The Borough of Sayreville

Municipal Clerk's Office

167 Main Street
Sayreville, NJ 08872
Tel: 732-390-7020 • Fax: 732-390-0509

June 4, 2026

George Capitan
opra+request-91776-75492c86@requests.opramachine.com

Re: Request for Access to Public Records

Greetings:

As requested pursuant to the Open Public Records Act, enclosed is the response from the Borough of Sayreville Police Department.

If I can be of any further assistance, please do not hesitate to call my office.

Very truly yours,

Jessica Morelos, RMC
Municipal Clerk

JM/jo

June 3, 2026

To whom it may concern,

Your request for case # 19-8109 cannot be filled at this time.

Reason(s):

- ☐ The matter has been forwarded to Middlesex County Superior Court. You must contact the Middlesex County Prosecutor's Office.
- ☐ The matter is an ongoing investigation.
- ☐ The matter is pending litigation.
- ☐ Request has exceeded the records time retention period.
- ☐ No Records found.
- ☑ This report/case **cannot** be released to the public.
- ☐ Under OPRA exemptions, the reason(s) for redaction are:

Thank you for your consideration,

Sgt. J. Casella
Sayreville Police Department
Office of Administration

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202100176	05/12/2021 19:05:34	19008109

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
NICHOLS	JEANNINE		08/10/1964	54	

TRUE NAME	MAIDEN NAME	HOME PHONE
JEANNINE NICHOLS		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
100	LUKE STREET		SOUTH AMBOY	NJ	08879	

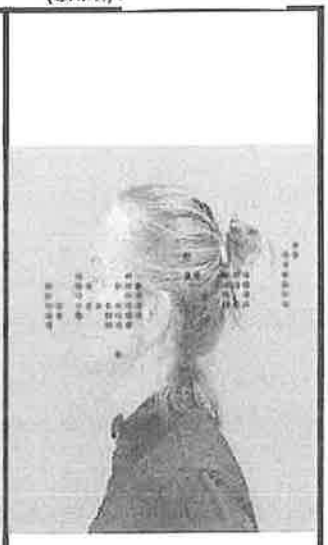
SEX	HEIGHT	WEIGHT	RACE
F	502	120	WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	GREEN	SMALL	LIGHT

ETHNICITY
NOT OF HISPANIC ORIGIN

SCARS
TRIBAL ON LOWER BACK, HUSBANDS NAME ON LEFT HIP, AND CHINESE SYMBOL ON RIGHT HIP

LOCATION OF ARREST
7090 RT 35N



PLACE OF BIRTH	MARITAL STATUS	DRIVER'S LICENSE
JERSEY CITY NJ	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
WILLIAM LIVINGSTON	JEANNE	CAMPBELL

EMPLOYER	OCCUPATION
XXX5 CLUB	MANAGER

ADDRESS OF EMPLOYER
RT 9/35 NORTH SAYREVILLE NJ

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES ☐	BY WHOM
		JOSEPH A BARTLINSKI

FINGERPRINTS TAKEN	YES ☒	PHOTO TAKEN	YES ☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES ☐	BY WHOM

BREATHLYZER READING	BY WHOM

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
JASON MADER	JOSEPH A BARTLINSKI
COMPLAINANT	OFFICER IN CHARGE
	JASON MADER

OFFENSES

1. MAINTAINING A NUISANCE
2.
3. PROMOTING PROSTITUTION
4.
5.

ARREST ON WARRANT?	YES ☐	WARRANT NUMBER
		CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202100235	06/16/2021 19:30:01	19008109

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
HECKER	JENNIFER	GRACE	08/17/1978	40	

TRUE NAME	MAIDEN NAME	HOME PHONE
JENNIFER G HECKER		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
6	TOCZAK COURT		PARLIN	NJ	08859	

SEX	HEIGHT	WEIGHT	RACE
F	507	130	WHITE

HAIR	EYES	BLD	SKIN
BROWN	HAZEL	THIN	LIGHT BROWN

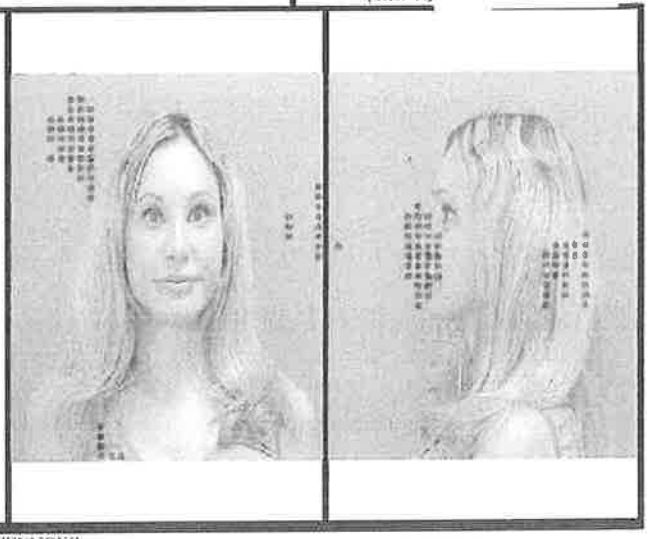
ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		1000 MAIN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BRIDGEPORT CT	UNKNOWN	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ROBERT HECKER	SALLY HECKER	TOMASELLI

EMPLOYER	OCCUPATION
CLUB 35	DANCER

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	JOSEPH A BARTLINSKI

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
JASON MADER	JOSEPH A BARTLINSKI

COMPLAINANT	OFFICER IN CHARGE
	JASON MADER

OFFENSES

1.
2. PROMOTING PROSTITUTION
3. PROMOTING PROSTITUTION
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
RELEASED	TSAY202100175	05/12/2021 17:57:33	19008109

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
PORTES	JASON	J	06/10/1982	36	

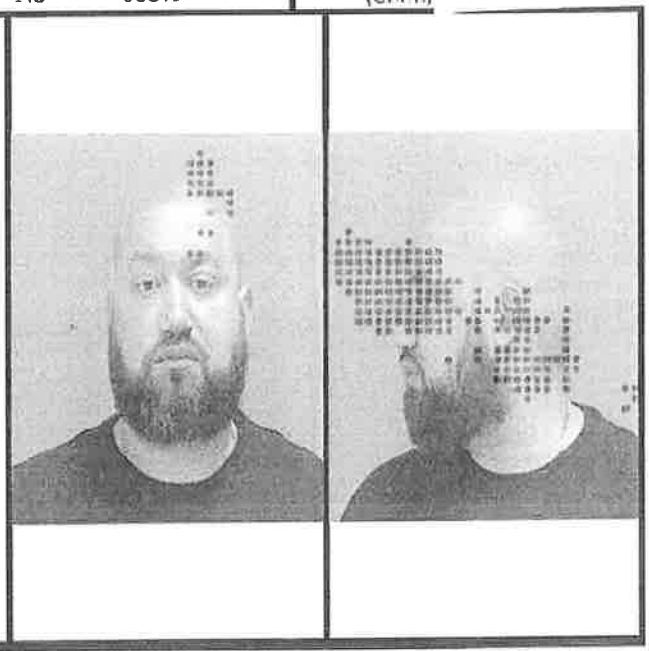
TRUE NAME	MAIDEN NAME	HOME PHONE
JASON J PORTES		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
18 GRAND STREET		SOUTH AMBOY	NJ	08879	

SEX	HEIGHT	WEIGHT	RACE
M	600	225	WHITE

HAIR	EYES	BLD	SKIN
BALD/BALDING	HAZEL	MUSCULAR	MEDIUM BROWN

ETHNICITY	SCARS	LOCATION OF ARREST
HISPANIC ORIGIN	LEFT WRIST TATTOO, LEFT UPPER ARM TRIBAL, KIDS NAMES LOWER RIGHT WRIST	7090 RT 35N



PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
NEW YORK NY	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
JAVIER PORTES	REINA	ORRO

EMPLOYER	OCCUPATION
XXXV CLUB (CLUB 35)	MANAGER

ADDRESS OF EMPLOYER
7090 RT 9/35 N SAYREVILLE NJ 08872

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A — YES ☐ — BY WHOM: JOSEPH A BARTLINSKI

FINGERPRINTS TAKEN — YES ☒ — PHOTO TAKEN — YES ☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A — YES ☐ — BY WHOM

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
JASON MADER	JOSEPH A BARTLINSKI
COMPLAINANT	OFFICER IN CHARGE
	JASON MADER

OFFENSES

1. MAINTAINING A NUISANCE - ENDANGERING SAFETY AND HE
2.
3. PROMOTING PROSTITUTION
4.
5.

ARREST ON WARRANT? YES ☐ — WARRANT NUMBER — CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL
	ROR	

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202200220	06/14/2022 10:02:46	19008109

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ACCIARDI	ANTHONY	F	11/01/1964	54	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANTHONY F ACCIARDI		

STREET NO.STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
11 LENAPE TRAIL		FREEHOLD	NJ	07728	-

SEX	HEIGHT	WEIGHT	RACE
M	510	260	WHITE

HAIR	EYES	BLD	SKIN
BROWN	BROWN	MEDIUM	LIGHT

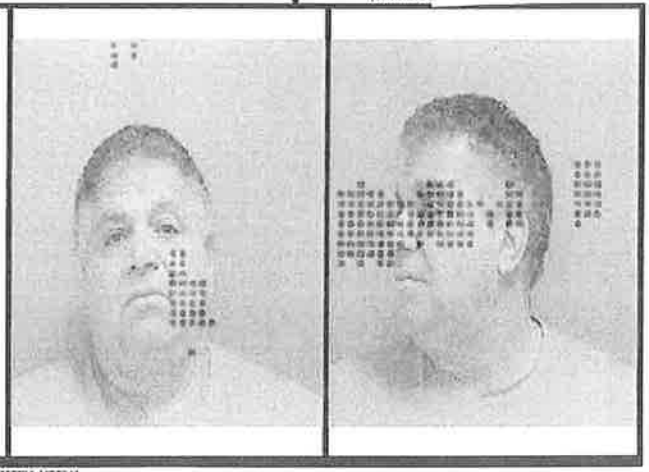
ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		1000 MAIN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
SADDLE BROOK	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN

EMPLOYER	OCCUPATION
CLUB XXXV	OWNER

ADDRESS OF EMPLOYER
7090 RTE 9/35 NB SOUTH AMBOY NJ 08879



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	MICHAEL A PASCONE

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MICHAEL A PASCONE	MICHAEL A PASCONE

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. MAINTAINING A NUISANCE - PREMISES
2. PROMOTING PROSTITUTION
3. MAINTAINING A NUISANCE
4. CONSPIRACY
5.

ARREST ON WARRANT? YES ☐	WARRANT NUMBER
	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202200225	06/15/2022 16:40:12	19008109

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ACCIARDI	STEPHEN	TAYLOR	11/07/1997	21	

TRUE NAME	MAIDEN NAME	HOME PHONE
STEPHEN T ACCIARDI		

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
11 LENAPE TRAIL		FREEHOLD	NJ	07728	

SEX	HEIGHT	WEIGHT	RACE
M	508	170	WHITE

HAIR	EYES	BLD	SKIN
BLACK	BROWN	MEDIUM	FAIR

ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	SCAR ON EACH INDEX FINGER	1000 MAIN ST

PLACE OF BIRTH	MARITAL STATUS	DRIVER'S LICENSE
ENGLEWOOD NJ		

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ANTHONY ACCIARDI SR	DOREEN ACCIARDI	LIVINGSTON

EMPLOYER	OCCUPATION
XXXV CLUB	DJ

ADDRESS OF EMPLOYER
7090 RT 35 N SAYREVILLE NJ 08872

IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A — YES ☐ — BY WHOM: JOSEPH A BARTLINSKI

FINGERPRINTS TAKEN — YES ☒ — PHOTO TAKEN — YES ☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A — YES ☐ — BY WHOM

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MICHAEL A PASCONE	JOSEPH A BARTLINSKI
COMPLAINANT	OFFICER IN CHARGE
	DOMINICK P CASTLEGRANT

OFFENSES

1. MAINTAINING A NUISANCE
2. MAINTAINING A NUISANCE - PREMISES
3. PROMOTING PROSTITUTION
4. CONSPIRACY
5.

ARREST ON WARRANT? YES ☒ — WARRANT NUMBER 1219W2022000251 — CTY/COURT SAYREVILLE PD

CHARGES
MAINTAINING A NUISANCE

DID ARRESTED PERSON HAVE POSITIVE IDENTIFICATION
☒ YES ☐ NO TYPE: DRIVERS LICENSE

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202200221	06/14/2022 11:07:12	19008109

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ACCIARDI	ANTHONY	F	11/26/1993	25	

TRUE NAME	MAIDEN NAME	HOME PHONE
ANTHONY F ACCIARDI JR		

STREET NO.	STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
11	LENAPE TRAIL		FREEHOLD	NJ	07728	

SEX	HEIGHT	WEIGHT	RACE
M	507	180	WHITE

HAIR	EYES	BLD	SKIN
BROWN		SMALL	FAIR

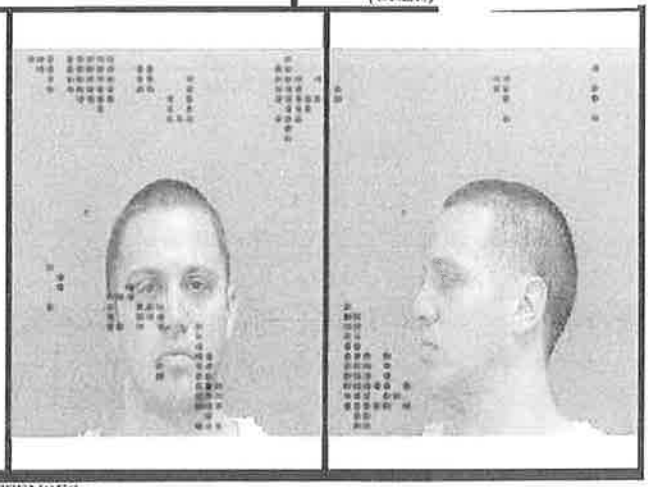
ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		1000 MAIN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
ENGLEWOOD NJ	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ANTHONY ACCIARDI SR.	DIREEN ACCIARDI	

EMPLOYER	OCCUPATION
XXXV CLUB	MANAGER

ADDRESS OF EMPLOYER
7090 RT 9/35 NORHT SOUTH AMBOY NJ 08879



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	JUAN A RODRIGUEZ

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MICHAEL A PASCONE	JUAN A RODRIGUEZ
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. MAINTAINING A NUISANCE - PREMISES
2. PROMOTING PROSTITUTION
3. CONSPIRACY
4. MAINTAINING A NUISANCE
5.

ARREST ON WARRANT? YES ☐	WARRANT NUMBER
	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT

SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
MCACC	TSAY202200223	06/14/2022 12:07:59	19008109

LAST NAME	FIRST	MIDDLE NAME	D.O.B.	AGE	SSN
ACCIARDI	DOREEN		02/07/1967	52	

TRUE NAME	MAIDEN NAME	HOME PHONE
DOREEN ACCIARDI	LIVINGSTON	

STREET NO. STREET NAME	APT #	CITY/TOWN	STATE	ZIP	PHONE (WORK) (CELL)
11 LENAPE TRAIL		FREEHOLD	NJ	07728	

SEX	HEIGHT	WEIGHT	RACE
F	503		WHITE

HAIR	EYES	BLD	SKIN
BLOND/STRAWB	BLUE	MEDIUM	LIGHT

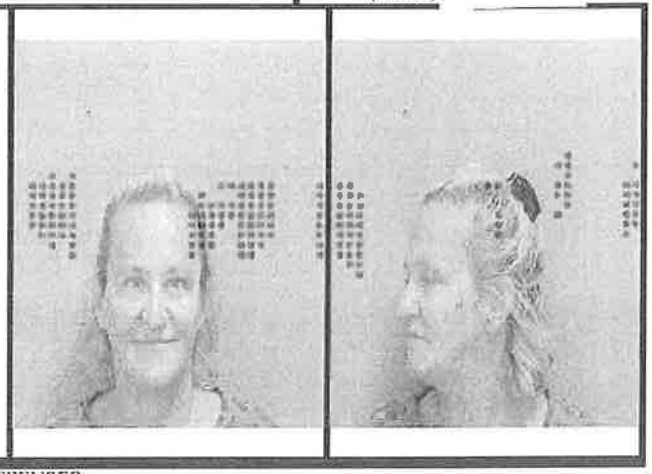
ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN	N/A	1000 MAIN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
TEANECK NJ	MARRIED	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN

EMPLOYER	OCCUPATION
CLUB 35	CLUB OWNER

ADDRESS OF EMPLOYER
RT 9/35 NORTH SOUTH AMBOY NJ 08879



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	JUAN A RODRIGUEZ

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☐		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
MICHAEL A PASCONE	JUAN A RODRIGUEZ

COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. MAINTAINING A NUISANCE
2. MAINTAINING A NUISANCE - PREMISES
3. PROMOTING PROSTITUTION
4. CONSPIRACY
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED	TIME

NAME OF PARENT OR GUARDIAN NOTIFIED	OFFICER MAKING NOTIFICATION	TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION

POLICE DEPARTMENT
SAYREVILLE, NEW JERSEY

RECORD OF BOOKING
PLEASE PRINT

CELL NUMBER	ARREST NUMBER	DATE & TIME OF BOOKING	INCIDENT NUMBER
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HECKER	JENNIFER	GRACE	08/17/1978	40	

TRUE NAME	MAIDEN NAME	HOME PHONE
JENNIFER G HECKER		

STREET NO. STREET NAME	APT #	CITY TOWN	STATE	ZIP	PHONE
6 TOCZAK COURT		PARLIN	NJ	08859	(WORK) (CELL)

SEX	HEIGHT	WEIGHT	RACE
F	507	130	WHITE

HAIR	EYES	BLD	SKIN
BROWN	HAZEL	THIN	LIGHT BROWN

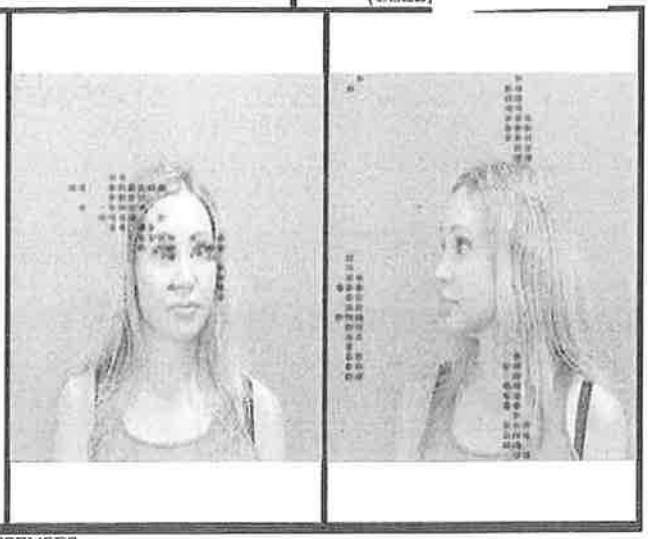
ETHNICITY	SCARS	LOCATION OF ARREST
NOT OF HISPANIC ORIGIN		1000 MAIN ST

PLACE OF BIRTH	MARTIAL STATUS	DRIVER'S LICENSE
BRIDGEPORT CT	UNKNOWN	

FATHER'S NAME	MOTHER'S NAME	MOTHER'S MAIDEN
ROBERT HECKER	SALLY HECKER	TOMASELLI

EMPLOYER	OCCUPATION
CLUB 35	DANCER

ADDRESS OF EMPLOYER



IF CUT VISIBLE ON PERSON, DESCRIBE KIND & LOCATION

TREATED WHERE	ATTENDING PHYSICIAN

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 276 33A	YES	BY WHOM
	☐	MICHAEL A PASCONE

FINGERPRINTS TAKEN	YES	PHOTO TAKEN	YES
	☒		☒

IF PRISONER WAS ARRESTED FOR OPERATING UNDER THE INFLUENCE, FILL IN BELOW

PRISONER ADVISED OF RIGHTS UNDER G.L. CHAP 263 5A	YES	BY WHOM
	☐	

BREATHLYZER READING	BY WHOM	

I have been advised of and understand my right to remain silent, use a telephone to call a lawyer or have one provided, and to have my own physician test for alcohol.

PRISONER SIGNATURE

ARRESTING OFFICER	BOOKING OFFICER
JASON MADER	MICHAEL A PASCONE
COMPLAINANT	OFFICER IN CHARGE

OFFENSES

1. PROMOTING PROSTITUTION
2. PROMOTING PROSTITUTION
3.
4.
5.

ARREST ON WARRANT?	YES	WARRANT NUMBER
	☐	CITY/COURT

CHARGES

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

IS ARRESTEE A JUVENILE ☐ YES

NAME OF PROBATION OFFICER NOTIFIED — TIME

NAME OF PARENT OR GUARDIAN NOTIFIED — OFFICER MAKING NOTIFICATION — TIME

BAIL COMMISSIONER	AMOUNT OF BAIL	DATE AND TIME OF BAIL

DISPOSITION