

COURT I.D.	PREFIX	TICKET NUM	TYPE	MONMOUTH BEACH MUNICIPAL CO
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 <b>10/2029</b>	State <b>NJ</b>	<input type="checkbox"/> Commercial License

THE UNDERSIGNED CERTIFIES THAT

Name First Initial Last (Please Print)  
**STEPHANIE** **TJARKS**

Address 2

City	State <b>NJ</b>	Zip Code	Telephone	<input type="checkbox"/> Check if Cell Phone
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Birth Date <b>5</b>	Eyes <b>2</b>	Sex <b>F</b>	Height <b>5</b> Feet <b>5</b> Inches	Restrictions <b>D</b> <b>0</b>
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Email	Hispanic or Latino? <b>Y</b>	Race <b>U</b>
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DID UNLAWFULLY OPERATE A

Make of Vehicle <b>FORD</b>	Year <b>2015</b>	Body Type <b>01</b>	Color <b>BL</b>	<input type="checkbox"/> Commercial Vehicle
Lic. Plate No.	State <b>NJ</b>	Exp. Date <b>9/2026</b>		<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Out of Service <input type="checkbox"/> Omnibus

VIN

Offense Date <b>12</b>	Month <b>12</b>	Day <b>13</b>	Year <b>2025</b>	Time: <b>12:09</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
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LOCATION OF OFFENSE	Describe Location <b>OCEAN AVENUE</b>		
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Municipality <b>MONMOUTH BEACH BORO</b>	County <b>MONMOUTH</b>	Mun. Code (Offense)	<b>1333</b>
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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:

1-9 MPH  10-14 MPH  15-19 MPH  20-24 MPH  25-29 MPH  30-34 MPH

**65 MPH Zone**  **Safe Corridor**  **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"/> EBTD				

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

Overtime Meter No.  Prohibited Area  Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

OPERATING UNDER INFLUENCE OF LIQUOR OR DRUGS

Statute No. <b>39:4-50</b>	Ordinance/Code No.
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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 <b>12</b>	Day <b>13</b>	Year <b>2025</b>
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Signature of Complaining Witness <b>PTL M GOLEMBIESKI</b>	Officer's ID No. <b>0027</b>
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NOTICE TO APPEAR

<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED	COURT DATE <b>01</b>	Month <b>01</b>	Day <b>15</b>	Year <b>2026</b>	Time: <b>01:00 PM</b>
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CONDITIONS	AREA <input type="checkbox"/> Business	SCHOOL <input type="checkbox"/> School	RESIDENTIAL <input checked="" type="checkbox"/> Residential	RURAL <input type="checkbox"/> Rural
ROAD	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Heavy	<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
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Notes
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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	State	<input type="checkbox"/> Commercial License
		10/2029	NJ	

THE UNDERSIGNED CERTIFIES THAT

Name First Initial Last (Please Print)  
STEPHANIE TJARKS

Address		Address 2		
	State	Zip Code	Telephone	<input type="checkbox"/> Check If Cell Phone
H	NJ	i4		

Birth Date	Eyes	Sex	Height	Restrictions
1	2	F	5 Feet	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
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 type="checkbox"/> AM <input checked="" type="checkbox"/> PM
12	13		2025	

LOCATION OF OFFENSE Describe Location  
OCEAN AVENUE

Municipality County Mun. Code (Offense) 1333  
MONMOUTH BEACH BORO MONMOUTH

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:

1-9 MPH  10-14 MPH  15-19 MPH  20-24 MPH  25-29 MPH  30-34 MPH  
**65 MPH Zone**  Safe Corridor  Construction Zone

Accident  Prop Damage  DRE  Bodily Injury Excess Weight \_\_\_\_\_  
 Drugs  Alcohol  Blood Test  Urine Test  
 Death / Serious Bodily Injury  EBTD

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

Overtime Meter No.  Prohibited Area  Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

RECKLESS DRIVING

Statute No. 39:4-96 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	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 type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice	TRAFFIC <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	VISIBILITY <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog
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Equipment Type	Operator's Name	Operator ID No.	Unit Code
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Notes
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COURT I.D.	PREFIX	TICKET NUM	TYPE	MONMOUTH BEACH MUNICIPAL COU
1333	E25	000688	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.	1	Exp. Date	State	<input type="checkbox"/> Commercial License
			10/2029	NJ	

THE UNDERSIGNED CERTIFIES THAT

Name First Initial Last (Please Print)  
STEPHANIE TJARKS

Address 1 Address 2  
2 City State Zip Code Telephone Check If  
 Cell Phone

Birth Date	Eyes	Sex	Height	Restrictions
	2	F	5 Feet	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
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	13	2025			

LOCATION OF OFFENSE	Describe Location
OCEAN AVENUE	

Municipality	County	Mun. Code (Offense)	1333
MONMOUTH BEACH BORO	MONMOUTH		

AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE  
(ONE CHARGE PER COMPLAINT)

TRAFFIC OFFENSES - (Check One) - TITLE 39

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<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
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<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:

1-9 MPH  10-14 MPH  15-19 MPH  20-24 MPH  25-29 MPH  30-34 MPH

65 MPH Zone  Safe Corridor  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"/> EBTD				

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

Overtime Meter No.  Prohibited Area  Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

CARELESS DRIVING: LIKELY TO ENDANGER PERSON OR PROPERTY

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

Signature of Complainant Witness	Officer's ID No.
PTL M GOLEMBIESKI	0027

NOTICE TO APPEAR

<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	SCHOOL <input type="checkbox"/> School	RESIDENTIAL <input checked="" type="checkbox"/> Residential	RURAL <input type="checkbox"/> Rural
	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Ice
ROAD	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	
TRAFFIC	<input 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
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Notes
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COURT I.D.	PREFIX	TICKET NUM	TYPE	MONMOUTH BEACH MUNICIPAL COU
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	State	<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
Birth Date	Eyes	Sex	Height 5 Feet 5 Inches	Restrictions D 0
Email		Hispanic or Latino? <input checked="" type="checkbox"/> Y		Race <input checked="" type="checkbox"/> U

DID UNLAWFULLY OPERATE A

Make of Vehicle <b>FORD</b>	Year <b>2015</b>	Body Type <b>01</b>	Color <b>BL</b>	<input type="checkbox"/> Commercial Vehicle
Lic. Plate No. <b>NJ</b>	State <b>NJ</b>	Exp. Date <b>9/2026</b>		<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Out of Service <input type="checkbox"/> Omnibus

VIN

Offense Date <b>12</b>	Month <b>12</b>	Day <b>13</b>	Year <b>2025</b>	Time: <b>12:09</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF OFFENSE	Describe Location <b>OCEAN AVENUE</b>			
Municipality <b>MONMOUTH BEACH BORO</b>	County <b>MONMOUTH</b>	Mun. Code (Offense)	<b>1333</b>	

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
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<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
<b>65 MPH Zone</b> <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"/> EBTD					

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

<input type="checkbox"/> Overtime Meter No.	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Double
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OTHER TRAFFIC/PARKING OFFENSE (Describe)

Statute No. <b>39:4-88B</b>	Ordinance/Code No.
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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

Signature of Complaining Witness <b>PTI M GOLEMBIESKI</b>	Officer's ID No. <b>0027</b>
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NOTICE TO APPEAR

<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED	COURT DATE <b>01</b>	Month <b>15</b>	Day <b>2026</b>	Year
				<b>Time: 01:00 PM</b>

CONDITIONS	AREA <input type="checkbox"/> Dry	Business <input type="checkbox"/> Light	School <input type="checkbox"/> Medium	Residential <input checked="" type="checkbox"/> Clear	Rural <input type="checkbox"/> Snow
				<input type="checkbox"/> Heavy	<input type="checkbox"/> Ice
			<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog

Equipment Type	Operator's Name	Operator ID No.	Unit Code
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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 -  
D.O.B.: Aae: 40  
Driver License Number:

First Name: STEPHANIE  
Gender: FEMALE Ht: 5 ft. 5 in.  
Issuing State: NJ MI: N

**Arresting Officer**

Last Name: GOLEMBIESKI -  
Badge No.: 27  
Municipal Code/Arrest Location: 1333

First Name: MATTHEW  
Arrest Date: 12/13/2025 Arrest Time: 00:27

**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**

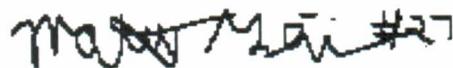
Function	Result %BAC	Time hh:mm:ss	Volume (L)	Duration Sec. (s)	Barom. Pres.(hPa)	Date of Test: 12/13/2025 Status
Ambient Air Blank	0.000	00:55:00				
Control Test 1		00:55:34			1022	*TEST PASSED*
EC Result	0.095					
IR Result	0.099					
Ambient Air Blank	0.000	00:56:22				
Breath Sample 1		00:57:48	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 -  
Agency: 1333

First Name: Matthew  
Badge No.: 27



Signature:

Date: 12/13/2025