

COURT I.D.	PREFIX	TICKET NUM	TYPE	MONMOUTH BEACH MUNICIPAL COURT			
1333	E25	000686	M	910 OCEANPORT WAY OCEANPORT, NJ 07757-0000			
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:							
<input type="checkbox"/> No License	Driver's Lic. No.						
				Exp. Date 10/2029	State NJ	<input type="checkbox"/> Commercial License	
THE UNDERSIGNED CERTIFIES THAT							
Name First STEPHANIE		Initial TJARKS		Last (Please Print)			
Address 1				Address 2			
City		State NJ	Zip Code	Telephone		<input type="checkbox"/> Check if Cell Phone	
Birth Date 5	Eyes 2	Sex F	Height 5 Feet	5 Inches	Restrictions D	0	
Email				Hispanic or Latino? Y		Race U	
DID UNLAWFULLY OPERATE A							
Make of Vehicle FORD		Year 2015	Body Type 01	Color BL	<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Out of Service <input type="checkbox"/> Omnibus		
Lic. Plate No.		State NJ	Exp. Date 9/2026				
VIN							
Offense Date	Month 12	Day 13	Year 2025	Time: 12:09		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
LOCATION OF OFFENSE	Describe Location OCEAN AVENUE						
Municipality MONMOUTH BEACH BORO		County MONMOUTH		Mun. Code (Offense)	1333		
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)							
TRAFFIC OFFENSES - (Check One) - TITLE 39							
<input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing							
<input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving							
<input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn							
<input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield							
<input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect							
<input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs							
<input type="checkbox"/> 4-81 Failure to observe signal							
<input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone							
IN EXCESS OF SPEED LIMIT BY:							
<input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH							
<input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone							
<input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____							
<input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test							
<input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBT							
PENALTY SCHEDULE ON REVERSE							
PARKING OFFENSE							
<input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double							
OTHER TRAFFIC/PARKING OFFENSE (Describe)							
OPERATING UNDER INFLUENCE OF LIQUOR OR DRUGS							
Statute No. 39:4-50				Ordinance/Code No.			
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				Month 12	Day 13	Year 2025	
Signature of Complaining Witness PTL M GOLEMBIESKI				Officer's ID No. 0027			
NOTICE TO APPEAR							
<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED		COURT DATE	Month 01	Day 15	Year 2026	Time: 01:00 PM	
CONDITIONS							
	AREA	<input type="checkbox"/> Business	<input type="checkbox"/> School	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Rural		
	ROAD	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Ice		
	TRAFFIC VISIBILITY	<input checked="" type="checkbox"/> Light <input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Medium <input type="checkbox"/> Rain	<input type="checkbox"/> Heavy <input type="checkbox"/> Snow	<input type="checkbox"/> Fog		
Equipment Type		Operator's Name		Operator ID No.		Unit Code	
Notes							

COURT I.D.	PREFIX	TICKET NUM	TYPE	MONMOUTH BEACH MUNICIPAL COU	
1333	E25	000687	M	910 OCEANPORT WAY OCEANPORT, NJ 07757-0000	
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:					
<input type="checkbox"/> No License		Driver's Lic. No. _____			
		Exp. Date 10/2029		State NJ	<input type="checkbox"/> Commercial License
THE UNDERSIGNED CERTIFIES THAT					
Name First		Initial		Last (Please Print)	
STEPHANIE		TJARKS			
Address			Address 2		
City		State	Zip Code	Telephone	<input type="checkbox"/> Check if Cell Phone
H		NJ	04		
Birth Date	Eyes	Sex	Height	Restrictions	
1	2	F	5 Feet 5 Inches	D 0	
Email			Hispanic or Latino?	Race	
			Y	U	
DID UNLAWFULLY OPERATE A					
Make of Vehicle		Year	Body Type	Color	<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Out of Service <input type="checkbox"/> Omnibus
FORD		2015	01	BL	
Lic. Plate No.		State	Exp. Date		
		NJ	9/2026		
VIN					
Offense Date	Month	Day	Year	Time: 12:09	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
12	13	2025			
LOCATION OF OFFENSE	Describe Location				
	OCEAN AVENUE				
Municipality	County		Mun. Code (Offense)		
MONMOUTH BEACH BORO	MONMOUTH		1333		
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)					
TRAFFIC OFFENSES - (Check One) - TITLE 39					
<input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing					
<input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving					
<input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn					
<input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield					
<input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect					
<input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs					
<input type="checkbox"/> 4-81 Failure to observe signal					
<input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone					
IN EXCESS OF SPEED LIMIT BY:					
<input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH					
<input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone					
<input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____					
<input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test					
<input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBDT					
PENALTY SCHEDULE ON REVERSE					
PARKING OFFENSE					
<input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double					
OTHER TRAFFIC/PARKING OFFENSE (Describe)					
RECKLESS DRIVING					
Statute No.			Ordinance/Code No.		
39:4-96					
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			Month	Day	Year
			12	13	2025
Signature of Complaining Witness			Officer's ID No.		
PTL M GOLEMBIESKI			0027		
NOTICE TO APPEAR					
<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED		COURT DATE	Month	Day	Year
			01	15	2026
		Time: 01:00 PM			
CONDITIONS	AREA	<input type="checkbox"/> Business	<input type="checkbox"/> School	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Rural
	ROAD	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Ice
	TRAFFIC	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	
	VISIBILITY	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog
Equipment Type		Operator's Name		Operator ID No.	Unit Code
Notes					

COURT I.D.		PREFIX	TICKET NUM	TYPE	MONMOUTH BEACH MUNICIPAL COU	
1333		E25	000688	M	910 OCEANPORT WAY OCEANPORT, NJ 07757-0000	
<p align="center">YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:</p>						
<input type="checkbox"/> No License	Driver's Lic. No.		7			
				Exp. Date	State	<input type="checkbox"/> Commercial License
				10/2029	NJ	
<p align="center">THE UNDERSIGNED CERTIFIES THAT</p>						
Name First		Initial		Last (Please Print)		
STEPHANIE		TJARKS				
Address 1				Address 2		
2						
City		State	Zip Code		Telephone	<input type="checkbox"/> Check If Cell Phone
Birth Date		Eyes	Sex	Height	Inches	Restrictions
		2	F	5	5	D 0
Email				Hispanic or Latino?		Race
				Y		U
<p align="center">DID UNLAWFULLY OPERATE A</p>						
Make of Vehicle		Year	Body Type	Color	<input type="checkbox"/> Commercial Vehicle	
FORD		2015	01	BL	<input type="checkbox"/> Hazardous Material	
Lic. Plate No.		State	Exp. Date		<input type="checkbox"/> Out of Service	
		NJ	9/2026		<input type="checkbox"/> Omnibus	
VIN						
Offense Date	Month	Day	Year	Time: 12:09		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
12	12	13	2025			
LOCATION OF OFFENSE	Describe Location					
	OCEAN AVENUE					
Municipality		County		Mun. Code (Offense)		
MONMOUTH BEACH BORO		MONMOUTH			1333	
<p align="center">AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)</p>						
<p align="center">TRAFFIC OFFENSES - (Check One) - TITLE 39</p>						
<input type="checkbox"/> 3-4 Unregistered vehicle			<input type="checkbox"/> 4-85 Improper passing			
<input type="checkbox"/> 3-29 Failure to exhibit documents			<input checked="" type="checkbox"/> 4-97 Careless driving			
<input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS.			<input type="checkbox"/> 4-124 Failure to turn			
<input type="checkbox"/> 3-33 Unclear plates			<input type="checkbox"/> 4-144 Failure to stop or yield			
<input type="checkbox"/> 3-66 Maintenance of lamps			<input type="checkbox"/> 8-1 Failure to inspect			
<input type="checkbox"/> 3-76.2f Failure to wear seatbelt			<input type="checkbox"/> 8-4 Failure to make repairs			
<input type="checkbox"/> 4-81 Failure to observe signal						
<input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone						
<p align="center">IN EXCESS OF SPEED LIMIT BY:</p>						
<input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH						
<input checked="" type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone						
<input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Excess Weight _____						
<input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test						
<input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBTD						
<p align="center">PENALTY SCHEDULE ON REVERSE</p>						
<p align="center">PARKING OFFENSE</p>						
<input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double						
<p align="center">OTHER TRAFFIC/PARKING OFFENSE (Describe)</p>						
<p align="center">CARELESS DRIVING: LIKELY TO ENDANGER PERSON OR PROPERTY</p>						
Statute No.				Ordinance/Code No.		
39:4-97						
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				Month	Day	Year
				12	13	2025
Signature of Complaining Witness				Officer's ID No.		
PTL M GOLEMBIESKI				0027		
<p align="center">NOTICE TO APPEAR</p>						
<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED		COURT DATE	Month	Day	Year	Time: 01:00 PM
			01	15	2026	
CONDITIONS	AREA	<input type="checkbox"/> Business	<input type="checkbox"/> School	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Rural	
	ROAD	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Ice	
	TRAFFIC	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy		
	VISIBILITY	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog	
Equipment Type		Operator's Name			Operator ID No.	Unit Code
Notes						

COURT I.D.	PREFIX	TICKET NUM	TYPE	MONMOUTH BEACH MUNICIPAL COURT	
1333	E25	000689	M	910 OCEANPORT WAY OCEANPORT, NJ 07757-0000	
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:					
<input type="checkbox"/> No License		Driver's Lic. No.			
				Exp. Date 10/2029	State NJ
				<input type="checkbox"/> Commercial License	
THE UNDERSIGNED CERTIFIES THAT					
Name First STEPHANIE		Initial TJARKS		Last (Please Print)	
Address 1			Address 2		
City		State	Zip Code	Telephone	<input type="checkbox"/> Check if Cell Phone
Birth Date	Eyes 2	Sex F	Height 5 Feet 5 Inches	Restrictions D	0
Email			Hispanic or Latino? Y	Race U	
DID UNLAWFULLY OPERATE A					
Make of Vehicle FORD		Year 2015	Body Type 01	Color BL	<input type="checkbox"/> Commercial Vehicle
Lic. Plate No.		State NJ	Exp. Date 9/2026		<input type="checkbox"/> Hazardous Material
					<input type="checkbox"/> Out of Service
					<input type="checkbox"/> Omnibus
VIN					
Offense Date	Month 12	Day 13	Year 2025	Time: 12:09	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF OFFENSE	Describe Location OCEAN AVENUE				
Municipality MONMOUTH BEACH BORO	County MONMOUTH		Mun. Code (Offense)	1333	
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)					
TRAFFIC OFFENSES - (Check One) - TITLE 39					
<input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing					
<input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving					
<input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS. <input type="checkbox"/> 4-124 Failure to turn					
<input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield					
<input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect					
<input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs					
<input type="checkbox"/> 4-81 Failure to observe signal					
<input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone					
IN EXCESS OF SPEED LIMIT BY:					
<input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH					
<input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone					
<input type="checkbox"/> Accident <input type="checkbox"/> Prop Damage <input type="checkbox"/> DRE <input type="checkbox"/> Bodily Injury Excess Weight _____					
<input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test					
<input type="checkbox"/> Death / Serious Bodily Injury <input type="checkbox"/> EBDT					
PENALTY SCHEDULE ON REVERSE					
PARKING OFFENSE					
<input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double					
OTHER TRAFFIC/PARKING OFFENSE (Describe)					
TRAFFIC ON MARKED LANES - UNSAFE LANE CHANGE					
Statute No. 39:4-88B			Ordinance/Code No.		
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			Month 12	Day 13	Year 2025
Signature of Complaining Witness PTL M GOLEMBIESKI			Officer's ID No. 0027		
NOTICE TO APPEAR					
<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED		COURT DATE	Month 01	Day 15	Year 2026
					Time: 01:00 PM
CONDITIONS	AREA	<input type="checkbox"/> Business	<input type="checkbox"/> School	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Rural
	ROAD	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Ice
	TRAFFIC	<input checked="" type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	
	VISIBILITY	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog
Equipment Type	Operator's Name		Operator ID No.		Unit Code
Notes CROSSED OVER WHITE SHOULDER LINE TWO TIMES AND YELLOW LINES ONE TIME. SWERVING WITHIN LANE AS WELL.					

ALCOHOL INFLUENCE REPORT FORM, ALCOTEST 9510
Monmouth Beach

Sequential File No.: 171
Department Case No.: 25MB07710

Subject

Last Name: TJARKS - First Name: STEPHANIE MI: N
D.O.B.: Age: 40 Gender: FEMALE Ht: 5 ft. 5 in.
Driver License Number: Issuing State: NJ

Arresting Officer

Last Name: GOLEMBIESKI - First Name: MATTHEW
Badge No.: 27 Arrest Date: 12/13/2025 Arrest Time: 00:27
Municipal Code/Arrest Location: 1333

Equipment

Location: Monmouth Beach
Inst. Model No.: ALCOTEST 9510 Serial No.: ARMH-0378
Firmware: 8326739 1.5 Config.: 8326737 3.10 WinCE: 8326738 2.9
Sequential File No.: 171 File Date: 12/13/2025
Linearity File No.: 170 Lin. Date: 12/11/2025 Lin. No.: 7

Active Dry Gas Cyl.: #1 (Upper) Lot #: 302-402921457 Exp. Date: 12/13/2026 Conc.: 0.100

Breath Test Information

Date of Test: 12/13/2025

Function	Result %BAC	Time hh:mm:ss	Volume (L)	Duration Sec. (s)	Barom. Pres.(hPa)	Status
Ambient Air Blank	0.000	00:55:00				
Control Test 1		00:55:34			1022	*TEST PASSED*
EC Result	0.095					
IR Result	0.099					
Ambient Air Blank	0.000	00:56:22				
Breath Sample 1		00:57:48	1.8	10.4		*TEST PASSED*
EC Result	0.127					
IR Result	0.131					
Ambient Air Blank	0.000	00:58:39				
Ambient Air Blank	0.000	01:01:25				
Breath Sample 2		01:02:13	2.1	8.3		*TEST PASSED*
EC Result	0.122					
IR Result	0.127					
Ambient Air Blank	0.000	01:03:02				
Control Test 2		01:03:47			1022	*TEST PASSED*
EC Result	0.098					
IR Result	0.098					
Ambient Air Blank	0.000	01:04:39				

REPORTED BREATH TEST RESULT: 0.127 %BAC

Breath Test Operator

Last Name: Golembieski - First Name: Matthew
Agency: 1333 Badge No.: 27

Matthew Golembieski #27

Signature:

Date: 12/13/2025