

## WALL TOWNSHIP PD

## Event Report

Event ID: 2024-0303-0282

Call Ref #: 293

Date/Time Received: 03/03/24 18:16:27

Rpt #: 2024-00820	Prime W210	Services Involved			
Call Source: SELF	Unit: MARTIN, TYLER D	LAW			
Location: 2700 ALLAIRE RD					
X-ST: SOUTH MANOR CT	Jur: WTPD	Service: LAW	Agency: WTPD		
BAILEYS CORNER RD	St/Beat: PST1	District:	RA: S7		
Business: WALL TOWNSHIP POLICE	Phone: (732) 449-4500	GP: PST1			
Nature: SUSPICIOUS VEHICLE	Alarm Lvl: 1	Priority: 2	Medical Priority:		
Reclassified Nature:					
Caller:			Alarm:		
Addr:	Phone:	Alarm Type:			
Vehicle #: P54MUR	St: NJ	Report Only: No	Race:	Sex:	Age:
Call Taker: W622	Console: D3				
Geo-Verified Addr.: Yes	Nature Summary Code:	Disposition: REPT	Close Comments:		
Notes:					
See Event Notes Addendum at end of this report					

## Times

Call Received: 03/03/24 18:16:27	Time From Call Received	
Call Routed: 03/03/24 18:16:27		Unit Reaction: (1st Dispatch to 1st Arrive)
Call Take Finished: 03/03/24 18:16:27		En-Route: (1st Dispatch to 1st En-Route)
1st Dispatch: 03/03/24 18:16:27	(Time Held)	On-Scene: 000:26:12 (1st Arrive to Last Clear)
1st En-Route: 03/03/24 18:16:27		
1st Arrive: 03/03/24 18:16:27	(Reaction Time)	
Last Clear: 03/03/24 18:42:39	000:26:12	

## Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
W210	210	D	Dispatched	03/03/24 18:16:27	Out Srv: [1003] at 10-2		W622
W210	210	E	En-Route	03/03/24 18:16:27	Out Srv: [1003] at 10-2		W622
W210	210	A	Arrived	03/03/24 18:16:27	Out Srv: [1003] at 10-2		W622
W190	190	D	Dispatched	03/03/24 18:16:34			W622
W190	190	E	En-Route	03/03/24 18:16:34			W622
W190	190	A	Arrived	03/03/24 18:16:34			W622
W210	210	C	Cleared	03/03/24 18:42:39		REPT	W622
W190	190	C	Cleared	03/03/24 18:42:39		1010	W622

## Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TR	Time Received	03/03/24 18:16:27	By: SELF		W622
		FIN	Finished Call Taking	03/03/24 18:16:27			W622
		VEHI	Vehicle Info	03/03/24 18:16:27	User-entered vehicle info: NJ P54MUR P		W622
		VEV	Viewed Event	03/03/24 18:16:42	User First Viewed Event CAD		52360
		ENT	Entered Remarks	03/03/24 18:16:44			W622
		ARM	Added Remarks	03/03/24 18:17:31			W622
		VEV	Viewed Event	03/03/24 18:18:21	User First Viewed Event CAD		W577
		ARM	Added Remarks	03/03/24 18:33:40			W622
		RPT	Requested Report#	03/03/24 18:35:26	WTPD Report #2024-00820		W622
		ARM	Added Remarks	03/03/24 18:51:21			W223
		ARM	Added Remarks	03/03/24 20:17:55			W210



## Event Notes Addendum

**Notes** Subsequent to a suspicious vehicle, patrols observed the below listed vehicle parked in our Wall Police Headquarters parking lot parked in a parking spot. Patrols came in contact with the driver who was passed out at the wheel. The same was placed under arrest for DWI and was walked into Wall Police Hq's for processing. Driver refused to provide breathe samples and was charged accordingly. She was released in accordance with John's Law. Patrols drove the target vehicle into the impound lot due to it being at our Hq's.

SEE IR/AR.

- [03/03/24 20:17:55 W210]  
4-50 [03/03/24 18:51:21 W223]  
female 41 [03/03/24 18:33:40 W622]  
=====

1L01  
NJ0135200

MKE/NJ DMV RESPONSE

OLN/ [REDACTED]

NAM/FINNEGAN, PAIGE K

OLN FXP [REDACTED]

DOB [REDACTED]

SSN [REDACTED]

[REDACTED]  
MIDDLETOWN, NJ 07748-2835

ENDORSEMENTS/RESTRICTIONS: NONE  
IMAGE LOCATED IN FILE: 0000165905.JPG  
@ [03/03/24 18:17:31 W622]  
==veh==

1L01  
NJ0135200

MKE/NJ DMV RESPONSE

LIC/P54MUR LIS/NJ LIY/08-2024  
VIN/3MZBN1U77HM126305 PAS-GVW-LEN/7  
VYR/2017 VMA/MAZ VMO/M3S VST/4 DR VCO/BK AXLES-PROP/2

NAM/FINNEGAN, KIMBERLY M

OLN [REDACTED]

DOB [REDACTED]

SSN [REDACTED]

[REDACTED]  
MIDDLETOWN, NJ 07748-2835

ENDORSEMENTS/RESTRICTIONS: NONE

==== [03/03/24 18:16:44 W622]

**WALL TOWNSHIP POLICE DEPARTMENT  
MONMOUTH COUNTY, NEW JERSEY  
ARREST REPORT**

Complaint Number <b>202400820</b>		Mun. Code <b>1352</b>	Phone Number <b>732-449-4500</b>		UCR	Prosecutor's Case Number		Department Case Number <b>202400820</b>	
Name (Last, First, Middle) <b>FINNEGAN, PAIGE K</b>						Phone		Alias - Nickname	
Current Address <b>MIDDLETOWN, NJ 07748-2835</b>						Place of Birth			
D.O.B.	Age <b>20</b>	Race <b>W</b>	Sex <b>F</b>	Hgt <b>5'0</b>	Wgt <b>121</b>	Hair <b>Bln</b>	Eye <b>Blue</b>	Complexion <b>Light</b>	
Scars, Marks, Tattoos								Ol N and State	
Employer's Name (School Name)						Occupation (Grade)		Social Security #	
Address								Phone	

**DETAILS OF ARREST**

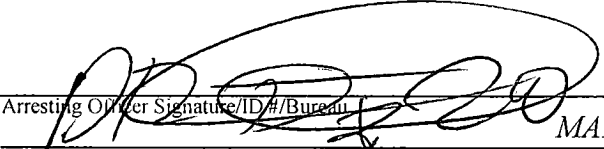
Date / Time Reported <b>03/03/2024 18:33 Sun</b>		Place of Arrest <b>2700 ALLAIRE RD, WALL TOWNSHIP</b>				Municipal Code <b>1352</b>	
Charge #1 <b>Operating Under Influence</b>	Type <b>Misd</b>	Counts <b>1</b>	IBR Code <b>210</b>	Warrant / Summons # <b>E24001409</b>	Statute # <b>39:4-50</b>	Warr. Date	
Charge #2 <b>Consent To Take Samples</b>	Type <b>Fel</b>	Counts <b>1</b>	IBR Code <b>210</b>	Warrant / Summons # <b>E24001411</b>	Statute # <b>39:4-50.2</b>	Warr. Date	
Charge #3 <b>Refusal To Submit To</b>	Type <b>Misd</b>	Counts <b>1</b>	IBR Code <b>210</b>	Warrant / Summons # <b>E24001412</b>	Statute # <b>39:4-50.4A</b>	Warr. Date	
If Armed, Type of Weapon <b>None / Not Applicable</b>		Type of Arrest <b>ON-VIEW</b>					
VYR <b>2017</b>	Make <b>Maz</b>	Model <b>M3S</b>	Style <b>4 Door</b>		Color <b>Bk</b>	Lic/Lis <b>P54MUR NJ</b>	Vin <b>3MZBN1U77HM126305</b>
Vehicle: <b>John's Law Impound 03/03/2024</b>				Patrols drove the target vehicle into the <i>Inventory on File</i>			

**BAIL INFORMATION**

Date/Time Confined <b>03/03/2024</b>		Court of <b>Wall Township</b>	City <b>WALL</b>	Committing Magistrate	
Amt. Bond		Type Bond	Trial Date	Place Confined <b>WALL POLICE HQS</b>	
Date/Time Released <b>03/03/2024 00:00:00</b>		Released By: Name/ID Number/Bureau <b>WHEELER, J. 1ST</b>			

**NARRATIVE**

Subsequent to a suspicious vehicle the driver was placed under arrest for DWI. She was double lock handcuffed and transported to processing where she refused to provide breathe samples and was charged accordingly. She was released in accordance with John's Law.

Arresting Officer Signature/ID#/Bureau  <b>MARTIN, T. D. (PATL, HQ) (210)</b>	
Case Status <b>Ar</b>	Arrestee Signature

## ARREST REPORT (Additional Charges)

Agency Name	ORI	Date/Time Arrested	Case #
Wall Township Police Department	NJ0135200	03/03/2024 18:33	202400820
Arrestee Name			Arrest Number
FINNEGAN, PAIGE K			33885

Charge	Fel/Misd	Counts	IBR Code	Warrant/Summons #	Statute #	Warr. D:
4) Oper Mv Person Who Has Consumed Alcohol While Underage	Misd	1	210	E24001410	39:4-50.14	
5) Reckless Driving	Misd	1	9939	E24001413	39:4-96	



NEW JERSEY STATE POLICE

## DRINKING DRIVER/OPERATOR QUESTIONNAIRE

Defendant (First name) <i>Paige</i>	(Initial) (Last name) <i>K Finnegan</i>	Case Number <i>24-00820</i>	Sequential File No. <i>335</i>
--	--	--------------------------------	-----------------------------------

## 1. QUESTIONS:

The following Questions were asked: On <i>March 3rd</i> , 20 <i>24</i> At <i>1423</i> <input type="checkbox"/> AM <input type="checkbox"/> PM		Occupation?
Are you Sick? If Yes, Explain: [Redacted]		
Are you under the care of a Doctor? If so, provide name & address: [Redacted]		Last Visit Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Are you taking Medicine? If so, What and What for? [Redacted]		Last Dose? Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Do you have Diabetes? [Redacted]	Are you taking Insulin? [Redacted]	Last Dose? Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Are you Injured? [Redacted]	Where? [Redacted]	
Are your Injuries Affecting you now? If so, What and How? [Redacted]		
Note any Physical Injuries or Deformities observed: [Redacted]		

## 2. ADVISE SUBJECT OF MIRANDA WARNING:

What kind of Alcoholic Drinks have you had? <i>Wish to remain Silent</i>		How many?
Where?		What was the time between each drink?
When did you have your First Drink? Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	When did you finish your Last Drink? Date: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
What time did you Finish eating?	(34) What did you Eat?	
Remarks: [Redacted]		

## 3. COMPLETE THE FOLLOWING WHEN A BREATH TEST IS ADMINISTERED AND NO CHARGE FOR DRIVING/OPERATING IS ENFORCED:

Operation of the Vehicle/Vessel:  
When Stopped or Arrival at Scene:  

<i>[Signature]</i> (Rank) (Signature) <i>240</i> (Badge No.)	Copy given to Subject: On _____, 20 _____
--	--

User: W210

## WALL TOWNSHIP POLICE DEPARTMENT

03/03/2024 19:58

## TOWED VEHICLE &amp; INVENTORY RECEIPT FORM

Vehicle ID 234723625

## OWNER INFORMATION

REGISTERED OWNER:

Not Available

STREET ADDRESS:

RACE:

SEX:

DATE OF BIRTH:

AGE:

PHONE#

BUSINESS:

MOBILE:

RESIDENCE:

## VEHICLE DESCRIPTION

License Plate / State / Year

P54MUR NJ 2024

License Type

Passenger

VIN

3MZBN1U77HM126305

Veh Year / Make / Model

2017 MAZ M3S

Veh Type

Passenger Car

Veh Style

4 Door

Veh Color

Bk

## TOW IMPOUND/REPOSSESSION INFORMATION

Type

Impound

Hold

YES

Inventory

YES

Reason

JOHNS LAW

Status Date/Time

03/03/2024 18:33

Date / Time Requested

Date/Time Arrived

/ / : :

Officer

MARTIN, T. D.

Agency

WALL TOWNSHIP POLICE DEPARTMENT

Case #

2024-00820

Towed From

Tow Company

Phone #

Towed To

Lien Holder

Phone #

Notes

Patrols drove the target vehicle into the impound lot due to the vehicle being parked at Wall Police Hq's. Johns Law.

## RELEASE INFORMATION

Date/Time

Released By

Claim Ticket

Released To

Relation

Phone #

Notes



# Wall Township Police Department IMPOUNDED VEHICLE TRACKING FORM

Incident Date: 03/03/2024 Report #: 2024-00820

## Reason for Vehicle Impound

<input checked="" type="checkbox"/> Driver Arrested	<input checked="" type="checkbox"/> Under Influence of Alcohol or Drugs	<input type="checkbox"/> In possession of unlawful item (drugs, alcohol, weapon, etc.)
<input type="checkbox"/> Insurance Violation	<input type="checkbox"/> Warrant for Arrest for Operator	<input type="checkbox"/> Violation of New Jersey or United States law
<input type="checkbox"/> Vehicle is Unsafe	<input type="checkbox"/> License or Endorsement Violation	<input type="checkbox"/> Vehicle abandoned on roadway or in public area

## Notice To Vehicle Owner / Operator

I have been advised by the Wall Township Police Department that the vehicle that I own, or operated, is being impounded for the reasons set forth by the undersigned officer. Furthermore, I have also been advised that an inventory of the contents of my vehicle will be taken and recorded and that I will be provided a copy of the inventory list upon request.

I understand that I have the right to refuse to have the contents of my vehicle inventoried. If I decline to permit the inventory to occur, I expressly waive any cause of action against the undersigned officer, the towing company and the Wall Township Police Department. Additionally, I understand that if I do not permit an inventory of the aforementioned vehicle, I am waiving my right to file any claims for damage to, or loss of, any and all contents in or on the vehicle against any aforementioned parties. I understand that I have the right to have any items removed from the vehicle prior to the inventory.

☐ I request an inventory of the vehicle I was operating.

(Owner / Operator's Signature)

(Owner / Operator's Printed Name)

☒ I DO NOT consent to an inventory of the vehicle I was operating and I waive any liability on the part of the arresting officer, towing agency, Wall Twp. Police Department, or the Township of Wall for any damage to any portion of the vehicle, and/or, any contents of the vehicle. I further waive any liability on the part of the arresting officer, impounding officer, Wall Twp. Police Department or the Township of Wall based upon any allegation that they failed to safeguard the vehicle or its contents.

(Owner / Operator's Signature)

Paige Finnegan

(Owner / Operator's Printed Name)

## Vehicle Release Eligibility

**Owner / Operator:** To retrieve your vehicle, you must satisfy any of the conditions set forth by the impounding Officer below. Additionally, you must pay in full all associated costs to include towing, storage, and administrative fees. The registered owner or legally appointed representative must be present to claim the vehicle. Vehicles will ONLY be released during the regular business hours of the Records Section of the Wall Township Police Department. If the impounding Officer checked the "Vehicle WILL NOT be released..." box, your vehicle will not be released. In this case, you will be notified if the vehicle becomes available for release at a future time. For more information, please visit the Wall Township Police Department website at [www.wallpolice.org](http://www.wallpolice.org).

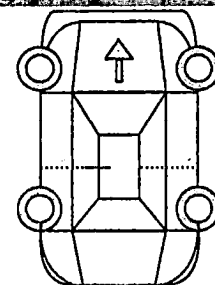
<input type="checkbox"/> Vehicle may be released:	<input type="checkbox"/> During regular Records Section Business Hours (see website for details)
<input type="checkbox"/> Vehicle may be released upon the following conditions:	<input checked="" type="checkbox"/> At the following Date / Time: <u>3/4/24 0900</u>
	<input type="checkbox"/> Proof of valid registration can be demonstrated (no photo copies)
	<input type="checkbox"/> Proof of valid insurance can be demonstrated (no photo copies)
	<input type="checkbox"/> Must be towed from impound lot by an authorized towing company
<input type="checkbox"/> Vehicle WILL NOT be released for the following reason(s):	<input type="checkbox"/> Vehicle is evidence in an ongoing police investigation
	<input type="checkbox"/> Vehicle is the subject of an in-process Search Warrant
	<input type="checkbox"/> Vehicle has been SEIZED for forfeiture proceedings under New Jersey law

Questions? Visit our website or call the Police Records Section at 732-449-8774 Monday through Friday from 8:30am-4:30pm

Visit the Wall Police website at [www.wallpolice.org](http://www.wallpolice.org) to learn more about the requirements for vehicle release and associated costs

## Officer's Notes and Inventory

<input type="checkbox"/> Keys enclosed	<input type="checkbox"/> Registration card enclosed	<input type="checkbox"/> Insurance card enclosed
Please shade any damaged areas on diagram to right and annotate any notes relevant to damage or inventory contents		
Officer's Signature:		Officer's Printed Name and Badge #: Ptl. Martin #210










## Vehicle Release Information





Name: _____	Signature: _____
Address: _____	
Date / Time of Release: _____	Released By: _____
[(Storage Fee: \$30.00 /day) X (# of Days: _____) = \$ _____ Storage Fee Total] + [(Tow Fee: \$ _____) + (Service Fee: \$25.00)] = \$ _____ TOTAL	





REGISTRATION: PS4MUR STATE: NJ MAKE: MAZ MODEL: MAZ3 COLOR: BK



Court ID <b>1352</b>	Prefix <b>E24</b>	Ticket Number <b>001410</b>	WALL TOWNSHIP MUNICIPAL CT 2700 ALLAIRE RD WALL NJ 07719	
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:				
Drivers License No: [REDACTED]		State: NJ	Expiration Date: 04/07/2024 <input type="checkbox"/> Commercial License	
THE UNDERSIGNED CERTIFIES THAT				
PAIGE K FINNEGAN [REDACTED]		Birth Date: [REDACTED] Eyes: Blue Sex: Female	Telephone: ( ) - Height: 5'06" Restrictions: D 0	<input type="checkbox"/> Check if cell phone Hispanic or Latinx? 0 Race:
MIDDLETOWN, NJ 07748-2835		Email:		
DID UNLAWFULLY (PARK) (OPERATE) A				
License Plate No. <b>P54MUR</b>	Vehicle Make: MAZ Plate State: NJ <input type="checkbox"/> Commercial Vehicle	Year: 2017 Exp Date: 08/2024 <input type="checkbox"/> Omnibus	Color: BK <input type="checkbox"/> Hazardous Materials	Body Type: 4 Door <input type="checkbox"/> Out of Service
AND DID THERE AND THEN COMMIT THE FOLLOWING OFFENSE				
39:4-50.14 OPER MV PERSON WHO HAS CONSUMED ALCOHOL WHILE				
Date of Offense: 03/03/2024 Time: 06:58 PM				
Other Offense Information <input type="checkbox"/> Construction Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Accident <input type="checkbox"/> Prop. Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol				
Equipment:	Operator:	Operator's ID:		Unit Code
Notes:				
Location: 2700 ALLAIRE RD	Municipality: WALL TOWNSHIP	County: MONMOUTH	Mun. Code (Offense): 1352	
The undersigned further states that there are just and reasonable grounds to believe that you committed the above offense and will file this complaint in this court charging you with that offense.				
03/03/2024 Date	TYLER MARTIN Electronic Signature		0210 Officer ID	
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED ABOVE.				
Court Date: 03/19/2024		Court Time: 09:00 AM		
<b>1. PLEA OF NOT GUILTY</b> If you wish to plead not guilty, you must notify the court, whose address and telephone number are shown above, at least 5 days prior to the court date listed on this ticket. <b>Please confirm with the court your contact information including your email address and telephone number.</b> If you fail to notify the court, it may be necessary for you to make additional court appearances.				
<b>2. OFFENSE IS NOT PAYABLE OR COURT APPEARANCE REQUIRED</b> If the offense charged is not payable, or if "Court Appearance Required" is displayed, you must appear on the date and time indicated, even if you wish to plead guilty. Contact the court to confirm your appearance, email address, and telephone number. The court may schedule you to appear in person or by video. You may also be able to resolve your matter online (see section 3 below).				
<b>3. ONLINE PLEA OPTIONS</b> Please visit <a href="http://www.NJMCdirect.com">www.NJMCdirect.com</a> for information on how to resolve matters online without having to appear in court. You may be able to submit a request through the online Municipal Case Resolution system to, among other things, plead guilty or not guilty to the offense charged on this ticket or to submit a request for a lesser charge to the municipal prosecutor.				
<b>COURT APPEARANCE REQUIRED</b>				
FOR MORE INFORMATION ON ANY OF THE ABOVE, GO TO: <b><a href="http://www.NJMCdirect.com">www.NJMCdirect.com</a></b>				
NOTICE				
Except for a parking ticket, a record of this conviction will be sent to the Motor Vehicle Commission (MVC) that issued your license. If you hold a commercial driver's license and you are convicted of two or more serious traffic violations, the MVC may, depending on your record, suspend your commercial driving privileges <b>even if the violations were committed in a non-commercial motor vehicle</b> For more information, visit the official MVC website at <a href="http://www.NJMVC.gov">www.NJMVC.gov</a>				
PLEASE NOTIFY THE COURT OF DISABILITY ACCOMMODATION NEEDS				
				

Court ID <b>1352</b>	Prefix <b>E24</b>	Ticket Number <b>001409</b>	WALL TOWNSHIP MUNICIPAL CT 2700 ALLAIRE RD WALL NJ 07719
<b>YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:</b>			
Drivers License No: <span style="background-color: black; color: black;">XXXXXXXXXX</span> State: <b>NJ</b> Expiration Date: <b>04/07/2024</b> <input type="checkbox"/> Commercial License			
<b>THE UNDERSIGNED CERTIFIES THAT</b>			
PAIGE K FINNEGAN <div style="background-color: black; color: black; height: 1.2em; width: 100%;"></div>		Birth Date: <span style="background-color: black; color: black;">XXXXXX</span> Eyes: <b>Blue</b> Sex: <b>Female</b>	Telephone: ( ) - Height: <b>5'06"</b> Restrictions: <b>D 0</b> <div style="text-align: right;"><input type="checkbox"/> Check if cell phone Hispanic or Latinx? <b>0</b> Race:</div>
MIDDLETOWN, NJ 07748-2835		Email:	
<b>DID UNLAWFULLY (PARK) (OPERATE) A</b>			
License Plate No. <b>P54MUR</b>	Vehicle Make: <b>MAZ</b> Plate State: <b>NJ</b> <input type="checkbox"/> Commercial Vehicle	Year: <b>2017</b> Exp Date: <b>08/2024</b> <input type="checkbox"/> Omnibus	Color: <b>BK</b> Body Type: <b>4 Door</b> <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Out of Service
<b>AND DID THERE AND THEN COMMIT THE FOLLOWING OFFENSE</b>			
<b>39:4-50 OPERATING UNDER INFLUENCE OF LIQUOR OR DRUGS</b> Date of Offense: <b>03/03/2024</b> Time: <b>06:58 PM</b> Other Offense Information <input type="checkbox"/> Construction Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Accident <input type="checkbox"/> Prop. Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol			
Equipment:	Operator:	Operator's ID:	Unit Code
Notes:			
Location: <b>2700 ALLAIRE RD</b>	Municipality: <b>WALL TOWNSHIP</b>	County: <b>MONMOUTH</b>	Mun. Code (Offense): <b>1352</b>
The undersigned further states that there are just and reasonable grounds to believe that you committed the above offense and will file this complaint in this court charging you with that offense. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><u>03/03/2024</u> Date</div><div><u>TYLER MARTIN</u> Electronic Signature</div><div><u>0210</u> Officer ID</div></div>			
<b>YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED ABOVE.</b>			
<b>Court Date: 03/19/2024      Court Time: 09:00 AM</b>			
<b>1. PLEA OF NOT GUILTY</b> If you wish to plead not guilty, you must notify the court, whose address and telephone number are shown above, at least 5 days prior to the court date listed on this ticket. <b>Please confirm with the court your contact information including your email address and telephone number.</b> If you fail to notify the court, it may be necessary for you to make additional court appearances. <b>2. OFFENSE IS NOT PAYABLE OR COURT APPEARANCE REQUIRED</b> If the offense charged is not payable, or if "Court Appearance Required" is displayed, you must appear on the date and time indicated, even if you wish to plead guilty. Contact the court to confirm your appearance, email address, and telephone number. The court may schedule you to appear in person or by video. You may also be able to resolve your matter online (see section 3 below). <b>3. ONLINE PLEA OPTIONS</b> Please visit <a href="http://www.NJMCdirect.com">www.NJMCdirect.com</a> for information on how to resolve matters online without having to appear in court. You may be able to submit a request through the online Municipal Case Resolution system to, among other things, plead guilty or not guilty to the offense charged on this ticket or to submit a request for a lesser charge to the municipal prosecutor.			
<b>COURT APPEARANCE REQUIRED</b>			
FOR MORE INFORMATION ON ANY OF THE ABOVE, GO TO: <b><a href="http://www.NJMCdirect.com">www.NJMCdirect.com</a></b>			
<b>NOTICE</b>			
Except for a parking ticket, a record of this conviction will be sent to the Motor Vehicle Commission (MVC) that issued your license. If you hold a commercial driver's license and you are convicted of two or more serious traffic violations, the MVC may, depending on your record, suspend your commercial driving privileges <b>even if the violations were committed in a non-commercial motor vehicle</b> For more information, visit the official MVC website at <a href="http://www.NJMVC.gov">www.NJMVC.gov</a> <b>PLEASE NOTIFY THE COURT OF DISABILITY ACCOMMODATION NEEDS</b>			
			

Court ID <b>1352</b>	Prefix <b>E24</b>	Ticket Number <b>001411</b>	WALL TOWNSHIP MUNICIPAL CT 2700 ALLAIRE RD WALL NJ 07719	
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:				
Drivers License No: [REDACTED]		State: <b>NJ</b>	Expiration Date: <b>04/07/2024</b> <input type="checkbox"/> Commercial License	
THE UNDERSIGNED CERTIFIES THAT				
PAIGE K FINNEGAN [REDACTED]		Birth Date: [REDACTED] Eyes: <b>Blue</b> Sex: <b>Female</b>	Telephone: ( ) - Height: <b>5'06"</b> Restrictions: <b>D 0</b>	<input type="checkbox"/> Check if cell phone Hispanic or Latinx? <b>0</b> Race:
MIDDLETOWN, NJ 07748-2835		Email:		
DID UNLAWFULLY (PARK) (OPERATE) A				
License Plate No. <b>P54MUR</b>	Vehicle Make: <b>MAZ</b> Plate State: <b>NJ</b> <input type="checkbox"/> Commercial Vehicle	Year: <b>2017</b> Exp Date: <b>08/2024</b> <input type="checkbox"/> Omnibus	Color: <b>BK</b> <input type="checkbox"/> Hazardous Materials	Body Type: <b>4 Door</b> <input type="checkbox"/> Out of Service
AND DID THERE AND THEN COMMIT THE FOLLOWING OFFENSE				
39:4-50.2 CONSENT TO TAKE SAMPLES OF BREATH; RECORD				
Date of Offense: <b>03/03/2024</b> Time: <b>06:58 PM</b>				
Other Offense Information <input type="checkbox"/> Construction Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Accident <input type="checkbox"/> Prop. Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol				
Equipment: Notes:	Operator:	Operator's ID:	Unit Code	
Location: <b>2700 ALLAIRE RD</b>	Municipality: <b>WALL TOWNSHIP</b>	County: <b>MONMOUTH</b>	Mun. Code (Offense): <b>1352</b>	
The undersigned further states that there are just and reasonable grounds to believe that you committed the above offense and will file this complaint in this court charging you with that offense.				
<b>03/03/2024</b> Date	<b>TYLER MARTIN</b> Electronic Signature	<b>0210</b> Officer ID		
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED ABOVE.				
Court Date: <b>03/19/2024</b>		Court Time: <b>09:00 AM</b>		
<b>1. PLEA OF NOT GUILTY</b> If you wish to plead not guilty, you must notify the court, whose address and telephone number are shown above, at least 5 days prior to the court date listed on this ticket. <b>Please confirm with the court your contact information including your email address and telephone number.</b> If you fail to notify the court, it may be necessary for you to make additional court appearances.				
<b>2. OFFENSE IS NOT PAYABLE OR COURT APPEARANCE REQUIRED</b> If the offense charged is not payable, or if "Court Appearance Required" is displayed, you must appear on the date and time indicated, even if you wish to plead guilty. Contact the court to confirm your appearance, email address, and telephone number. The court may schedule you to appear in person or by video. You may also be able to resolve your matter online (see section 3 below).				
<b>3. ONLINE PLEA OPTIONS</b> Please visit <b>www.NJMCdirect.com</b> for information on how to resolve matters online without having to appear in court. You may be able to submit a request through the online Municipal Case Resolution system to, among other things, plead guilty or not guilty to the offense charged on this ticket or to submit a request for a lesser charge to the municipal prosecutor.				
<b>COURT APPEARANCE REQUIRED</b>				
FOR MORE INFORMATION ON ANY OF THE ABOVE, GO TO: <b>www.NJMCdirect.com</b>				
NOTICE				
Except for a parking ticket, a record of this conviction will be sent to the Motor Vehicle Commission (MVC) that issued your license. If you hold a commercial driver's license and you are convicted of two or more serious traffic violations, the MVC may, depending on your record, suspend your commercial driving privileges <b>even if the violations were committed in a non-commercial motor vehicle</b> For more information, visit the official MVC website at <b>www.NJMVC.gov</b>				
PLEASE NOTIFY THE COURT OF DISABILITY ACCOMMODATION NEEDS				
				

Court ID <b>1352</b>	Prefix <b>E24</b>	Ticket Number <b>001412</b>	WALL TOWNSHIP MUNICIPAL CT 2700 ALLAIRE RD WALL NJ 07719
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:			
Drivers License No: [REDACTED]		State: NJ	Expiration Date: 04/07/2024 <input type="checkbox"/> Commercial License
THE UNDERSIGNED CERTIFIES THAT			
PAIGE K FINNEGAN [REDACTED]	Birth Date: [REDACTED] Eyes: Blue Sex: Female	Telephone: ( ) - Height: 5'06" Restrictions: D 0	<input type="checkbox"/> Check if cell phone Hispanic or Latinx? 0 Race:
MIDDLETOWN, NJ 07748-2835		Email:	
DID UNLAWFULLY (PARK) (OPERATE) A			
License Plate No. <b>P54MUR</b>	Vehicle Make: MAZ Plate State: NJ <input type="checkbox"/> Commercial Vehicle	Year: 2017 Exp Date: 08/2024 <input type="checkbox"/> Omnibus	Color: BK Body Type: 4 Door <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Out of Service
AND DID THERE AND THEN COMMIT THE FOLLOWING OFFENSE			
39:4-50.4A REFUSAL TO SUBMIT TO CHEMICAL TEST;PENALTIES			
Date of Offense: 03/03/2024 Time: 06:58 PM			
Other Offense Information <input type="checkbox"/> Construction Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Accident <input type="checkbox"/> Prop. Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol			
Equipment:	Operator:	Operator's ID:	Unit Code
Notes:			
Location: 2700 ALLAIRE RD	Municipality: WALL TOWNSHIP	County: MONMOUTH	Mun. Code (Offense): 1352
The undersigned further states that there are just and reasonable grounds to believe that you committed the above offense and will file this complaint in this court charging you with that offense.			
03/03/2024 Date	TYLER MARTIN Electronic Signature	0210 Officer ID	
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED ABOVE.			
Court Date: 03/19/2024		Court Time: 09:00 AM	
<b>1. PLEA OF NOT GUILTY</b> If you wish to plead not guilty, you must notify the court, whose address and telephone number are shown above, at least 5 days prior to the court date listed on this ticket. <b>Please confirm with the court your contact information including your email address and telephone number.</b> If you fail to notify the court, it may be necessary for you to make additional court appearances.			
<b>2. OFFENSE IS NOT PAYABLE OR COURT APPEARANCE REQUIRED</b> If the offense charged is not payable, or if "Court Appearance Required" is displayed, you must appear on the date and time indicated, even if you wish to plead guilty. Contact the court to confirm your appearance, email address, and telephone number. The court may schedule you to appear in person or by video. You may also be able to resolve your matter online (see section 3 below).			
<b>3. ONLINE PLEA OPTIONS</b> Please visit <a href="http://www.NJMCdirect.com">www.NJMCdirect.com</a> for information on how to resolve matters online without having to appear in court. You may be able to submit a request through the online Municipal Case Resolution system to, among other things, plead guilty or not guilty to the offense charged on this ticket or to submit a request for a lesser charge to the municipal prosecutor.			
<b>COURT APPEARANCE REQUIRED</b>			
FOR MORE INFORMATION ON ANY OF THE ABOVE, GO TO: <b><a href="http://www.NJMCdirect.com">www.NJMCdirect.com</a></b>			
NOTICE			
Except for a parking ticket, a record of this conviction will be sent to the Motor Vehicle Commission (MVC) that issued your license. If you hold a commercial driver's license and you are convicted of two or more serious traffic violations, the MVC may, depending on your record, suspend your commercial driving privileges <b>even if the violations were committed in a non-commercial motor vehicle</b> For more information, visit the official MVC website at <a href="http://www.NJMVC.gov">www.NJMVC.gov</a>			
PLEASE NOTIFY THE COURT OF DISABILITY ACCOMMODATION NEEDS			
			

Court ID <b>1352</b>	Prefix <b>E24</b>	Ticket Number <b>001413</b>	WALL TOWNSHIP MUNICIPAL CT 2700 ALLAIRE RD WALL NJ 07719
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:			
Drivers License No. [REDACTED]		State: NJ	Expiration Date: 04/07/2024 <input type="checkbox"/> Commercial License
THE UNDERSIGNED CERTIFIES THAT			
PAIGE K FINNEGAN [REDACTED]		Birth Date: [REDACTED] Eyes: Blue Sex: Female	Telephone: ( ) - Height: 5'06" Restrictions: D 0 <input type="checkbox"/> Check if cell phone Hispanic or Latinx? 0 Race:
MIDDLETOWN, NJ 07748-2835		Email:	
DID UNLAWFULLY (PARK) (OPERATE) A			
License Plate No. <b>P54MUR</b>	Vehicle Make: MAZ Plate State: NJ <input type="checkbox"/> Commercial Vehicle	Year: 2017 Exp Date: 08/2024 <input type="checkbox"/> Omnibus	Color: BK Body Type: 4 Door <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Out of Service
AND DID THERE AND THEN COMMIT THE FOLLOWING OFFENSE			
39:4-96 RECKLESS DRIVING			
Date of Offense: 03/03/2024 Time: 06:58 PM			
Other Offense Information <input type="checkbox"/> Construction Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Accident <input type="checkbox"/> Prop. Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Death/Serious Bodily Injury <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol			
Equipment: Notes:	Operator:	Operator's ID:	Unit Code
Location: 2700 ALLAIRE RD	Municipality: WALL TOWNSHIP	County: MONMOUTH	Mun. Code (Offense): 1352
The undersigned further states that there are just and reasonable grounds to believe that you committed the above offense and will file this complaint in this court charging you with that offense.			
03/03/2024 Date	TYLER MARTIN Electronic Signature	0210 Officer ID	
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED ABOVE.			
Court Date: 03/19/2024		Court Time: 09:00 AM	
<b>1. PLEA OF NOT GUILTY</b> If you wish to plead not guilty, you must notify the court, whose address and telephone number are shown above, at least 5 days prior to the court date listed on this ticket. <b>Please confirm with the court your contact information including your email address and telephone number.</b> If you fail to notify the court, it may be necessary for you to make additional court appearances.			
<b>2. OFFENSE IS NOT PAYABLE OR COURT APPEARANCE REQUIRED</b> If the offense charged is not payable, or if "Court Appearance Required" is displayed, you must appear on the date and time indicated, even if you wish to plead guilty. Contact the court to confirm your appearance, email address, and telephone number. The court may schedule you to appear in person or by video. You may also be able to resolve your matter online (see section 3 below).			
<b>3. ONLINE PLEA OPTIONS</b> Please visit <a href="http://www.NJMCdirect.com">www.NJMCdirect.com</a> for information on how to resolve matters online without having to appear in court. You may be able to submit a request through the online Municipal Case Resolution system to, among other things, plead guilty or not guilty to the offense charged on this ticket or to submit a request for a lesser charge to the municipal prosecutor.			
<b>COURT APPEARANCE REQUIRED</b>			
FOR MORE INFORMATION ON ANY OF THE ABOVE, GO TO: <b><a href="http://www.NJMCdirect.com">www.NJMCdirect.com</a></b>			
NOTICE			
Except for a parking ticket, a record of this conviction will be sent to the Motor Vehicle Commission (MVC) that issued your license. If you hold a commercial driver's license and you are convicted of two or more serious traffic violations, the MVC may, depending on your record, suspend your commercial driving privileges <b>even if the violations were committed in a non-commercial motor vehicle</b> For more information, visit the official MVC website at <a href="http://www.NJMVC.gov">www.NJMVC.gov</a>			
PLEASE NOTIFY THE COURT OF DISABILITY ACCOMMODATION NEEDS			
