

BRADLEY D. BILLHIMER
Ocean County Prosecutor

JOSEPH F. MITCHELL
Chief of Detectives



MICHAEL T. NOLAN, JR.
First Assistant Prosecutor

ROBERT J. ARMSTRONG
Deputy First Assistant Prosecutor

OFFICE OF THE PROSECUTOR

Courthouse Annex Building
119 Hooper Avenue
P.O. Box 2191
Toms River, New Jersey 08754-2191
732-929-2027

December 2, 2020

Via OPRA Machine: opra+request-18777-286358a9@requests.opramachine.com

RE: Open Public Records Act (OPRA) Request
OCPO Case# 20001002

Dear Sir/Madam:

I am in receipt of your request for documents made under the New Jersey Open Public Records Act (OPRA) pertaining to the above matter. The complaints, motor vehicle summons, accusation and waiver of indictment, which are the subject of item one of your request, are attached. The list of involved officers, which is the subject of item two of your request, is attached. The use of force reports, which is the subject of item four of your request, is also attached. The documents provided should fulfill the information you seek in item three of your request.

If I can be of further assistance, please contact me at 732-929-2027, x3135.

Yours very truly,
Dina R. Khajezadeh
Dina R. Khajezadeh
Assistant Prosecutor

DRK/dp

Enclosures

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

COMPLAINT - WARRANT

COMPLAINT NUMBER			
1507	W	2020	000471
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
TOMS RIVER MUNICIPAL COURT 255 OAK AVENUE TOMS RIVER NJ 08753-0000 732-797-3914 COUNTY OF: OCEAN			
# of CHARGES 3	CO-DEFTS	POLICE CASE #: 20-15061	
COMPLAINANT PTL A PACIULLI NAME: POBX876/2550AKAVE ATTN WARRANTS TOMS RIVER NJ 08753		DEFENDANT INFORMATION SEX: M EYE COLOR: BLUE DOB: 10/17/1984 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: [REDACTED]	

THE STATE OF NEW JERSEY

VS.

DAVID R GIORDANO

ADDRESS: **64 MONROE AVENUE**

TOMS RIVER

NJ 08753-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **03/22/2020** in **TOMS RIVER TWP**, **OCEAN** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT BURGLARY BY ENTERING A RESEARCH FACILITY, STRUCTURE, OR A SEPARATELY SECURED OR OCCUPIED PORTION THEREOF WHICH WAS NOT OPEN TO THE PUBLIC AT THE TIME NOR LICENSED OR PRIVILEGED TO ENTER, WITH PURPOSE TO COMMIT AN OFFENSE THEREIN OR THEREON, SPECIFICALLY BY MAKING ENTRY TO BROOKLYN BISTRO LOCATED AT 1861 HOOPER AVENUE, WHICH WAS CLOSED FOR BUSINESS AND UNOCCUPIED AT THE TIME, BY SMASHING A GLASS DOOR IN ORDER TO GAIN ENTRY TO THE BUSINESS TO DAMAGE PROPERTY (AN ELECTRICAL PANEL VALUED AT \$200) AND REMOVE FOOD (STEAK VALUED AT \$50) AND A TELEPHONE (\$35) FROM THE BUSINESS.

WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY UNLAWFULLY TAKING CERTAIN MOVEABLE PROPERTY, NAMELY, STEAK, A PIECE OF CHEESECAKE AND A TELEPHONE, VALUED AT \$90.00, BELONGING TO THE BROOKLYN BISTRO, WITH PURPOSE TO DEPRIVE THE OWNER THEREOF, SPECIFICALLY BY ENTERING THE VICTIM'S PROPERTY, TAKING POSSESSION OF THE ABOVE DESCRIBED ITEMS, AND EXITING THE PROPERTY WITH
in violation of:

Original Charge	1) 2C:18-2A(1)	2) 2C:20-3A	3) 2C:17-3A(1)
Amended Charge			

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

Signed: **PTL A PACIULLI** Date: **03/23/2020**

You will be notified of your **Central First Appearance/CJP** date to be held at the **Superior Court** in the county of **OCEAN**
at the following address: **OCEAN SUPERIOR COURT**
120 HOOPER AVE
Date of Arrest: **TOMS RIVER NJ 08753-0000**
Appearance Date: **Phone: 732-504-0700**

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator Date Signature of Judge Date

☒ Probable cause **IS** found for the issuance of this complaint. **ERIN LANGE JUDICIAL OFFICER** **03/23/2020**
Signature and Title of Judicial Officer Issuing Warrant Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: by: (if different from judicial officer that issued warrant)

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

ORIGINAL

COMPLAINT - WARRANT

COMPLAINT NUMBER

1507

W

2020

000471

STATE V.

DAVID R GIORDANO

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THEM.

WITHIN THE JURISDICTION OF THIS COURT, COMMIT CRIMINAL MISCHIEF BY PURPOSELY OR KNOWINGLY DAMAGING TANGIBLE PROPERTY OF ANOTHER, SPECIFICALLY BY BREAKING A GLASS DOOR (TOTAL VALUE APPROXIMATELY \$600.00) BELONGING TO THE BROOKLYN BISTRO, IN ORDER TO STEAL MERCHANDISE FROM WITHIN.

Original Charge

Amended Charge

COMPLAINT - WARRANT

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NJ/CDR2 1/1/2017

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER										STATE V.									
1507		W		2020		000471		DAVID R GIORDANO											
COURT CODE		PREFIX		YEAR		SEQUENCE NO.													
FTA Bail Information				Date Bail Set:				Amount Bail Set: \$ _____				by: _____				☐ Bail Recog. Attached			
Released on Bail (✓)		R.O.R.		Committed Default		Committed w/o Bail		Place Committed:				Date Referred to				County Prosecutor: _____			
Date of First Appearance:				☐ Advised of Rights by _____								Defendant Desires Counsel:				☐ Yes ☐ No			
Prosecuting Attorney Information										Defense Counsel Information									
Name:										Name:									
State		County		Municipal		Other		None		Retained		Public Def		Assigned		Waived		Other	
Original Charge		1) 2C:18-2A(1)				2) 2C:20-3A				3) 2C:17-3A(1)									
Amended Charge																			
Waiver Indt/Jury																			
Plea/Date of Plea		Plea:		Date:		Plea:		Date:		Plea:		Date:		Plea:		Date:			
Adjudication (* see code)		Finding Code:		Date:		Finding Code:		Date:		Finding Code:		Date:		Finding Code:		Date:			
Jail Term				Jail time credit		Susp. Imp				Jail time credit		Susp. Imp				Jail time credit		Susp. Imp	
Probation Term						Susp. Imp						Susp. Imp						Susp. Imp	
Cond. Discharge Term																			
Community Service																			
D/L Suspension Term																			
Fines/Costs		Fines:		Costs:		Fines:		Costs:		Fines:		Costs:		Fines:		Costs:			
VCCB/SNSF		VCCB:		SNSF:		VCCB:		SNSF:		VCCB:		SNSF:		VCCB:		SNSF:			
DEDR/Lab Fee		DEDR:		LAB:		DEDR:		LAB:		DEDR:		LAB:		DEDR:		LAB:			
CD Fee/Drug Ed Fnd		CD:		DAEF:		CD:		DAEF:		CD:		DAEF:		CD:		DAEF:			
DV Surch/Other Fees		DV:		Other:		DV:		Other:		DV:		Other:		DV:		Other:			
Restitution																			
Beneficiary: _____																			
Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:														* Finding Codes 1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P – Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID					
Related Traffic Tickets and Complaints:																			
JUDGE'S SIGNATURE _____										DATE _____									
										COMPLAINT - WARRANT (Court Action)									
										Page 3 of 10 NJ/CDR2 1/1/2017									

COMPLAINT – WARRANT (Court Action)

COMPLAINT NUMBER				STATE V. DAVID R GIORDANO					
1507	W	2020	000471						
COURT CODE	PREFIX	YEAR	SEQUENCE NO.						
FTA Bail Information				Date Bail Set: _____		Amount Bail Set: \$ _____ by: _____		☐ Bail Recog. Attached	
Released on Bail (v)	R.O.R.	Committed Default	Committed w/o Bail	Place Committed: _____				Date Referred to County Prosecutor: _____	
Date of First Appearance: _____			☐ Advised of Rights by _____				Defendant Desires Counsel: ☐ Yes ☐ No		
Prosecuting Attorney Information				Defense Counsel Information					
Name:				Name:					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other
Original Charge									
Amended Charge									
Waiver Indt/Jury									
Plea/Date of Plea		Plea: _____	Date: _____	Plea: _____	Date: _____	Plea: _____	Date: _____		
Adjudication (* see code)		Finding Code: _____	Date: _____	Finding Code: _____	Date: _____	Finding Code: _____	Date: _____		
Jail Term			Jail time credit Susp. Imp		Jail time credit Susp. Imp		Jail time credit Susp. Imp		
Probation Term		Susp. Imp		Susp. Imp		Susp. Imp			
Cond. Discharge Term									
Community Service									
D/L Suspension Term									
Fines/Costs		Fines: _____	Costs: _____	Fines: _____	Costs: _____	Fines: _____	Costs: _____		
VCCB/SNSF		VCCB: _____	SNSF: _____	VCCB: _____	SNSF: _____	VCCB: _____	SNSF: _____		
DEDR/Lab Fee		DEDR: _____	LAB: _____	DEDR: _____	LAB: _____	DEDR: _____	LAB: _____		
CD Fee/Drug Ed Fnd		CD: _____	DAEF: _____	CD: _____	DAEF: _____	CD: _____	DAEF: _____		
DV Surch/Other Fees		DV: _____	Other: _____	DV: _____	Other: _____	DV: _____	Other: _____		
Restitution Beneficiary: _____									
Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:								* Finding Codes 1 – Guilty 2 – Not Guilty 3 – Dismissed – Other 4 – Guilty but Merged 5 – Dismissed-Rule 6 – Dismissed Lack of Prosecution 7 – Dismissed – Pros Motion/Vic Req 8 – Conditional Discharge D – Dismissed- Prosecutor Discretion M – Dismissed- Mediation P – Dismissed-Plea Agreement S – Disposed at Superior W – Dismissed-False ID	
Related Traffic Tickets and Complaints:									
JUDGE'S SIGNATURE _____						COMPLAINT - WARRANT (Court Action)			
DATE _____						Page 4 of 10 NJ/CDR2 1/1/2017			

COMPLAINT - WARRANT

COMPLAINT NUMBER			
1507	W	2020	000471
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
TOMS RIVER MUNICIPAL COURT 255 OAK AVENUE TOMS RIVER NJ 08753-0000 732-797-3914 COUNTY OF: OCEAN			
# of CHARGES 3	CO-DEFTS	POLICE CASE #: 20-15061	
COMPLAINANT NAME: PTL A PACIULLI		DEFENDANT INFORMATION SEX: M EYE COLOR: BLUE DOB: 10/17/1984 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (C) LIVSCAN PCN #:	

THE STATE OF NEW JERSEY

VS.

DAVID R GIORDANO

ADDRESS: **64 MONROE AVENUE**

TOMS RIVER

NJ 08753-0000

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **03/22/2020** in **TOMS RIVER TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT BURGLARY BY ENTERING A RESEARCH FACILITY, STRUCTURE, OR A SEPARATELY SECURED OR OCCUPIED PORTION THEREOF WHICH WAS NOT OPEN TO THE PUBLIC AT THE TIME NOR LICENSED OR PRIVILEGED TO ENTER, WITH PURPOSE TO COMMIT AN OFFENSE THEREIN OR THEREON, SPECIFICALLY BY MAKING ENTRY TO BROOKLYN BISTRO LOCATED AT 1861 HOOPER AVENUE, WHICH WAS CLOSED FOR BUSINESS AND UNOCCUPIED AT THE TIME, BY SMASHING A GLASS DOOR IN ORDER TO GAIN ENTRY TO THE BUSINESS TO DAMAGE PROPERTY (AN ELECTRICAL PANEL VALUED AT \$200) AND REMOVE FOOD (STEAK VALUED AT \$50) AND A TELEPHONE (\$35) FROM THE BUSINESS.

WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE OFFENSE OF THEFT BY UNLAWFULLY TAKING CERTAIN MOVEABLE PROPERTY, NAMELY, STEAK, A PIECE OF CHEESECAKE AND A TELEPHONE, VALUED AT \$90.00, BELONGING TO THE BROOKLYN BISTRO, WITH PURPOSE TO DEPRIVE THE OWNER THEREOF, SPECIFICALLY BY ENTERING THE VICTIM'S PROPERTY, TAKING POSSESSION OF THE ABOVE DESCRIBED ITEMS, AND EXITING THE PROPERTY WITH
in violation of:

Original Charge	1) 2C:18-2A(1)	2) 2C:20-3A	3) 2C:17-3A(1)
Amended Charge			

CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment
Signed: **PTL A PACIULLI** Date: **03/23/2020**

You will be notified of your **Central First Appearance/CJP** date to be held at the Superior Court in the county of **OCEAN**
at the following address: **OCEAN SUPERIOR COURT**
120 HOOPER AVE **TOMS RIVER NJ 08753-0000**
Date of Arrest: Appearance Date: Time: Phone: **732-504-0700**

PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

☐ Probable cause **IS NOT** found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator

Date

Signature of Judge

Date

☒ Probable cause **IS** found for the issuance of this complaint. **ERIN LANGE JUDICIAL OFFICER** **03/23/2020**
Signature and Title of Judicial Officer Issuing Warrant Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: by: (if different from judicial officer that issued warrant)

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

COMPLAINT - WARRANT (DEFENDANT'S COPY)

COMPLAINT - WARRANT

COMPLAINT NUMBER

1507

W

2020

000471

STATE V.

DAVID R GIORDANO

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THEM.

WITHIN THE JURISDICTION OF THIS COURT, COMMIT CRIMINAL MISCHIEF BY PURPOSELY OR KNOWINGLY DAMAGING TANGIBLE PROPERTY OF ANOTHER, SPECIFICALLY BY BREAKING A GLASS DOOR (TOTAL VALUE APPROXIMATELY \$600.00) BELONGING TO THE BROOKLYN BISTRO, IN ORDER TO STEAL MERCHANDISE FROM WITHIN.

Original Charge

Amended Charge

COMPLAINT - WARRANT (DEFENDANT'S COPY)

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NJ/CDR2 1/1/2017

COMMITMENT

COMPLAINT NUMBER

1507**W****2020****000471**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

TOMS RIVER MUNICIPAL COURT**255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914**COUNTY OF: **OCEAN**

of CHARGES

3

CO-DEFTS

POLICE CASE #:

20-15061COMPLAINANT PTL
NAME:**A PACIULLI****POBX876/2550AKAVE****ATTN WARRANTS****TOMS RIVER****NJ 08753***THE STATE OF NEW JERSEY*

VS.

DAVID R GIORDANO

ADDRESS :

64 MONROE AVENUE**TOMS RIVER****NJ 08753-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BLUE**DOB: **10/17/1984**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #:

TELEPHONE #:

(C)

LIVESCAN PCN #:

To any Law Enforcement Official of New Jersey, You are commanded to transport this defendant to the Warden of this county who is required to keep the defendant in custody until a release or detention decision is made.

Offense

Aux Offense

Drug Code

Degree

Offense Description

1.

2.

3.

4.

Commitment Reason:

You will be notified of your **Central First Appearance/CJP** date to be held at the Superior Courtin the county of **OCEAN**at the following address: **OCEAN SUPERIOR COURT****120 HOOPER AVE****TOMS RIVER****NJ 08753-0000**

Date of Arrest:

Phone: **732-504-0700**

Signature and Title of Judicial Officer Issuing Warrant

Date

COMMITMENT

Affidavit of Probable Cause

COMPLAINT NUMBER			
1507	W	2020	000471
COURT CODE	PREFIX	YEAR	SEQUENCE NO.
TOMS RIVER MUNICIPAL COURT			
255 OAK AVENUE			
TOMS RIVER NJ 08753-0000			
732-797-3914 COUNTY OF: OCEAN			
# of CHARGES 3	CO-DEFTS	POLICE CASE #: 20-15061	
COMPLAINANT PTL A PACIULLI			
NAME: POBX876/255OAKAVE			
ATTN WARRANTS			
TOMS RIVER NJ 08753			
DEFENDANT INFORMATION			
SEX: M EYE COLOR: BLUE DOB: 10/17/1984			
DRIVER'S LIC. #: [REDACTED] DL STATE: NJ			
SOCIAL SECURITY #: [REDACTED] SBI #:			
TELEPHONE #: [REDACTED] (C)			
LIVESCAN PCN #:			

THE STATE OF NEW JERSEY

VS.

DAVID R GIORDANO

ADDRESS:

64 MONROE AVENUE

TOMS RIVER

NJ 08753-0000

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

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

On 03-22-20, I responded to 1861 Hooper Avenue, Brooklyn Bistro, for the report of a burglary. Upon arrival, I observed a shattered glass panel to an entry door on the west side of the structure, along with a ladder positioned vertically in front of, Paul Prendergast Karate, presumably utilized for attempted access of the roof. At this time, it was learned David Giordano, had contacted this agency from a number originating inside the establishment. For reference, the number in question (732) 244-2122. Based on the above, I along with Ptl. Nelson and Sgt. Ruiz, established a perimeter around the structure and requested K-9 Officer assistance. Shortly thereafter, OCSO personnel along with K-9 Officer Wielichoski arrived on scene and cleared the structure. A search of the interior yielded negative results. During a secondary search, we observed damage/evidence in the form of a half eaten portion of cheesecake at a dining table, an oversized ball-peen hammer laying atop at a dining table closest to the damaged door, a gathering of knives in a corner of the kitchen which were removed from the wall magnet housing, damage to an electrical panel which was pulled partially from the top wall anchors as well as a glue/epoxy substance smeared into the locking mechanism of all exterior doors. At this time, an amount for damage sustained is undetermined however, will be extensive. Ptl. Parente, TRPD-Evidence Technician, responded to photograph and process the incident location in its entirety. Following the above, Vincent Mascillaro, representative, arrived on scene to assess the damage. All above listed information was confirmed in addition, he advised that the suspect, Giordano, had positioned multiple 4x8 foam insulation sheets and a wood bi-fold partition in front of the establishments windows and entryways. I made contact with Erik Nivison, property manager, for assistance in reviewing any captured surveillance footage of the incident however, he was not immediately available. Later this same day, I retained a copy of the surveillance footage in question and am in the process of reviewing it for applicable content, specifically identification of the suspect. Following a review of the footage the suspect is observed operating a Cadillac (the vehicle registered to Giordano's mother). Giordano later called the watch commander and told Sgt. Pedalino that he was in the business earlier in order to take photographs. Continued

Affidavit of Probable Cause

Affidavit of Probable Cause

COMPLAINT NUMBER

1507

W

2020

000471

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

DAVID R GIORDANO

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

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

During the investigation it was also discovered that a telephone and several pieces of steak were removed from the business. In conclusion, Giordano places himself not only at the scene of the incident but, also within the establishment where he supposedly took photographs of what he claims is his property. In addition, he describes the unkempt state of the stove within the establishment, which again would indicate that he again had entered the establishment and viewed it first hand. As a result of the investigation, Giordano was charged with burglary, theft and criminal mischief.

Certification:

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

Signed: PTL A PACIULLI LAW ENFORCEMENT OFFICER

Date: 03/23/2020

Affidavit of Probable Cause

Page 9 of 10

1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. DAVID R GIORDANO ADDRESS: 64 MONROE AVENUE TOMS RIVER NJ 08753-0000	
1507	W	2020	000471		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
TOMS RIVER MUNICIPAL COURT 255 OAK AVENUE TOMS RIVER NJ 08753-0000 732-797-3914 COUNTY OF: OCEAN					
# of CHARGES 3	CO-DEFTS	POLICE CASE #: 20-15061		DEFENDANT INFORMATION SEX: M EYE COLOR: BLUE DOB: 10/17/1984 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: [REDACTED]	
COMPLAINANT PTL A PACIULLI NAME: POBX876/2550AKAVE ATTN WARRANTS TOMS RIVER NJ 08753					

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

- The defendant made statements/admissions.
 - It was recorded using:
 - *Audio recording only
- The offense/incident was recorded using electronic/surveillance via:
 - Surveillance Camera
- The defendant was known to the victim as:
 - Other/Explain former tenant
- Physical evidence was seized/recovered:
 - Other Type(s) of physical evidence hammer
- The case involved theft and/or stolen property. The property which was stolen and/or possessed is steak, telephone
- A member of the public provided information to a 9-1-1 call center or dispatcher (or similar).
- The police received relevant information via radio from a 911 dispatcher (or similar).

Certification:

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

Signed: **PTL A PACIULLI LAW ENFORCEMENT OFFICER** Date: **03/23/2020**

COMPLAINT - SUMMONS

COMPLAINT NUMBER

1507**S****2020****000473**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

TOMS RIVER MUNICIPAL COURT**255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914** COUNTY OF: **OCEAN**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
20-15184COMPLAINANT
NAME:**SGT. C. MCDOWELL****POBX876/255OAKAVE****ATTN WARRANTS****TOMS RIVER****NJ 08753****THE STATE OF NEW JERSEY****VS.****DAVID R GIORDANO**

ADDRESS:

64 MONROE AVE**TOMS RIVER****NJ 08753-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**DOB: **10/17/1984**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **725882C**

TELEPHONE #:

LIVSCAN PCN #: **150703014491**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **03/23/2020** in **TOMS RIVER TWP**, **OCEAN** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT CRIMINAL MISCHIEF BY RECKLESSLY OR NEGLIGENTLY DAMAGING PROPERTY BELONGING TO TOMS RIVER TOWNSHIP, CAUSING PECUNIARY LOSS IN THE AMOUNT OF **225.00**, SPECIFICALLY BY PUNCHING A LARGE SECTION OF PLEXIGLASS IN THE TOMS RIVER MUNICIPAL JAIL BREAKING SAME. (DISORDERLY)

in violation of:

Original Charge	1) 2C:17-3A(1)	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: **SGT. C. MCDOWELL** Date: **03/23/2020**

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

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the **Municipal Court** in the county of: **OCEAN**

at the following address: **TOMS RIVER MUNICIPAL COURT**

255 OAK AVENUE**TOMS RIVER****NJ 08753-0000**

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

Date of Arrest: **03/23/2020** Appearance Date: **04/13/2020** Time: **11:00AM** Phone: **732-797-3914**

Signature of Person Issuing Summons:

SGT. C. MCDOWELLDate: **03/23/2020**☐ Domestic Violence – Confidential☐ Related Traffic Tickets
or Other Complaints☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER**1507****S****2020****000473**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

STATE V.**DAVID R GIORDANO****FTA Bail Information**

Date Bail Set: _____

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed: _____

Date Referred to

County Prosecutor: _____

Date of First
Appearance: **04/13/2020**☐ Advised of Rights by _____

Defendant Desires Counsel:

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

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:17-3A(1)**

2)

3)

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (* see code)

Finding
Code:

Date:

Finding
Code:

Date:

Finding
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDR/Lab Fee

DEDR:

LAB:

DEDR:

LAB:

DEDR:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: _____

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

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

ORIGINAL - Court Action

JUDGE'S SIGNATURE _____

DATE _____

Page 2 of 7

NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

1507**S****2020****000473**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

TOMS RIVER MUNICIPAL COURT**255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914**COUNTY OF: **OCEAN**

of CHARGES

1

CO-DEFTS

POLICE CASE #:

20-15184

COMPLAINANT

NAME:

SGT. C.**MCDOWELL****THE STATE OF NEW JERSEY****VS.****DAVID R GIORDANO**

ADDRESS:

64 MONROE AVE**TOMS RIVER****NJ 08753-0000**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BROWN**DOB: **10/17/1984**DRIVER'S LIC: **[REDACTED]**DL STATE: **NJ**SOCIAL SECURITY # **[REDACTED]**SBI #: **725882C**

TELEPHONE #:

LIVSCAN PCN #: **150703014491**

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **03/23/2020** in **TOMS RIVER TWP**, **OCEAN** County, **NJ** did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT CRIMINAL MISCHIEF BY RECKLESSLY OR NEGLIGENTLY DAMAGING PROPERTY BELONGING TO TOMS RIVER TOWNSHIP, CAUSING PECUNIARY LOSS IN THE AMOUNT OF 225.00, SPECIFICALLY BY PUNCHING A LARGE SECTION OF PLEXIGLASS IN THE TOMS RIVER MUNICIPAL JAIL BREAKING SAME. (DISORDERLY)

in violation of:

Original Charge	1) 2C:17-3A(1)	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: **SGT. C. MCDOWELL** Date: **03/23/2020**

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

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Municipal Court in the county of: **OCEAN**
at the following address: **TOMS RIVER MUNICIPAL COURT**

255 OAK AVENUE**TOMS RIVER****NJ 08753-0000**

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

Date of Arrest: **03/23/2020** Appearance Date: **04/13/2020** Time: **11:00AM** Phone: **732-797-3914**

Signature of Person Issuing Summons: **SGT. C. MCDOWELL** Date: **03/23/2020**

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

Special conditions of release:

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

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. DAVID R GIORDANO	
1507	S	2020	000473		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
TOMS RIVER MUNICIPAL COURT 255 OAK AVENUE TOMS RIVER NJ 08753-0000 732-797-3914 COUNTY OF: OCEAN				ADDRESS: 64 MONROE AVE TOMS RIVER NJ 08753-0000	
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 20-15184		DEFENDANT INFORMATION	
COMPLAINANT SGT. C. MCDOWELL NAME: POBX876/255OAKAVE ATTN WARRANTS TOMS RIVER NJ 08753				SEX: M EYE COLOR: BLUE DOB: 10/17/1984 DRIVER'S LIC. # [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: 725882C TELEPHONE #: () LIVSCAN PCN #: 150703014491	

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **03/23/2020** in **TOMS RIVER TWP**, **OCEAN** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT CRIMINAL MISCHIEF BY RECKLESSLY OR NEGLIGENTLY DAMAGING PROPERTY BELONGING TO TOMS RIVER TOWNSHIP, CAUSING PECUNIARY LOSS IN THE AMOUNT OF 225.00, SPECIFICALLY BY PUNCHING A LARGE SECTION OF PLEXIGLASS IN THE TOMS RIVER MUNICIPAL JAIL BREAKING SAME. (DISORDERLY)

in violation of:

Original Charge	1) 2C:17-3A(1)	2)	3)
-----------------	-----------------------	----	----

Check	Certification by Police Regarding Complaint-Summons
✓	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: SGT. C. MCDOWELL TOMS RIVER POLICE DEPT Date of Action: 03/23/2020
Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

Affidavit of Probable Cause

COMPLAINT NUMBER

1507**S****2020****000473**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY**VS.****DAVID R GIORDANO****TOMS RIVER MUNICIPAL COURT****255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914****COUNTY OF: OCEAN**

ADDRESS:

64 MONROE AVE**TOMS RIVER****NJ 08753-0000**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
20-15184

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BLUE**DOB: **10/17/1984**

DRIVER'S LIC. #:

DL STATE: **NJ**

SOCIAL SECURITY #:

SBI #: **725882C**

TELEPHONE #:

()LIVESCAN PCN #: **150703014491**COMPLAINANT **SGT. C. MCDOWELL**

NAME:

POBX876/255OAKAVE**ATTN WARRANTS****TOMS RIVER****NJ 08753**

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

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

MALE DEFENDANT PUNCHED A LARGE SECTION OF PLEXIGLASS WHILE IN THE TOMS RIVER MUNICIPAL JAIL.

Affidavit of Probable Cause**Page 5 of 7****1/1/2017**

Affidavit of Probable Cause

COMPLAINT NUMBER

1507**S****2020****000473**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY**VS.****DAVID R GIORDANO**

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

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

Certification:

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

Signed: SGT. C. MCDOWELL LAW ENFORCEMENT OFFICER

Date: 03/23/2020

Affidavit of Probable Cause**Page 6 of 7**

1/1/2017

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER

1507**S****2020****000473**

COURT CODE

PREFIX

YEAR

SEQUENCE NO

*THE STATE OF NEW JERSEY**VS.***DAVID R GIORDANO**

ADDRESS:

64 MONROE AVE**TOMS RIVER****NJ 08753-0000****TOMS RIVER MUNICIPAL COURT****255 OAK AVENUE****TOMS RIVER****NJ 08753-0000****732-797-3914** COUNTY OF: **OCEAN**# of CHARGES
1

CO-DEFTS

POLICE CASE #:
20-15184COMPLAINANT
NAME:**SGT. C.****MCDOWELL****POBX876/255OAKAVE****ATTN WARRANTS****TOMS RIVER****NJ 08753**

DEFENDANT INFORMATION

SEX: **M** EYE COLOR: **BLUE**DOB: **10/17/1984**

DRIVER'S LIC

DL STATE: **NJ**

SOCIAL SEC

SBI #: **725882C**

TELEPHONE #

LIVESCAN PCN #: **150703014491**

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

Certification:

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

Signed: _____

Date: _____

Preliminary Law Enforcement Incident Report**Page 7 of 7****7/20/2018**

20-15061

COURT I.D.

PREFIX

COMPLAINT NUMBER

1507

SC

015422

Municipal Court 20-15120
 Township of Toms River
 255 Oak Avenue
 Toms River, NJ 08753

The State of New Jersey

vs.

Defendant's Name: First Initial Last
 DAVID R GIORDANO
 Address 64 MONROE AVE. City TOMS RIVER
 State Zip Code Telephone
 NJ 08755 732-255-1931
 Birth Mo. Day Yr. Sex Eyes Hair Height Weight Restrictions
 Date: 10 17 1984 M BLUE 6-01 160
 Driver's License # [REDACTED]
 NJ 10-17-2023

STATE OF NEW JERSEY

COUNTY OF OCEAN

JSS:

Complaining Witness: PHIL S. RYAN (Name)
 of TOMS RIVER PD (Identify Dept/Agency Represented) 439 (Badge No.)
 Residing at 255 OAK AVE

by certification or on oath, says that to the best of his/her knowledge or information and belief, the named defendant on or about the 3 23 2020 0300HRS
 in TWP. OF TOMS RIVER 1507 County of OCEAN N.J.

did commit the following offense:

VIOLATION OF EXECUTIVE ORDER #104

in violation of (one charge only) 2C:33-12(A)
 (Statute, Regulation or Ordinance Number)

LOCATION OF OFFENSE	Describe Location
	13 Rt. 37 E.

OATH: Subscribed and sworn to before me
 this _____ day of _____, yr _____

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

OR

(Signature of Complaining Witness)

3/23/20
(Date)

(Signature of Person Administering Oath)

PHIL S. RYAN 439
(Signature of Complaining Witness)

PROBABLE CAUSE DETERMINATION FOR ISSUANCE OF PROCESS:

COURT USE ONLY

LAW/CODE ENFORCEMENT USE ONLY

Probable cause is found for the issuance of this Complaint-Summons.

YES

NO

(Signature of Judicial Officer)

YES

NO

(Signature of Judge)

☒ The complaining witness is a law enforcement officer or a code enforcement officer with territorial and subject matter jurisdiction and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

YOU ARE HEREBY SUMMONED TO APPEAR

BEFORE THIS COURT TO ANSWER THIS COMPLAINT IF YOU FAIL TO APPEAR ON THE DATE AND AT THE TIME STATED. A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE TO APPEAR

☐ COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year	Time	AM	PM
		4	24	20	4:00		

3/23/20
 (Date Summons Issued)
 Complaint-Summons

PHIL S. RYAN 439
 (Signature of Person Issuing Summons)

SF (September 2009)

OCP0120001002/000000001

TICKET #: E20-002287

TOMS RIVER MUNICIPAL COURT

COURT CODE: 1507

NAME : DAVID R GIORDANO
ADDRESS : 64 MONROE AVE; GARDENS
CITY : TOMS RIVER STATE : NJ ZIP : 08755
LICENSE# : [REDACTED] STATE : NJ COMM.LIC. : N
DATE OF BIRTH : 10/17/1984 SEX : Male EYES : Blue
OFFENSE : 39:3-40
DESCRIPTION : DRIVING AFTER DL/REGISTRATION SUSPENDED/REVOKED
DATE & TIME : 03/23/2020 at 03:00 AM
LOCATION : 37 & 166
MUNICIPALITY OF OFFENSE: 1507/TOMS RIVER MUNICIPAL COURT

MAKE OF VEHICLE : Cadillac
BODY TYPE : 4 Door
VEHICLE PLATE# : [REDACTED] STATE: NJ
COMM VEH : N
HAZARDOUS MATERIAL : N
SPEED : 000
65 MPH ZONE : N
AGENCY/OFFICER ID : 1507/0439
EXCESS WGT : 00000

YEAR : 2010
COLOR : Grey
EXP DATE : 10/2020
OMNIBUS : N
OUT OF SERVICE : N
IN A MPH ZONE : 00
SAFE CORRIDOR : N
CONSTRUCTION : N
PERSONAL INJURY : N
SERIOUS BODY INJ : N

FIRST APPEARANCE, ARRAIGNMENT & COUNSEL INFORMATION

First Appearance Date ____/____/____ Arraignment Date ____/____/____

☐ **Advised of Rights** Defendant desires Counsel:

By _____ ☐ Yes ☐ No

Counsel:

Assigned: ☐ Yes ☐ No Name: _____
(if yes, name of counsel)

Retained: ☐ Yes ☐ No Name: _____
(if yes, name of counsel)

Waived: ☐ Yes ☐ No Name: _____
(if yes, name of Judge accepting waiver)

Name of Prosecuting Attorney: _____

Affiliation: ☐ Municipal ☐ County ☐ State

☐ Other (list) _____

COURT ACTION

Complaint Amended To: _____

Initial Plea: ☐ Guilty ☐ Not Guilty **Date:** ____/____/____

Final Plea: ☐ Guilty ☐ Not Guilty **Date:** ___/___/___

Finding: _____ Date: ____/____/____

☐ Guilty ☐ Guilty but Merged ☐ Not Guilty
☐ If Guilty, Advised of Rights to Appeal

☐ Dismissed - Plea Agreement ☐ Dismissed - Rule
☐ Dismissed - Pros Discretion ☐ Dismissed - False ID
☐ Dismissed - Lack of Prosecution ☐ Dismissed - Police
☐ Dismissed - Other

Sentence:

FINE:\$_____ COSTS:\$_____ SANCTIONS:\$_____

VCCO:\$ _____ DWI:\$ _____ SNSF:\$ _____

OTHER: \$ _____ TOTAL: \$ _____

Period of DL Suspension: _____

IDRC: _____ Comm. Service: _____

Ignition Interlock: _____ mo/yrs Reg. Susp: _____ mo/yrs

Jail Term / Jail Credit: _____ Credit For: _____

COURT INFORMATION

Court Date: 04/20/2020

Court Time: 12:30 PM

BENCH WARRANT / BAIL INFORMATION

Failed to Appear Date: ____/____/____

Warrant Date: ___/___/___ Ordered by: _____
(Signature and Title of Person issuing warrant)

Bail Amount: \$_____ Set by: _____

☐ Cash ☐ Bond _____
(Signature and Title of Person setting bail)

Posted With:

(Name & Title)

☐ Forfeited ☐ Return ☐ Reinstated Amount: \$ _____Date: / / _____

(Signature of Judge)

JUDGE'S COMMENTS

Signature of Judge : _____

Dated : ___/___/___

OCPD/20001002/000000002

**SUPERIOR COURT OF NEW JERSEY
LAW DIVISION-OCEAN COUNTY**

THE STATE OF NEW JERSEY	:	
	:	
VS.	:	ACCUSATION
	:	
DAVID R. GIORDANO,	:	NO. 20-07-600
	:	
DEFENDANT	:	
	:	

having been charged upon oath, before a Magistrate in the said County of Ocean with:

CRIMINAL MISCHIEF

and having in writing addressed to the County Prosecutor, waived prosecution by indictment and trial by jury, and said request having been duly reported and granted:

**COUNT ONE – FOURTH DEGREE
CRIMINAL MISCHIEF**

THE COUNTY PROSECUTOR for the said County of Ocean, alleges that DAVID R. GIORDANO, on or about March 22, 2020, in the Township of Toms River, County of Ocean, and within the jurisdiction of this Court, purposely or knowingly did damage the tangible property of Brooklyn Bistro, causing pecuniary loss in excess of \$500.00 but less than \$2,000.00, contrary to the provisions of N.J.S.A. 2C:17-3a(1) and against the peace of this State, the Government and dignity of the same.

BRADLEY D. BILLHIMER
OCEAN COUNTY PROSECUTOR

By: s/ KRISTIN L. PRESSMAN
KRISTIN L. PRESSMAN
Assistant Prosecutor

DATED: July 6, 2020

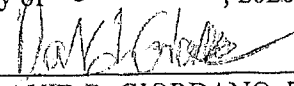
SUPERIOR COURT OF NEW JERSEY
LAW DIVISION-OCEAN COUNTY

THE STATE OF NEW JERSEY : WAIVER OF INDICTMENT
: AND TRIAL BY JURY
VS. :
:
:
DAVID R. GIORDANO, : ACCUSATION NO. 20-07-600
DEFENDANT :
_____ :

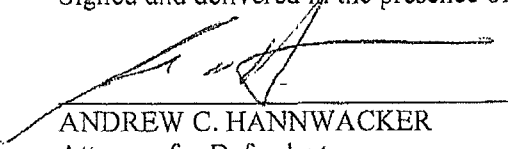
TO THE COUNTY PROSECUTOR:

The above named defendant who is charged with one count of Criminal Mischief, in violation of N.J.S.A. 2C:17-3a(1), and having been advised of the nature of the charge against him and his right to indictment and trial by jury, hereby waives prosecution by indictment and trial by jury.

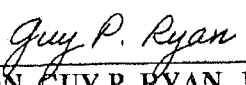
Dated in Toms River, New Jersey, the 6th day of ~~6~~^{July}, 2020


DAVID R. GIORDANO, Defendant

Signed and delivered in the presence of


ANDREW C. HANNWACKER
Attorney for Defendant

Approved


HON. GUY P. RYAN, J.S.C.

BRADLEY D. BILLHIMER
OCEAN COUNTY PROSECUTOR

By: KRISTIN L. PRESSMAN
KRISTIN L. PRESSMAN
Assistant Prosecutor

OCPO CASE# 20001002

INVOLVED OFFICERS – TOMS RIVER POLICE DEPARTMENT

NAME	RANK	BADGE#
PACIULLI, A	PTL	423
RUIZ, S	SGT	331
NELSON, E	PTL	442
RAHNER, R	PTL	411
PARENTE, R	PTL	391
BARTOSHEK, D	PTL	316
OLIVER, K	PTL	389
MCDOWELL, C	SGT	312
DIFABIO, L	PTL	385
RYAN, S	PTL	439

INVOLVED OFFICERS – TOMS RIVER MUNICIPAL JAIL

NAME	RANK	BADGE#
MALTA, N	BOOKING OFFICER	4605
EVERETT, J	BOOKING OFFICER	4661

INVOLVED OFFICERS – OCEAN COUNTY SHERIFF'S DEPARTMENT

NAME	RANK	BADGE#
WIELICHOSKI, T and K-9	SHERIFF OFFICER	72

TOMS RIVER POLICE DEPARTMENT USE OF FORCE REPORT

A. Incident Information

Date 03/23/2020	Time 2047	Day of Week Monday	Location Toms River Police Department Jail	CASE NUMBER 20-15061
Type of Incident ☐ Crime in Progress ☐ Domestic ☐ Other Dispute ☐ Suspicious Person ☐ Traffic Stop ☒ Other (specify) <u>PRISONER TRANSPORT</u>				

B. Officer Information

Name (last, First, Middle) Everett, Jevon T.	Badge # 4661	Sex M	Race B	Age 23	Injured (Y ☒ / N ☐	Killed (Y ☒ / N ☐
Rank Class 1 Officer	Duty Assignment Booking Officer	Years of Service 1 month	On Duty ☒ (Y) / ☐ (N)	Uniform ☒ (Y) / ☐ (N)		

C1. Subject 1 (List only the person who was the subject of the use of force by the officer listed in section B.)

Name (last, First, Middle) Giordano, David R	Sex M	Race WHT	Age 35	Weapon(Y / N)	Injured(Y ☒ / N ☐	Killed(Y ☒ / N ☐
☐ Under the influence ☐ Other unusual condition (specify)	Arrested ☒ (Y) / ☐ (N)	Charges 2c:18-2A(1)				
Suspect's Actions (check all that apply) ☒ Resisted police officer control ☐ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☐ Other (Specify)		Officer's use of force toward this subject (check all that apply) ☒ Compliance hold ☐ Firearms Discharge ☐ Hands/fists ☐ Intentional ☐ Kicks/feet ☐ Accidental ☐ Chemical/natural agent ☐ Strike/use baton or other object Number of shots fired _____ ☐ Canine Number of hits _____ ☐ Other (specify) [Use 'UNK' if unknown]				

C2. Subject 2 (List only the person who was the subject of the use of force by the officer listed in section B.)

Name (last, First, Middle)	Sex	Race	Age	Weapon(Y / N)	Injured(Y / N)	Killed(Y / N)
☐ Under the influence ☐ Other unusual condition (specify)	Arrested (Y/N)	Charges				
Suspect's Actions (check all that apply) ☐ Resisted police officer control ☐ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☐ Other (Specify)		Officer's use of force toward this subject (check all that apply) ☐ Compliance hold ☐ Firearms Discharge ☐ Hands/fists ☐ Intentional ☐ Kicks/feet ☐ Accidental ☐ Chemical/natural agent ☐ Strike/use baton or other object Number of shots fired _____ ☐ Canine Number of hits _____ ☐ Other (specify) [Use 'UNK' if unknown]				

If this officer used force against more than two subjects in this incident, attach additional USE OF FORCE REPORTS.

Signature: <u>Jevon T. Everett</u>	Date: March 23, 2020
Print Supervisor Name: <u>V. PEDALINO</u>	Supervisor Signature: <u>SGT 104327</u>

3/2007

OCP0/20001002/000000048

OCP0/20001002/000000049

Arrest Incident Information				CASE NUMBER 20-15061	
Date 03/23/2020	Time 2047	Day of Week Monday	Location Toms River Police Department Jail		
Type of Incident ☐ Crime in Progress ☐ Domestic ☐ Other Dispute ☐ Suspicious Person ☐ Traffic Stop ☒ Other (specify) <i>PRISONER TRANSPORT</i>					

Name (last, First, Middle) _Malta, Nicholas W		Badge # 4605	Sex M	Race W	Age 52	Injured (Y/ ☒)	Killed (Y/ ☒)
Rank Class 1 Officer	Duty Assignment Booking Offi	Years of Service 5	On Duty (☒ Y) (☐ N)		Uniform (☒ Y) (☐ N)		

Name (last, First, Middle) Giordano, David R		Sex M	Race WHT	Age 35	Weapon(Y / ☒ N)	Injured(Y / ☒ N)	Killed(Y / ☒ N)
☐ Under the influence ☐ Other unusual condition (specify)		Arrested(☒ Y / ☐ N)		Charges 2c:18-2A(1)			
<u>Suspect's Actions</u> (check all that apply) ☒ Resisted police officer control ☐ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☐ Other (Specify)		<u>Officer's use of force toward this subject</u> (check all that apply) ☒ Compliance hold ☒ Hands/fists ☐ Kicks/feet ☐ Chemical/natural agent ☐ Strike/use baton or other object ☐ Canine ☒ Other (specify) Handcuffed Firearms Discharge ☐ Intentional ☐ Accidental Number of shots fired _____ Number of hits _____ [Use 'UNK' if unknown]					

Name (last, First, Middle)		Sex	Race	Age	Weapon(Y / N)	Injured(Y / N)	Killed(Y / N)
☐ Under the influence ☐ Other unusual condition (specify)		Arrested (Y/N)		Charges			
<u>Suspect's Actions</u> (check all that apply) ☐ Resisted police officer control ☐ Physical threat/attack on officer or another ☐ Threatened/attacked officer or another with blunt object ☐ Threatened/attacked officer or another with knife/cutting object ☐ Threatened/attacked officer or another with motor vehicle ☐ Threatened officer or another with firearm ☐ Fired at officer or another ☐ Other (Specify)		<u>Officer's use of force toward this subject</u> (check all that apply) ☐ Compliance hold ☐ Hands/fists ☐ Kicks/feet ☐ Chemical/natural agent ☐ Strike/use baton or other object ☐ Canine ☐ Other (specify) Firearms Discharge ☐ Intentional ☐ Accidental Number of shots fired _____ Number of hits _____ [Use 'UNK' if unknown]					

Signature: 	Date: 03/23/2020
Print Supervisor Name: VIREDALINO	Supervisor Signature:  #327