 10/26
Partial – Closed

AGENCY USE ONLY

Tracking Information 17-58028 Final Cost

Tracking #
Rec'd Date
Ready Date
Total Pages

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature Date 10/31/17

PM
Done 10/25/17

DEPTFORD TWP
POLICE

2017 OCT 24 AM 11:07

#5162
10/31/17

LAW OFFICES

MICHAEL STEIMAN

1628 JOHN F. KENNEDY BOULEVARD
SUITE 1750
PHILADELPHIA, PA. 19103-2114

[redacted]6

FAX (215) 564-1659

MICHAEL STEIMAN
CLIFFORD BRYMAN

BUCKS COUNTY OFFICE
MONTGOMERY COUNTY OFFICE
2855 PHILMONT AVENUE
HUNTINGDON VALLEY, PA 19006

[redacted]

PLEASE REPLY TO PHILADELPHIA OFFICE

policerecords@deptford-nj.org

Subject- OPRA Request- Auto Accident Report

Dear Sir/Madam:

We represent Joshua Shaffer who was a passenger in the vehicle driven by Anthony Marchigiani on October 10, 2017. Please provide us with a copy of the police report. The case number is 2017-36406, The location of the accident is Cooper Street an Delsey Drive, Deptford, N.J.

Please provide us with the name and address of the ambulance company that transported Joshua Shaffer to Inspira Medical Center in Woodbury, N.J.

Thank you.

Very truly yours,

Michael Steiman

MICHAEL STEIMAN

MS/sa

Police Records

From: DAWN SHAPLEY [redacted]>
Sent: Thursday, October 26, 2017 1:26 PM
To: Police Records
Subject: OPRA

#552
10/31/17

Motor Vehicle Theft

Jessica Shapley

1851 Parkside Ave, Deptford, NJ, 08096

10/18/17 Date of theft

17-037314

Please email a police report asap, The insurance company needs this

Thank You

Jessica Shapley

[redacted]

[redacted]

96
05
97

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 25 AM 11:33

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Joseph MI ____ Last Name Senatore

Company Retired

Mailing Address ____

City Gloucester State Medford Zip NJ 08043 Email ____

Business Hours Telephone: Area Code [redacted] Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Joseph Senatore Date 10-28-17

Payment Information

Maximum Authorization Cost $ .35

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident Report - Delsea Drive 10-22-17
2. Location
3. Date 10-22-17
4. Case # 17-037467 Jackie

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

Di

In Progress - Open ____
Denied - Closed ____
(Filed) - (Closed) 10-25-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total .35
Deposit ____
Balance Due ____
Balance Paid .35

Records Provided

#592 Custodian Signature 10/31/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 16 PM 2:09

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Stacey MI ____ Last Name Seigel

Company Kelsch Associates

Mailing Address 308 Broadway

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Stacey Seigel Date 10/16/17

Payment Information

Maximum Authorization Cost $ 15

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident report 10/4/17 Monmouth Rd.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress – Open ____
Denied – Closed ____
Filled – Closed 10/19/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-310290
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 15
Deposit ____
Balance Due ____
Balance Paid 15

Records Provided

Custodian Signature 10/19/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 11 AM 9:14

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name MICHAEL MI J Last Name SULLIVAN

Company NONE

Mailing Address 134 HERITAGE Road

City SEWELL State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/10/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT REPORT from (OCT. 7, 2017 APPROX 630 AM)
INVOLVED MYSELF ON RT. 45.
SUPPLIED ME I.D. from officer on SITE: 17-36026

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1 e-mail

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-18-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-36026
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

[signature] 10092
Custodian Signature Date 10/19/17

dr8992
11/16/17

Patricia A. Mitchell

From: tangelik Carradine <[redacted]
Sent: Monday, November 13, 2017 12:53 PM
To: Police Records
Subject: OPRA Request

I'm requesting an accident report that occurred on September 15, 2016. The driver was Donnisha Young and it happened on Hurffville Road in Deptford.
I was told by the attorney of the lady that was also involved in the accident that I was named in the accident report.

Respectfully,

Tangelik Carradine

DI

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -2 PM 12:17

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name THOMAS MI ____ Last Name DONATO

Company METRO REPORTING

Mailing Address BOX 926 WM PENN ANNEX

City PHILA State PA Zip 19105 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/2/17

Payment Information

Maximum Authorization Cost $ 35

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

AUTO ACC 10/15/17 DEPTFORD MALL 17-37028
" " 10/15/17 DEPTFORD 17-37089

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 35
Deposit ____
Balance Due ____
Balance Paid 35

Records Provided

[signature] 11/3/17
Custodian Signature Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -8 PM 3:50

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Dean MI P Last Name Ripa

Company

Mailing Address 324 Ewan Rd

City Mullica Hill State NJ Zip 08062 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Case # 17-39784

Email: [redacted]

Accident: Deptford Center Rd.

Email when complete

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open
Denied - Closed
Filed - Closed 11/9
Partial - Closed

AGENCY USE ONLY

Tracking Information 17-39784

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

#252 Custodian Signature

11/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -1 AM 10:10

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Monique MI R Last Name Rose

Company

Mailing Address 206 Hunter St.

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up ✓ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Monique Rose Date 11/1/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report happened 10/31/17. in deptford off warrick ave. 17-39133

[redacted]

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open _____
Denied - Closed _____
Filled - Closed 11/6
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-39133
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due 0
Balance Paid _____

Records Provided

[redacted] 11/9/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -3 AM 11:28

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Carol MI L Last Name Robeson

Company

Mailing Address 138 Burke Ave

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension 1223

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Carol Robeson Date 11/3/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

accident report for MVA 10/19/2017
Rpt # 17-37410

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11/8
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-37410 Final Cost 10

Tracking # 17-37410 Total 10
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid 10

Records Provided

Custodian Signature [redacted] 11/9/17
Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -3 PM 2:37

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Carmella MI ____ Last Name Rome

Company ____

Mailing Address 200 Ogden Station Road Apt. A

City Wenonah State NJ Zip 08090 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the ~~United States~~.

Signature Carmella Rome Date 11/3/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Domestic Violence / Unwanted persons
Oct. 29 2017 (6pm)
200 Ogden Station Rd.
Apt. A
Wenonah NJ 08090

Report #: 2017388857

[redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress - Open ____
Denied - Closed ____
Filled - Closed 11/3/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17388857
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

Custodian Signature 5892 Date 11/9/17

DEPTFORD TWP POLICE
2017 NOV -9 AM 9:55

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Lora Vickery MI ____ Last Name Vickery

Company ____

Mailing Address 416 Budd Blvd.

City West Deptford State NJ Zip 08096 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Lora Vickery Date 11/9/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident 5/28/16
Accident Report
Clements Bridge Rd. Dept. NJ
Case # 2016021229

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed X
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 16-21229
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total .10
Deposit ____
Balance Due ____
Balance Paid .10

Records Provided

H0052 11/16/17
Custodian Signature Date

PM Done

Patricia A. Mitchell

#092
11/9/17

From: [redacted]
Sent: Monday, November 06, 2017 2:44 PM
To: Police Records
Subject: record #17-38823

Please forward the police report from 10/29/17 on highway 55

Daniel Voss | **Claims Generalist**
1200 Howard Boulevard Suite 110
Mount Laurel, NJ 08054
[redacted]3

Please consider the environment before printing this email.

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -2 AM 11:22

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name SHIRLEY/CHERYL MI A Last Name VERLANDER

Company

Mailing Address 1511 CHESTNUT LANE

City WESTVILLE State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-2-17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

car accident on Almenessen Rd

10-30-17

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open _____
Denied - Closed _____
Filed - Closed 11-2
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-39074
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total .20
Deposit _____
Balance Due _____
Balance Paid .20

Records Provided

[signature] 192 11/3/17
Custodian Signature Date

Police Records

From: [redacted]
Sent: Wednesday, November 15, 2017 10:53 AM
To: Police Records
Subject: Accident Report Request

#092
11/20/17

Good morning,

My name is Alan and I am with the Gloucester County Engineer's office. I am trying to obtain a crash report from an accident that occurred on October 28, 2017 at the intersection of Clements Bridge Rd (CR 544) & Almonesson Rd (CR 621).

Thank you for your help,

Alan T. Tillman
Gloucester County Public Works.
Office of the County Engineer
[redacted]
Gloucester County

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 NOV -1 PM 12:44

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Kathleen MI M Last Name Herbert

Company

Mailing Address 18 Annes Ct

City Sewell State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kathleen M. Herbert Date 10/01/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

accident 10/21/17.
Dolsea Drive near Cattle Rd in Deptford
Case # 17-037778.

[redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress – Open ____
Denied – Closed ____
Filed – Closed 11/1
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-577
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

HS 92 Custodian Signature 11/3/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 NOV -6 PM 12:25

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name JANICE MI A Last Name HARKINS

Company

Mailing Address 97 WOODWAY DR.

City WEST DEPTFORD State NJ Zip 08066 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Janice Harkins Date 11-6-17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash __ Check __ Money Order __

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident
Date 10-26-17
Panatican Apts. Deptford
[redacted]

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open _____
Denied - Closed _____
Filled - Closed X
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-38499
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total .15
Deposit _____
Balance Due _____
Balance Paid .15

Records Provided

Custodian Signature 11/9/17 Date

DEPTFORD TWP POLICE
2017 NOV -1 AM 9:10

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

RM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Jeffrey MI ____ Last Name Hale

Company Wal-Mart Store #5976

Mailing Address 820 Cooper ST

City Deptford State NJ Zip 08093 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jeff Hale Date 11-1-17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1) Theft Report filed by Walmart
2) 10-27-17
3) Walmart Store 5976 Deptford
4) 38638

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

RM

In Progress - Open ____
Denied - Closed ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-5838
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

HDS2 11/3/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -9 PM 1:16

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Barbra MI A Last Name Inglehaern

Company

Mailing Address 601 N. Black Horse Pk E-4

City Williamstown State NJ Zip 08094 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 11/9/2017

Payment Information

Maximum Authorization Cost $ .25

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

High Speed Chase
Nov. 2nd 2017
Delsea DR. to Broadway
17-39496
[redacted]

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress – Open
Denied – Closed
Filed – Closed 11/9/17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-39496
Rec'd Date
Ready Date
Total Pages

Final Cost
Total .25
Deposit
Balance Due
Balance Paid .25

Records Provided

[redacted] 11/16/17
Custodian Signature Date

DEPTFORD TWP POLICE
2017 NOV -9 AM 10:13

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Bobby MI D Last Name Jefferson

Company

Mailing Address 722 Billings Ave

City Paulsboro State N.J. Zip 08066 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Bobby Jefferson Date 11/9/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Picking up a accident Report from 11/1/17 on Cattell RD

Email [redacted]

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed
(Filled) - Closed 11/13/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-40200
Rec'd Date
Ready Date
Total Pages

Final Cost
Total .05
Deposit
Balance Due
Balance Paid .05

Records Provided

Custodian Signature 11/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -9 AM 9:21

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Quinten MI A Last Name Johnson

Company

Mailing Address 110 Arnold Ave

City Mount Holly State NJ Zip 08060 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Quinten Johnson Date 11-9-17

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident
2. 5/29/2014
3. Clements bridge road
4. 2014021667
4. [redacted]

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ___
Denied - Closed ___
Filled - Closed X
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 14-21667
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total .15
Deposit _____
Balance Due _____
Balance Paid .15

Records Provided

Custodian Signature 45752 Date 11/16/17

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 NOV -9 AM 11:40

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name ANDREW MI S Last Name JORDAN

Company

Mailing Address 2049 BARNSBORO RD APT N-2

City BLACKWOOD State NJ Zip 08012 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up N US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-09-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

POLICE REPORT 17-039442

DEESEA DR. 11/03/17

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
Filled - Closed 11/9
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-39447
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

[signature] 11/16/17
Custodian Signature Date

Patricia A. Mitchell

From: JAMES JOHNSON [redacted]
Sent: Monday, November 06, 2017 11:00 AM
To: Police Records
Subject: opra

Accident

Street: Almonesson Rd

Date:10/30/2017

Police Report Number

17-038899

My name is James Johnson

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 NOV 13 AM 11:35

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name William MI W Last Name Corsey

Company

Mailing Address 32 Fleming Ave

City Sewell State NJ Zip 08080 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature William C Date 11/13/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Child custody report
The officer that handled the issue was Moe Haney
The location was Deptford new jersey
9/29/17 17-0349774

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress - Open
Denied - Closed
Filled - Closed 11-13-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total .15
Deposit
Balance Due
Balance Paid .15

Records Provided

Custodian Signature H0392 Date 11/16/17

DEPTFORD TWP POLICE

2017 NOV-14 PM 2:39

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Melanie MI L Last Name Commisso

Company

Mailing Address 507 Pennsylvania Ave

City National Park State NJ Zip 08063 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Melanie Commisso Date 11-14-17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

accident report 10-27-17 17-038622

1500 Almonesson Rd

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress – Open
Denied – Closed
Filled – Closed 11-14-17
Partial – Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total .10
Deposit
Balance Due
Balance Paid .10

Records Provided

#592 Custodian Signature

11/16/17 Date

Police Records

From: Pfeifer, Craig [redacted]
Sent: Saturday, November 11, 2017 2:31 PM
To: Police Records
Subject: Jesse Jones DOB 11-29-1989

#0952 11/16/17

I am requesting the arrest report on the above individual. He is currently on Parole and under my supervision. His arrest date was 10-26-17 and the charges were PossCDS/Analog and Drug Paraphernalia.

Thank you in advance

Craig Pfeifer
Sr. Parole Officer #410

11-14-17 DI

PM #0252 Done 11/16/17

Patricia A. Mitchell

From: [redacted]
Sent: Tuesday, November 14, 2017 3:22 PM
To: Police Records
Subject: Fwd: OPRA

Subject: OPRA

Request a well being check report for Irene Coates' husband Marvin Coates.; dated 11/11/17, 720 Orchard Ln Deptford, NJ 08096.
Report 17-040691

Patricia A. Mitchell

From: Debbie Lozuke Phillips [redacted]
Sent: Tuesday, November 14, 2017 3:47 PM
To: Police Records
Subject: OPRAH Case # 17-404-34

Hawthorne Woods Apartments
Narraticon

PM 15:10 11/20/17

Done
11-17-17

Not
Done
11-17-17

Patricia A. Mitchell

From: John Storms
Sent: Wednesday, November 29, 2017 11:54 AM
To: Diane Talorico; Patricia A. Mitchell; Heather L. Ryan; Anna Duffy
Subject: OPRA request

Categories: Yellow Category

All,

Below is a request that Dina received. We have approximately 1300 requests. As per the township attorney, this if for the request only and not the actual reports. This is his response and how we should proceed.

Dina,

This one is a real pain, and all towns are getting this request. This guy has a website and publishes all OPRA requests and I am not really sure why. At any rate, it seems all towns are releasing all requests but redacting the phone number and email address of the requestor that appears on the request form. This is an approach I would agree with.

Al

OPRA Requests
Dear Deptford Township,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message. Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Sergeant John Storms #5192
Records/Evidence/K9 supervisor
1011 Cooper Street
Deptford, NJ 08096
[redacted]

PM

Police Records

From: Greg & Elizabeth Pastino [redacted]>
Sent: Tuesday, November 21, 2017 1:39 PM
To: Police Records
Subject: Accident Report

Done
#0952
11/28/17

I am requesting a copy of my accident report #17-40573. The accident occurred on 11/10/2017 in Deptford Township. Please email to me as soon as possible.

Thank you,
Greg Pastino
[redacted]

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP.
POLICE D1

2017 NOV 13 AM 11:21

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Anna MI M Last Name Petrina

Company

Mailing Address 120 Pop Moylan Blvd apt #104

City Deptford State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ___ US Mail ___ On Site Inspect ✓

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *(HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Anna M. Petrina Date 11-13-2017

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Need Report on August 6th Police Report came out to apartment when I was assulted by Tina Madden (Daughter)
Than following day I came in spoke to a Captain and wrote a report on the truth of the assult.

AGENCY USE ONLY

Est. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated Balance ___

Deposit Date ___

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress – Open ___
Denied – Closed ___
Filled – Closed 11-13-17
Partial – Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-052802
Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost
Total 0
Deposit ___
Balance Due ___
Balance Paid 0

Records Provided

HD92 Custodian Signature 11/16/17 Date

DEPTFORD TWP POLICE
2017 NOV 13 PM 2:38

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Charles MI ____ Last Name Pierce

Company ____

Mailing Address 141 Crown Prince Drive

City Marlton State NJ Zip 08053 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-13-2017

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Theft
May 2017
Best Buy Deptford NJ
Involving Alexa Shalit
[redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress - Open ____
Denied - Closed ____
Filled - Closed 11/13/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-160046
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

[signature] H0052 Custodian Signature 11/16/17 Date

PM 1052

11/16/17

Police Records

From: Price, Jennifer [redacted]
Sent: Tuesday, November 14, 2017 4:14 PM
To: Police Records
Subject: OPRA

Hello-I am requesting an accident report that happened at my property 1626 Cooper St Deptford NJ 08096 on 11/7/2017 at 17:49 hours; crash case #17-70192. I am the owner of the property and a driver drove off the road through my front yard causing property damage. I specifically need their Name, Insurance Company and Policy Number.

Thank you,

Jennifer Price
Sales and Marketing Representative

Boundary Run

Hours: Mon, 12-6; Tue – Fri, 10-6; Sat, 10-5 Sun, 12-5

[redacted]

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -2 AM 9:34

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Sharon MI R Last Name Parks

Company

Mailing Address 2101 Grand Interest Rd

City Deptford State NJ Zip 08096 Email

Business Hours Telephone: Area Code 8 Number Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 11/2/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Victim of Fraud Report - 10/30/17 - Deptford
Investigator Report - 10/30/17 - Deptford
Harassment

[redacted]

17-39004
17-39007

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open
Denied - Closed
Filed - Closed 11/2
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total 0
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature [redacted] Date 11/3/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 NOV -6 AM 11:52

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name RANCE MI ____ Last Name CHAMPION

Company ____

Mailing Address 27 WALNUT ST.

City WESTVILLE State N.J. Zip 08093 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Rance Champion Date 11/6/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. REPORT ON DAMAGE TO WINDSHIELD IN HOME DEPOT PARKING LOT
2. 11/3/17
3. HOME DEPOT ON RTE 41 NEAR DEPTFORD MALL

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

RM

In Progress - Open ____
Denied - Closed ____
Filled - Closed 11/6
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-3967
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due 0
Balance Paid ____

Records Provided

Custodian Signature HD92 Date 11/9/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 NOV -9 AM 10:41

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Kenneth MI P Last Name Curtis Sr

Company

Mailing Address 314 Driscoll Rue

City Woodbury State N.J Zip 08096 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kenneth P Curtis Sr Date 11-9-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Picking up accident report Clembridge road and hurfville 11-4-17

AGENCY USE ONLY

Est Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-39733
Rec'd Date
Ready Date
Total Pages

Final Cost
Total .15
Deposit
Balance Due
Balance Paid .15

Records Provided

HSS2 11/16/17
Custodian Signature Date

DEPTFORD TWP POLICE

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

2017 NOV -3 PM 2:36

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Joan Clopp MI ____ Last Name Clopp

Company ____

Mailing Address 530 Pine Needle dr.

City Mays Landing State NJ Zip 08330 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail X On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Joan Clopp Date 11/3/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Theft by deception.

July 7, 2017

Mission Barbeque

[redacted]

Mark L. Clopp (husband)

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress – Open ____

Denied – Closed 11/3

Filed – Closed ____

Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17 3049 7

Rec'd Date ____

Ready Date ____

Total Pages ____

Records Provided

Final Cost

Total ____

Deposit 0

Balance Due ____

Balance Paid ____

#092 11/9/17

Custodian Signature Date

d#5952
11/16/17

Patricia A. Mitchell

From: tangelik Carradine [redacted]
Sent: Monday, November 13, 2017 12:53 PM
To: Police Records
Subject: OPRA Request

I'm requesting an accident report that occurred on September 15, 2016. The driver was Donnisha Young and it happened on Hurffville Road in Deptford.
I was told by the attorney of the lady that was also involved in the accident that I was named in the accident report.

Respectfully,

Tangelik Carradine

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D1

2017 NOV 13 AM 11:35

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name William Corsey MI W Last Name Corsey

Company

Mailing Address 32 Fleming Ave

City Sewell State NJ Zip 08080 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature William C Date 11/13/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Child custody report
The officer that handled the issue was Joe Haney
The location was Deptford New Jersey
9/29/17 17-0349974

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress – Open
Denied – Closed
Filled – Closed 11-13-17
Partial – Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total .15
Deposit
Balance Due
Balance Paid .15

Records Provided

Custodian Signature 10052 Date 11/16/17

DEPTFORD TWP
POLICE
2017 NOV-14 PM 2:39

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Melanie MI L Last Name Commisso

Company

Mailing Address 507 Pennsylvania Ave

City National Park State NJ Zip 08063 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Melanie Commisso Date 11-14-17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

accident report 10-27-17 17-038622
1500 Almonesson Rd

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress – Open ____
Denied – Closed ____
Filled – Closed 11-14-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total .10
Deposit ____
Balance Due ____
Balance Paid .10

Records Provided

Custodian Signature 11/16/17 Date

PM 10252 Done 11/16/17

Patricia A. Mitchell

From: [redacted]
Sent: Tuesday, November 14, 2017 3:22 PM
To: Police Records
Subject: Fwd: OPRA

Subject: OPRA

Request a well being check report for Irene Coates' husband Marvin Coates.; dated 11/11/17, 720 Orchard Ln Deptford, NJ 08096.
Report 17-040691

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -1 AM 11:26

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Bonnie MI L Last Name Coleman

Company

Mailing Address 9 Rail Road Ave

City Bridgeport State NJ Zip 08014 Email

Business Hours Telephone: Area Code 856 Number 467-1391 Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Bonnie L Coleman Date

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident: D 10/24/17 Rt 45

Kimberly Harbeson

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open
Denied - Closed
Filled - Closed 11/1
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-581-OC
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature 1052 Date 11/3/17

PM

Patricia A. Mitchell

From: Alfred Di Crosta [redacted]
Sent: Wednesday, November 01, 2017 3:03 PM
To: Police Records
Subject: Oprah

Categories: In Progress/ Printed

Done
11/1/17

Accident my moms accident Deborah divento 10/11/17

Clementsbridge Rd.

#092
11/3/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -2 PM 2:13

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Joseph MI E Last Name Costaldi

Company

Mailing Address 175 Andalora Way

City Westville State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/2/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Criminal mischief
10/25/2017
@ Westville NJ / Deptford NJ

[redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11/2/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-38336
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

#092 11/3/17
Custodian Signature Date

PM

DEPTFORD TWP
POLICE

2017 NOV -1 AM 10:32

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Raymond MI D Last Name BOHRER

Company

Mailing Address 1003 BENNETT DR

City DEPTFORD State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature R. Bohrer Date 11-1-17

Payment Information

Maximum Authorization Cost $ 10.00

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

INVESTIGATION
10-25-17
1003 BENNETT DR.
DEPTFORD, NJ. 08096

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11/1
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-38548
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 9
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature 1092 Date 11/3/17

DEPTFORD TWP POLICE
2017 NOV -8 PM 2:15

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name JACQUELINE MI J Last Name BUTLER

Company

Mailing Address 42 DUNFAN DRIVE

City VOORHEES State NJ Zip 08043 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jacqueline Butler Date 11/8/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

COPY OF ACCIDENT REPORT - 10.9.17
CLEMENTS BRIDGE ROAD

CASE # 17-36282

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed
Filled - Closed 11/8/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature 11/16/17 Date

PM

DEPTFORD TWP POLICE

2017 NOV -1 AM 10:32

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Raymond MI D Last Name BOHRER

Company

Mailing Address 1003 BENNETT DR

City DEPTFORD State NJ Zip 08096 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature R. Bohrer Date 11-1-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

INVESTIGATION
10-25-17
1003 BENNETT DR.
DEPTFORD, NJ. 08096

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

FM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11/1
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-38548
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit 0
Balance Due ____
Balance Paid ____

Records Provided

HB 92 11/3/17
Custodian Signature Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -9 PM 3:49

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Reyna MI ____ Last Name Andoy

Company ____

Mailing Address 210 1 Tanyard Oaks Ct

City Sewell State NJ Zip 08080 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Reyna Andoy Date 11/9/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Harrassement
2. 11/8/17
3. Tanyard Oak Courts Apartment

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11/9/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-39876 Final Cost

Tracking # ____ Total ____
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due 0
Total Pages ____ Balance Paid ____

Records Provided

HJ292 11/16/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
DT
2017 NOV 13 AM 10:07

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name THOMAS MI J Last Name ARMOUR

Company

Mailing Address 310 STOCKTON BLVD

City BERLIN State NJ Zip 08009 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Thomas J. Armour Date 11-13-17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT REPORT
11-12-17
DEPTFORD CENTER ROAD

[redacted]

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: if any part of request cannot be delivered in seven business days, detail reasons here.

DT

In Progress - Open
Denied - Closed
Filled - Closed 11-13-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-040804
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

[redacted] Custodian Signature

11/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -3 AM 9:30

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Kimberly MI M Last Name Ammon

Company

Mailing Address 11 Laurel Court

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ____ US Mail ✓ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kimberly M. Ammon Date 11/3/2017

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

8/11, 9/1, 9/2

CADS Report for 8/11 given

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open
Denied - Closed
Filed - Closed 11/3
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-28484
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid

Records Provided

HSDS 11/3/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -1 PM 3:53

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Nicole MI D Last Name DiAngelo

Company

Mailing Address 1911 Normandy Ave

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code 856 Number 580-4343 Extension

Preferred Delivery: Pick Up ✓ US Mail ✓ On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Nicole DiAngelo Date 11-01-2017

Payment Information

Maximum Authorization Cost $0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident record
11-01-2017
Huffville Rd

Mailed 11-2-17

AGENCY USE ONLY

Est. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated Balance ___

Deposit Date ___

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

TM

In Progress - Open ___
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-393
Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due 0
Balance Paid ___

Records Provided

#092 11/3/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -2 PM 2:17

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Joshua MI W Last Name Davis
Company Public Works
Mailing Address 396 Ogden A Rd
City Wenonah State NJ Zip 08090 Email
Business Hours Telephone: Area Code [redacted] Number [redacted] Extension
Preferred Delivery: Pick Up ✓ US Mail On Site Inspect
Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature Date 11/2/17

Payment Information

Maximum Authorization Cost $ 0
Select Payment Method
Cash Check Money Order
Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger
Delivery: Delivery / postage fees additional depending upon delivery type.
Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

17-038585
10-27-17
Harassment

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance
Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress – Open
Denied – Closed
Filled – Closed 11/2/17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-38585
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 0
Deposit
Balance Due
Balance Paid 0

Records Provided

Custodian Signature HOSZ Date 11/3/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
D

2017 NOV 14 AM 10:06

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Chris MI ____ Last Name DiGrazio

Company ____

Mailing Address 109 White Tail Pass

City Franklinville State NJ Zip 08322 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Chris DiGrazio Date 11/14/17

Payment Information

Maximum Authorization Cost $ ¢

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident Report
2. Nov. 10, 2017
3. Deptford skating rink

[redacted]

about 7:00-7:30

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

e-mailed

In Progress – Open ____
Denied – Closed ____
Filled – Closed 11-14-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ¢
Deposit ____
Balance Due ____
Balance Paid ¢

Records Provided

1052 Custodian Signature
11/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD T
POLICE
D1
2017 NOV 13 AM 9

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Joseph MI ____ Last Name DeSantis

Company ____

Mailing Address 2049 Barnsboro Rd L17

City Blackwood State NJ Zip 08012 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature J DeSantis Date 11/13/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report Good Intent Road 11/9/17 5:30 pm
Police Report

5224

[redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

e-mailed

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11-15-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-040432
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total $ ____
Deposit ____
Balance Due ____
Balance Paid $ ____

Records Provided

Custodian Signature HS782 Date 11/16/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV 14 PM 3:28

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Adrianne MI M Last Name DiCiano

Company

Mailing Address 529 Hirsch Ave

City Runnemede State NJ Zip 08078 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Adrianne DiCiano Date 11/14/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash X Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1 Accident
2. 11/9/17
3. Hurffville Rd.
4. 17-040380
5. [redacted]

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress - Open
Denied - Closed
Filed - Closed 11-14-17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-040380
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

Custodian Signature 11/16/17 Date

State of New Jersey
Deptford Township DEPTFORD TWP POLICE DEPT TWP
GOVERNMENT RECORDS REQUEST FORM

2017 NOV 7 AM 10:30 AM 10:37

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name GARY MI S Last Name DETRANKO

Company HINKLEY'S LANDFILL, INC

Mailing Address 2025 DELSEA DRIVE

City SEWELL State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date ____

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash / Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

POLICE ACCIDENT REPORT #
2017039473 11/2/17
RT 41 (HURFFVILLE RD.)

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed 11/8
Filled - Closed 11/8
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-5947

Tracking # 17-5947 Final Cost 10.00
Rec'd Date ____ Total ____
Ready Date ____ Deposit ____
Total Pages ____ Balance Due ____
Balance Paid 10.00

Records Provided

[signature] 11/9/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE
2017 NOV -6 PM 4:16

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name AMY MI ____ Last Name GODONIS

Company ____

Mailing Address 507 IRVING CT.

City MOORESTOWN State NJ Zip 08057 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/6/17

Payment Information

Maximum Authorization Cost $ .15

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. ACCIDENT REPORT
2. 10/30/17
3. COOPER & DELSEA

4.17-38958

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress – Open ____
Denied – Closed ____
Filed – Closed 11/10/17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-38958
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total .15
Deposit ____
Balance Due ____
Balance Paid .15

Records Provided

1092 Custodian Signature
11/7/17 Date

DEPTFORD TWP POLICE
2017 NOV -6 PM 1:35

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name AKINKUNMI MI ____ Last Name FOWORA

Company ____

Mailing Address P.O. BOX 544

City SEWELL State NJ Zip 08-8 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-06-17

Payment Information

Maximum Authorization Cost $ $15

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT REPORT (CASE # 2017039314
11-01-17

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

[signature]

In Progress - Open ____
Denied - Closed 11/9/17
Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-39314
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total $15
Deposit ____
Balance Due ____
Balance Paid $15

Records Provided

[signature] Custodian Signature [signature] 11/9/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV 14 PM 12:17

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Eugene MI ____ Last Name Lillie

Company Tax Shop LLC

Mailing Address 1170 Delsea Dr.

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / (HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 11-14-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ARSON
10/29/17
Delsea DR
Westville, NJ.
[redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress – Open ____
Denied – Closed ____
Filed – Closed 11-14-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

[redacted] 11/16/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -8 PM 2:11

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name ALAN MI E Last Name KUTERBACH

Company —

Mailing Address 5 PONY RUN

City SEWELL State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension —

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 11-08-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

AUTO ACCIDENT (VEHICLE WAS REAR ENDED ON RT 41 ON 10-31-17)

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

KM

In Progress – Open ____
Denied – Closed ____
Filed – Closed 11/8
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-39314
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature [signature] 11/16/17 Date

Police Records

From: Cherie [redacted]
Sent: Monday, November 13, 2017 2:04 PM
To: Police Records
Subject: OPRA

#6042
11/29/17

To whom it may concern,

Request for accident report for Cherie Kelly, on November 6, 2017, case # 17-40003, location of Hurffville Rd. and Deptford Center Rd.

Thank you,
Cherie Kelly

17-40003

gave CADS

Sent on a Virgin Mobile Samsung Galaxy S® 5

11-13-17 DI

Police Records

From: Rachel Kerr [redacted]>
Sent: Thursday, November 16, 2017 3:17 PM
To: Police Records
Subject: Accident Report

#0192
11/20/17

Can you please email me a copy of the following accident report to this email address...
Driver: Michael L. Coombe
Date: Thursday, November 2, 2017 (AM)
Location: Dunkin Donuts on Hurffville Road

Sent from my iPhone

Patricia A. Mitchell

From: Matthew Di Cesare [redacted]
Sent: Monday, November 20, 2017 12:06 PM
To: Police Records
Subject: Body-accident report

May I please be forwarded a copy of the police report when it's ready? Thank you In advance.

Case # 2017 041789
Date: 11/20/2017
N Delsea dr

I am the driver of the Hyundai Tucson. My name is Matthew Di Cesare. The elderly man who hit me did not check his blind spots, switched into my lane and hit me.

Thank you,

Matthew Di Cesare

PM
Done

Patricia A. Mitchell

11-8-17

From: mmurphy1025 <[redacted]
Sent: Monday, November 06, 2017 2:39 PM
To: Police Records
Subject: Opra request

#5282
11/9/17

Accident June 4, 2012

Route 41

Thank you

Maria Murphy

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -8 PM 12:08

PM

38604

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Steven MI J Last Name Miller

Company

Mailing Address 336 Warwick Rd

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature S Miller Date _____

Payment Information

Maximum Authorization Cost $ 0.00

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

17-38604 (Ofc. R-595)

Accident 10-27-17

Delsea dr. & Turnpike

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open _____
Denied - Closed 11/8
Filled - Closed 11/8
Partial - Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # 17-38604
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due 0
Balance Paid _____

Records Provided

#092 Custodian Signature

11/9/17 Date

DEPTFORD TWP POLICE
2017 NOV -6 PM 1:45

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Candice MI M Last Name Martinez

Company

Mailing Address 244 Warren Ave.

City Bellmawr State NJ Zip 08031 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the ~~United States~~.

Signature [redacted] Date 11/6/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I'm requesting ~~case~~ police reports and complaints with ~~David Swartz Jr~~ David Swartz Jr. between 1/1/2016 and 10/31/2017.

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

emailed on 11/8/17 - storms

In Progress - Open
Denied - Closed
Filled - Closed 11/8/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

[redacted] 11/9/17
Custodian Signature Date

Deptford Township

OPEN PUBLIC RECORDS ACT REQUEST FORM

Ph: 856-845-5300 Fax:

PUBLIC RECORDS

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Christina MI _____ Last Name Mota

E-mail Address [redacted]

Mailing Address 2022 WASHINGTON BLVD

City ROBBINSVILLE State NJ Zip 08691

Telephone [redacted] FAX [redacted]

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax X E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Christina Mota Date 11/20/2017

Payment Information

Maximum Authorization Cost $ 15.30

Select Payment Method

Cash Check Money Order

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Motor vehicle accident reports for the dates listed below. Please email to data@legalplex.com if possible (or) fax to 609-961-6661.

Start Date 11/5/2017

End Date 11/18/2017

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress - Open _____

Denied - Closed _____

Filled - Closed 11-24-17

Partial - Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost

Total 15 30

Deposit _____

Balance Due _____

Balance Paid _____

Records Provided

Custodian Signature

Date 11/20/17

#092
11/20/17

FAX

Date: 11/20/17

Page 1 of 1

TO:

Name: Deptford Police Department (Records)

Fax Number: [redacted]

FROM:

Name: Brittney Thomas-Medina

Contact Number: [redacted]

Fax number: [redacted]

Subject: Accident Report

Message:

Request for Accident Report

Brittney Thomas-Medina

November 15th, 2017

Clements Bridge Road

#17-41129

11-20-17 DT

#597
11/28/17

Patricia A. Mitchell

From: kristy meglino <[redacted]>
Sent: Monday, November 27, 2017 3:09 PM
To: Police Records
Subject: common law

Categories: In Progress/ Printed

Theft Report
11/21/2017

513 Forest Edge Deptford, NJ 08096

Case ID #: 17-41920

Thank you,
Kristy Meglino

Sent from my iPhone

PM
Done
11/28/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

PM

2017 NOV -2 PM 12:39

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name MARILYN MI ____ Last Name MARTINEZ

Company ____

Mailing Address 831 Elm St

City CAMDEN State NJ Zip 0802 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Marilyn Martinez Date 11-2-17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT POLICE REPORT #17-38819
10-28-17 Clements bridge Rd.
MAll EAST dr. Deptford

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11-2
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-3889
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 10
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

HOSZ
Custodian Signature

11/3/17
Date

PM
Done
11-2-17

Patricia A. Mitchell

From: [redacted]
Sent: Thursday, November 02, 2017 9:59 AM
To: Police Records
Subject: Opra

#692
11/3/17

Theft
10/30/17
Rt. 41

Case # 17-038935

Thank you.

Michele Moore
Born to WOD / owner
[redacted]

PM
Done 11-2-17

Patricia A. Mitchell

From: Gab Masci [redacted]
Sent: Wednesday, November 01, 2017 12:20 PM
To: Police Records
Subject: Opra

Need police report for accident on 10/30/2017 at Delsea drive and Cooper street. Reference number 17-38958.
Thank you

Gabriella masci

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -1 AM 11:40

TM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name JAMISON MI R Last Name MCGIBNEY

Company

Mailing Address 108 Lauren Way

City Franklinville State NJ Zip 08322 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number Extension

Preferred Delivery: Pick Up V US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/1/17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

accident report 10/16/17
Tanyard rd / Hillcrest Dr

report #
17-35384

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

TM

In Progress - Open
Denied - Closed
Filled - Closed 11/3
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-35384
Rec'd Date
Ready Date
Total Pages

Final Cost 20
Total
Deposit
Balance Due
Balance Paid 20

Records Provided

[signature] 11/3/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 31 PM 1:13
AD

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name CHARANJIT MI S Last Name MANN

Company Deptford Citgo

Mailing Address 1100 Cooper St

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *(HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10-31-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05; Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

~~Deptford Citgo call on 9/… … … that he was walking on Cooper St call … Police … and was told me that … Police … with clerk to … Coull…~~

I theft
2 10/22/17
3 1120 Cooper Citgo

[redacted]

AGENCY USE ONLY

Est. Document Cost	
Est. Delivery Cost	
Est. Extras Cost	
Total Est. Cost	
Deposit Amount	
Estimated Balance	
Deposit Date	

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress - Open
Denied - Closed
(Filled) - Closed 10/31/17
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-37881
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature [signature] #1082 Date 11/3/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 OCT 31 AM 11:35

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Edy MI ____ Last Name Medina

Company Tikal Services

Mailing Address P.O. Box 177 Westville NJ

City Westville State NJ Zip 08093 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/31/2017

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1) PROPERTY STOLEEN.
2) 10/14/2017 MAY BE. NOT SURE.
3.) 1095 BROADWAY WESTVILLE NJ.
4) NO CASE NUMBER
5) [redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress - Open ____
Denied - Closed ____
Filled - Closed 10-31-17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-036729
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 0
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

Custodian Signature [signature] Date 11/3/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 OCT 30 AM 10:43

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Anthony MI ____ Last Name Monahan

Company ____

Mailing Address 710 MAGILL AVE

City Collingswood State NJ Zip 08107 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 10/30/17

Payment Information

Maximum Authorization Cost $ ¢

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1) ACCIDENT
2) 10/29/17
3) ALMONESSON RD
4) 2017038837

AMonahan

[redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress – Open ____
Denied – Closed ____
Filed – Closed 10-31-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-038837
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ¢
Deposit ____
Balance Due ____
Balance Paid ¢

Records Provided

Custodian Signature 11/3/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 OCT 31 PM 1:37

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name MCRORY MI T Last Name JAMES

Company

Mailing Address 22 BLACK PINE LANE

City LUMBERTON State NJ Zip 08048 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect ✓

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 10/31/17

Payment Information

Maximum Authorization Cost $ 40

Select Payment Method

Cash ✓ Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

CALL

17-031561	9/4/17	16:27	HARASSMENT
17-028484	8/11/17	17:41	HARASSMENT
17-012679	4/8/17	16:44	THEFT
16-038972	10/15/16	17:49	SUSPICIOUS INCIDENT
16-033355	09/02/16	21:17	DISTURBANCE
16-032895	08/30/16	18:03	SUSPICIOUS INCIDENT
16-022088	06/04/16	01:51	THEFT

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open
Denied - Closed
Filled - Closed 10/31/17
Partial - Closed

AGENCY USE ONLY

Tracking Information

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total .40
Deposit
Balance Due
Balance Paid .40

Records Provided

[signature] Custodian Signature 11/3/17 Date

#092
11/16/17

Police Records

From: pat mcaleer [redacted]
Sent: Saturday, November 04, 2017 7:59 PM
To: Police Records
Subject: Police report request

Categories: replied to sender, In Progress/ Printed

PM
Done
11-15-17

To whom it may concern

I was informed by patrolman Evans that i would be able to have police reports emailed to me if i provided all case numbers :

Name on report:
Patrick s mcaleer.
444 College Blvd
Wenonah (oak valley)
Nj 08090

Nicole a gatti
150 cross keys rd
Berlin nj 08009

All referenced reports are for child custody agreement violations Report #s are
17-30830
17-29000
17-28862
17-28720
17-34780
17-34612
17-34392
17-32647
17-28720
17-29228
17-30650
17-30957
17-32503
17-32742

All reports were filed at police headquarters ,deptford twp Thank you Pat Mcaleer
856 981 9407
Sent from my iPad

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 NOV -9 PM 2:37

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Erminia MI M Last Name Munguia

Company

Mailing Address 219 west ave

City Pitman State NJ Zip 08071 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-09-2017

Payment Information

Maximum Authorization Cost $ 6

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

I am picking up a copy of the report of an accident that I was in on the 28th of October 2017.

Deptford mall.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open _____
Denied - Closed 11/9
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-38690
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit 0
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature [signature] Date 11/16/17

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Rakia MI S Last Name Morgan

Company Lowe Home Improvement

Mailing Address 1480 Clement & Bridge Rd

City Deptford State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension [redacted]

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / I HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/3/2017

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ____ Check ____ Money Order ____

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Request Report for Shoplifters
Report # 10/26/17
17-039121 10/31/17

10/31/2017

Waiting for revised report 17-39121 Sent revised report 11-14-17 DT

AGENCY USE ONLY

Disposition Notes
If any part of request cannot be filled in seven business days, detail reasons here.

PM

AGENCY USE ONLY

Tracking Information 17-39121
Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Deposit Date ____

In Progress - Open
Denied - Closed
Filled - Closed 11/3
Partial - Closed

Custodian Signature [signature] 11/16/17 Date

DEPTFORD TWP POLICE

2017 NOV 13 PM 2:48

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Nancy MI ____ Last Name Maenner

Company ____

Mailing Address 11667 Almonesson Rd

City Deptford State NJ Zip 08096 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date ____

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report

10/29/17

Clements Bridge Rd Deptford

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress – Open ____

Denied – Closed ____

Filed – Closed 11/13/17

Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-38016

Rec'd Date ____

Ready Date ____

Total Pages ____

Records Provided

Final Cost

Total .10

Deposit ____

Balance Due ____

Balance Paid .10

Custodian Signature [signature] Date 11/16/17

PM

Police Records

From: Bonnie Mazzo [redacted]
Sent: Monday, November 13, 2017 2:20 PM
To: Police Records
Subject: OPRA

Done
11-17-17

#082
11/20/17

ACCIDENT

Driver: Erin C. Grugan
Date of Accident: 11/06/17
Location: Deptford Center Road
Case # 17-40003

As per our phone conversation, will you please provide me with a copy of the above referenced Crash Report? As stated the driver is the daughter of one of our officers turned clerk!!

Thank you!!!

Bonnie L. Mazzo
Police Administrative Services
Lindenwold Police Department
2001 Egg Harbor Road
Lindenwold NJ 08021
[redacted]

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Michael MI R. Last Name Peacock

Company Nehmad Perillo & Davis

Mailing Address 4030 Ocean Heights Avenue

City Egg Harbor Twp State NJ Zip 08234 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ☐ US Mail ☑ On Site Inspect ☐

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Michael R. Peacock Jr. Date 11/15/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Any and all written telephone call logs kept and/or maintained by the Deptford Township Police Department, identifying the date, time, name of caller, and incident called about, for all calls received by the Deptford Township Police Department within the last 12 months from employees, managers, or other personnel at the following stores located within Deptford Township:

1. Wal-Mart Supercenter, 2000 Clements Bridge Road, Block 1.01, Lot 2.01, Qualifier W01

2. Sam's Club, 2000 Clements Bridge Road, Block 1.01, Lot 2.01, Qualifier S01

3. Wal-Mart Supercenter, 820 Cooper Street, Block 456, Lot 14.

AGENCY USE ONLY

Est. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated Balance ___

Deposit Date ___

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ___
Denied - Closed ___
Filled - Closed ___
Partial - Closed ___

AGENCY USE ONLY

Tracking Information

Tracking # ___
Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost

Total ___
Deposit ___
Balance Due ___
Balance Paid ___

Records Provided

Custodian Signature ___ Date ___

RM Done

Patricia A. Mitchell

From: Richard Peak [redacted]
Sent: Wednesday, November 08, 2017 11:25 AM
To: Police Records
Subject: Stephen Fisher
Attachments: 20171108112040466.pdf

Categories: In Progress/ Printed

11-9-17
#0952
11/16/17

Hello Pat,

Could you please provide a copy of the police reports involving Mr. Fisher.

Rick Peak
State Investigator
NICS Unit
phone #; [redacted]
email; [redacted]

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 NOV -8 AM 10:00

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name THEODORE MI F Last Name PAGANO

Company

Mailing Address 1 KEPLIN COURT

City GARNET VALLEY State PA Zip 19060 Email [redacted]

Business Hours Telephone: Area Code _____ Number _____ Extension _____

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 11/8/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT
11/7/17
COOPER ROAD - 1526 COOPER

E MAIL [redacted]

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress – Open _____
Denied – Closed _____
Filed – Closed 11/8
Partial – Closed _____

AGENCY USE ONLY

Tracking Information
Tracking # D-4057
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total .10
Deposit _____
Balance Due _____
Balance Paid .10

Records Provided

#592 11/9/17
Custodian Signature Date

PM
Done

Patricia A. Mitchell

From: Jacklyn Okomski <[redacted]>
Sent: Thursday, November 02, 2017 8:09 AM
To: Police Records
Subject: Opra

Categories: In Progress/ Printed

11-2-17
#592
11/3/17

Accident
10/31/17
On Delsea Dr (route 47)

Number given by cop on scene if this is needed: 17-39104

Jackie

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 NOV -6 PM 12:50

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Beverly MI A Last Name Dickinney

Company

Mailing Address 1017 Prence Ave

City Lebby Hts State NJ Zip 08097 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Beverly A Dickinney Date 11/5/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Investigation - Misc.
10/31/2017
damaged to Property

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

RM

In Progress - Open
Denied - Closed
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-2627
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature #5082 Date 11/9/17

DEPTFORD TWP POLICE
2017 NOV -8 AM 11:21

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name MICHAEL MI ____ Last Name O'BRIEN

Company ____

Mailing Address 1577 HUFFVILLE ROAD

City SEWELL State NJ Zip 08080 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Michael O'Brien Date 11-8-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

ACCIDENT
10/25/17
1577 HUFFVILLE ROAD
17-38868

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11/8/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-38868
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 6
Deposit ____
Balance Due ____
Balance Paid 0

Records Provided

Custodian Signature 1092 Date 11/9/17

FM Done 11/2/17

Patricia A. Mitchell

From: Brenda Incorvati <brenda@[redacted]
Sent: Wednesday, November 01, 2017 8:54 AM
To: Police Records
Subject: OPRA REQUEST - CALL SIMPLE

#0582 11/3/17

Good morning,

Whenever you have time, we would like to request a CALL SIMPLE Opra Report for Chestnut Lane and Woodcrest Apartments for the month of October 2017.

Thank you.

(I hope I am asking for it correctly).

Brenda

--

Brenda Incorvati, Property Manager

Phone: [redacted]
Fax: 85[redacted]
Website: [redacted]

"You never fail until you stop trying"

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV 14 PM 3:53

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Tariq MI S Last Name Wright

Company

Mailing Address 275 E High St

City Glassboro State NJ Zip 08028 Email

Business Hours Telephone: Area Code Number Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Date 11/14/17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash Check Money Order

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Accident Report
2. 11/11/17
3. Deptford Mall: (C2 Parking Lot)
4. 17-40659
5. [redacted]

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

TM

In Progress - Open
Denied - Closed
Filed - Closed 11/14
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-40659
Rec'd Date
Ready Date
Total Pages

Final Cost
Total 10
Deposit
Balance Due
Balance Paid 10

Records Provided

Custodian Signature

11/16/17
Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -1 PM 3:42

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Aaron MI D Last Name Wilen

Company

Mailing Address 277 Fall Pines Drive

City Sewell State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-1-17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident
10-28-17
Mall Parking Lot

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress – Open
Denied – Closed
Filed – Closed 11/1
Partial – Closed

AGENCY USE ONLY

Tracking Information 17-38690 Final Cost 10

Tracking #
Rec'd Date
Ready Date
Total Pages

Total
Deposit
Balance Due
Balance Paid 10

Records Provided

[signature] 11/3/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -6 PM 12:04

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Akeia MI M Last Name Wright

Company

Mailing Address 1482 Kenwood Ave

City Camden State NJ Zip 08103 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Akeia Wright Date 11/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

auto accident that occured on 11/1/17 on Hurfville Rd in Deptford. I was rear ended by another car. while waiting at a red light.

case # 2017039313

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress – Open
Denied – Closed
Filled – Closed 11/9/17
Partial – Closed

AGENCY USE ONLY

Tracking Information
Tracking # 17-3813
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

Custodian Signature 11/9/17 Date

DEPTFORD TWP
POLICE

2017 NOV -9 AM 9:30

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name MARY MI ____ Last Name WICKS

Company ____

Mailing Address 113 E FRONT ST

City GLENDORA State NJ Zip 08029 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/9/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

TRAFFIC ACCIDENT
11/4/17
HURFVILLE/CLEMENTS BRIDGE

EMAIL [redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open ____
Denied - Closed ____
Filled - Closed X
Partial - Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-39733
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total 1.15
Deposit ____
Balance Due ____
Balance Paid 1.15

Records Provided

Custodian Signature [signature] Date 11/16/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE

2017 NOV -2 AM 11:18

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Kelly MI ____ Last Name Schenberger

Company ____

Mailing Address 116 Fomalhaut Ct

City Turnersville State NJ Zip 08012 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kelly Schenberger Date 11-2-17

Payment Information

Maximum Authorization Cost $ 10

Select Payment Method

Cash / Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Accident Report

10-27-17

RTE 47) Deptford

Report # 2017038614

[redacted]

AGENCY USE ONLY

Est. Document Cost ____

Est. Delivery Cost ____

Est. Extras Cost ____

Total Est. Cost ____

Deposit Amount ____

Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____

Denied - Closed ____

Filled - Closed 11-2

Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-386H

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total .10

Deposit ____

Balance Due ____

Balance Paid .10

Records Provided

#0052 11/3/17

Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -8 AM 10:54

PM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information -- Please Print

First Name Jasmine MI A Last Name Rodriguez

Company

Mailing Address 54 Peelrick ave

City Williamstown State NJ Zip 08094 Email [redacted]

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Jasmine Rodriguez Date 11/8/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. Assault
2. August 3rd 2017
3. Adelphias Deptford
4. cads report
4. [redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
Filled - Closed 11/9/17
Partial - Closed ____

AGENCY USE ONLY

Tracking Information 17-21479 Final Cost

Tracking # ____ Total ____
Rec'd Date ____ Deposit ____
Ready Date ____ Balance Due ____
Total Pages ____ Balance Paid ____

Records Provided

[redacted] 11/9/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 NOV -8 AM 11:27

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Monique MI R Last Name Rose

Company

Mailing Address 206 Hunter St.

City Woodbury State NJ Zip 08096 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ✓ US Mail ✓ On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Monique Rose Date 11/8/17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Need Accident Report
10/31/17
Warrick Ave Deptford NJ
[redacted]

AGENCY USE ONLY

Est. Document Cost
Est. Delivery Cost
Est. Extras Cost
Total Est. Cost
Deposit Amount
Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress – Open
Denied – Closed
Filed – Closed 11/8
Partial – Closed

AGENCY USE ONLY

Tracking Information 17-3955 Final Cost

Tracking #
Rec'd Date
Ready Date
Total Pages

Total
Deposit 0
Balance Due
Balance Paid

Records Provided

Custodian Signature 1092 Date 11/9/17

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 NOV -8 PM 12:17

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name PAULA MI ____ Last Name ROSEN

Company DENTAL SOLUTIONS

Mailing Address 1450 clements bridge RD

City DEPTFORD State NJ Zip 08066 Email ____

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/8/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

CAMERA THEFT 10/30/17
@ ABOVE LOCATION

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress – Open 11/8
Denied – Closed ____
Filled – Closed ____
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 1-35455 Final Cost
Rec'd Date ____ Total 0
Ready Date ____ Deposit ____
Total Pages ____ Balance Due ____
Balance Paid ____

Records Provided

[signature] 11/9/17
Custodian Signature Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE D1

2017 NOV 14 PM 3:48

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Barbara MI J Last Name Smith

Company

Mailing Address 17B Market St.

City Mantua State NJ Zip 08051 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up _____ US Mail _____ On Site Inspect _____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Barbara J Smith Date 11/14/17

Payment Information

Maximum Authorization Cost $ 20

Select Payment Method

Cash X Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Sept 7, 2017

CAD report

~~case # 17-031979~~

case # 17-031979

harassment report
7/28/17
17-026557

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost _____
Deposit Amount _____
Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress – Open _____
Denied – Closed _____
Filled – Closed 11-14-17
Partial – Closed _____

AGENCY USE ONLY

Tracking Information

Tracking # _____
Recd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total $ 20
Deposit _____
Balance Due _____
Balance Paid 20

Records Provided

Custodian Signature [redacted] 11/16/17 Date

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
D1
2017 NOV 13 AM 10:56

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name KIMBERLY MI ____ Last Name SORINO

Company ____

Mailing Address 28 ROSEWOOD CT

City SEWELL State NJ Zip 08080 Email [redacted]

Business Hours Telephone: Area Code 856 Number 465-5311 Extension ____

Preferred Delivery: Pick Up ✓ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / (*HAVE NOT*) been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [redacted] Date 11.13.17

Payment Information

Maximum Authorization Cost $ .10

Select Payment Method

Cash ✓ Check ____ Money Order ____

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

1. ACCIDENT REPORT
2. 11.9.17
3. COOPER ST. DEPTFORD (PAPA JOHN'S PARKING LOT)
4. N/A
5. [redacted]

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

D1

In Progress – Open ____
Denied – Closed ____
Filed – Closed 11-13-17
Partial – Closed ____

AGENCY USE ONLY

Tracking Information
Tracking # 17-040431
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total .10
Deposit ____
Balance Due ____
Balance Paid .10

Records Provided

Custodian Signature [redacted] Date 11/13/17

DEPTFORD TWP POLICE
2017 NOV 13 PM 2:45

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Arnold MI M Last Name Shepherd

Company

Mailing Address 1001 Chestnut Lane

City Westville State NJ Zip 08093 Email

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up X US Mail On Site Inspect

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Arnold Shepherd Date 11-13-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller; Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Police Report: Dispute 11-3-17

1060 Delsea Dr.

AGENCY USE ONLY

Est. Document Cost

Est. Delivery Cost

Est. Extras Cost

Total Est. Cost

Deposit Amount

Estimated Balance

Deposit Date

AGENCY USE ONLY

Disposition Notes

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

AD

In Progress – Open

Denied – Closed

Filed – Closed 11/13/17

Partial – Closed

AGENCY USE ONLY

Tracking Information

Tracking #

Rec'd Date

Ready Date

Total Pages

Final Cost

Total 0

Deposit

Balance Due 0

Balance Paid

Records Provided

HS 182 Custodian Signature 11/16/17 Date

State of New Jersey
Deptford Township DEPTFORD TWP POLICE
GOVERNMENT RECORDS REQUEST FORM

PM

2017 NOV -8 AM 11:04

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Melissa MI ____ Last Name Sailey

Company ____

Mailing Address 4010 Manvelle Rd

City Swedesboro State NJ Zip 08085 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature M. Sailey Date 11/8/17

Payment Information

Maximum Authorization Cost $ .20

Select Payment Method

Cash ✓ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Motor vehicle accident report from 10/31/17.
Cooper St.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

FM

In Progress – Open ____
Denied – Closed ____
Filed – Closed 11/8
Partial – Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-3955 Final Cost .20
Rec'd Date ____ Total ____
Ready Date ____ Deposit ____
Total Pages ____ Balance Due ____
Balance Paid .20

Records Provided

HD92 11/9/17
Custodian Signature Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP POLICE
2017 NOV -3 PM 3:44

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Christine MI K Last Name Schuise

Company

Mailing Address 10 Redwood Dr

City West Deptford State NJ Zip 0806 Email [redacted]

Business Hours Telephone: Area Code [redacted] Number [redacted] Extension

Preferred Delivery: Pick Up ___ US Mail ___ On Site Inspect ___

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11-3-17

Payment Information

Maximum Authorization Cost $ 0

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size Page or Smaller @$0.05
Legal Size Page or Larger @$0.07

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

10/31/17 - Car accident
Cooper St Deptford NJ
[redacted] CT

AGENCY USE ONLY

Est. Document Cost ___
Est. Delivery Cost ___
Est. Extras Cost ___
Total Est. Cost ___
Deposit Amount ___
Estimated Balance ___

Deposit Date ___

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ___
Denied - Closed ___
Filed - Closed 11/3
Partial - Closed ___

AGENCY USE ONLY

Tracking Information
Tracking # 17-39183
Rec'd Date ___
Ready Date ___
Total Pages ___

Final Cost
Total ___
Deposit ___
Balance Due 0
Balance Paid ___

Records Provided

#5382
Custodian Signature
11/9/17
Date

PM

State of New Jersey
Deptford Township
GOVERNMENT RECORDS REQUEST FORM

DEPTFORD TWP
POLICE

2017 NOV -9 AM 8:42

Important Notice

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Gerardo MI ____ Last Name Rodriguez

Company ____

Mailing Address 127 Mitchell ave

City Runnemede State NJ Zip 08078 Email ____

Business Hours Telephone: Area Code ____ Number ____ Extension ____

Preferred Delivery: Pick Up ____ US Mail ____ On Site Inspect ____

Circle One: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *(HAVE NOT)* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Gerardo Rodriguez Date 11-09-17

Payment Information

Maximum Authorization Cost $ 15

Select Payment Method

Cash ___ Check ___ Money Order ___

Fees: Letter Size @$0.05 Page or Smaller
Legal Size @$0.07 Page or Larger

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Smacm
10-29-17
accident
Deptford rd

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost ____
Deposit Amount ____
Estimated Balance ____

Deposit Date ____

AGENCY USE ONLY

Disposition Notes
Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

PM

In Progress - Open ____
Denied - Closed ____
Filed - Closed 11/9
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # 17-38845
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost 15
Total ____
Deposit ____
Balance Due ____
Balance Paid -15

Records Provided

Custodian Signature DS2 Date 11/16/17