

COMPLAINT - SUMMONS

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> ANDRAIA S BRIDGES ADDRESS: [REDACTED] [REDACTED] NJ [REDACTED]	
1025	S	2021	000056		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
UNION TWP MUNICIPAL COURT 1370 RTE 31 NORTH ANNANDALE NJ 08801-0000 908-735-3730 COUNTY OF: HUNTERDON					
# of CHARGES 1	CO-DEFTS	POLICE CASE #: 202100926		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: [REDACTED]/1976 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: xxx-xx SBI #: [REDACTED] TELEPHONE #: [REDACTED] LIVESCAN PCN #: [REDACTED]	
COMPLAINANT NAME: ROSS PORTNER 25 MARKET ST P O BOX 085 TRENTON NJ 08625					

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **01/12/2021** in **UNION TWP**, **HUNTERDON County, NJ** did: BETWEEN ON OR ABOUT JANUARY 11, 2021 AND ON OR ABOUT JANUARY 12, 2021 IN THE TOWNSHIP OF CLINTON, HUNTERDON COUNTY, AND WITHIN THE JURISDICTION OF THIS COURT, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS AS A SERGEANT, DID COMMIT ONE OR MORE ACTS CONSTITUTING AN UNAUTHORIZED EXERCISE OF HER OFFICIAL FUNCTIONS, KNOWING THEM TO BE UNAUTHORIZED, OR DID KNOWINGLY REFRAIN FROM PERFORMING ONE OR MORE DUTIES IMPOSED BY LAW OR CLEARLY INHERENT IN THE NATURE OF HER OFFICE, WITH PURPOSE TO BENEFIT HERSELF OR ANOTHER, OR TO INJURE ANOTHER OR TO DEPRIVE ANOTHER OF A BENEFIT, TO WIT: REFRAINING FROM PREVENTING AND FAILING TO REPORT THE EXCESSIVE USE OF FORCE AND ASSAULTIVE CONDUCT BY OTHER CORRECTIONS OFFICERS COMMITTED IN HER PRESENCE REGARDING THE FORCED CELL EXTRACTION OF VICTIM 1, AND FAILING TO REPORT THE VIOLATION OF DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES, INCLUDING INTERNAL MANAGEMENT PROCEDURE CUS.001.UOF.002 GOVERNING CELL EXTRACTIONS, IN VIOLATION OF N.J.S.A. 2C:30-2 (A 2ND DEGREE CRIME).

in violation of:

Original Charge	1) 2C:30-2B	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: ROSS PORTNER Date: 04/27/2021

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

SUMMONS

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: HUNTERDON

at the following address: HUNTERDON COUNTY COURT

HUNTERDON COUNTY JUSTICE CENTER 65 PARK AVENUE FLEMINGTON NJ 08822-0000

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

Date of Arrest: **04/27/2021** Appearance Date: **05/27/2021** Time: **09:00AM** Phone: **908-824-9750**

Signature of Person Issuing Summons: ROSS PORTNER Date: 04/27/2021

☐ Domestic Violence – Confidential

☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

ORIGINAL

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER

1025**S****2021****000056****STATE V.****ANDRAIA S BRIDGES**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

FTA Bail Information

Date Bail Set:

Amount Bail Set: \$ _____

by: _____

☐ Bail Recog. AttachedReleased
on Bail

R.O.R.

Committed
DefaultCommitted
w/o Bail

Place Committed:

Date Referred to

County Prosecutor: _____

Date of First
Appearance: **05/27/2021**☐ Advised of Rights by _____

Defendant Desires Counsel:

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

State

County

Municipal

Other

None

Retained

Public Def

Assigned

Waived

Other

Original Charge

1) **2C:30-2B**

2)

3)

Amended Charge

Waiver Indt/Jury

Plea/Date of Plea

Plea:

Date:

Plea:

Date:

Plea:

Date:

Adjudication (* see code)

Finding
Code:

Date:

Finding
Code:

Date:

Finding
Code:

Date:

Jail Term

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Jail time credit

Susp. Imp

Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

D/L Suspension Term

Fines/Costs

Fines:

Costs:

Fines:

Costs:

Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDR/Lab Fee

DEDR:

LAB:

DEDR:

LAB:

DEDR:

LAB:

CD Fee/Drug Ed Fnd

CD:

DAEF:

CD:

DAEF:

CD:

DAEF:

DV Surch/Other Fees

DV:

Other:

DV:

Other:

DV:

Other:

Restitution

Beneficiary: _____

Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:*** Finding Codes**

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

Related Traffic Tickets and Complaints:**ORIGINAL - Court Action**

JUDGE'S SIGNATURE _____

DATE _____

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NJ/CDR1 1/1/2017

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
1025	S	2021	000056
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# of CHARGES 1	CO-DEFTS	POLICE CASE #: 202100926	
COMPLAINANT NAME: ROSS PORTNER		DEFENDANT INFORMATION SEX: F EYE COLOR: BROWN DOB: /1976 DRIVER'S LIC. #. DL STATE: NJ SOCIAL SECURITY #: xxx-xx- () SBI #: TELEPHONE #: LIVSCAN PCN #:	

THE STATE OF NEW JERSEY

VS.

ANDRAIA S BRIDGES

ADDRESS

NJ

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 01/12/2021 in UNION TWP, HUNTERDON County, NJ did: BETWEEN ON OR ABOUT JANUARY 11, 2021 AND ON OR ABOUT JANUARY 12, 2021 IN THE TOWNSHIP OF CLINTON, HUNTERDON COUNTY, AND WITHIN THE JURISDICTION OF THIS COURT, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS AS A SERGEANT, DID COMMIT ONE OR MORE ACTS CONSTITUTING AN UNAUTHORIZED EXERCISE OF HER OFFICIAL FUNCTIONS, KNOWING THEM TO BE UNAUTHORIZED, OR DID KNOWINGLY REFRAIN FROM PERFORMING ONE OR MORE DUTIES IMPOSED BY LAW OR CLEARLY INHERENT IN THE NATURE OF HER OFFICE, WITH PURPOSE TO BENEFIT HERSELF OR ANOTHER, OR TO INJURE ANOTHER OR TO DEPRIVE ANOTHER OF A BENEFIT, TO WIT: REFRAINING FROM PREVENTING AND FAILING TO REPORT THE EXCESSIVE USE OF FORCE AND ASSAULTIVE CONDUCT BY OTHER CORRECTIONS OFFICERS COMMITTED IN HER PRESENCE REGARDING THE FORCED CELL EXTRACTION OF VICTIM 1, AND FAILING TO REPORT THE VIOLATION OF DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES, INCLUDING INTERNAL MANAGEMENT PROCEDURE CUS.001.UOF.002 GOVERNING CELL EXTRACTIONS, IN VIOLATION OF N.J.S.A. 2C:30-2 (A 2ND DEGREE CRIME).

in violation of:

Original Charge	1) 2C:30-2B	2)	3)
Amended Charge			

CERTIFICATION:

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

Signed: ROSS PORTNER Date: 04/27/2021

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

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☐ Related Traffic Tickets
or Other Complaints

☐ Serious Personal Injury/ Death
Involved

Special conditions of release:

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

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				THE STATE OF NEW JERSEY VS. ANDRAIA S BRIDGES ADDRESS : <div style="background-color: black; width: 150px; height: 15px; margin: 5px 0;"></div> <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>	
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COMPLAINANT ROSS PORTNER NAME: 25 MARKET ST P O BOX 085 TRENTON NJ 08625					

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **01/12/2021** in **UNION TWP**, **HUNTERDON County, NJ** did: BETWEEN ON OR ABOUT JANUARY 11, 2021 AND ON OR ABOUT JANUARY 12, 2021 IN THE TOWNSHIP OF CLINTON, HUNTERDON COUNTY, AND WITHIN THE JURISDICTION OF THIS COURT, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS AS A SERGEANT, DID COMMIT ONE OR MORE ACTS CONSTITUTING AN UNAUTHORIZED EXERCISE OF HER OFFICIAL FUNCTIONS, KNOWING THEM TO BE UNAUTHORIZED, OR DID KNOWINGLY REFRAIN FROM PERFORMING ONE OR MORE DUTIES IMPOSED BY LAW OR CLEARLY INHERENT IN THE NATURE OF HER OFFICE, WITH PURPOSE TO BENEFIT HERSELF OR ANOTHER, OR TO INJURE ANOTHER OR TO DEPRIVE ANOTHER OF A BENEFIT, TO WIT: REFRAINING FROM PREVENTING AND FAILING TO REPORT THE EXCESSIVE USE OF FORCE AND ASSAULTIVE CONDUCT BY OTHER CORRECTONS OFFICERS COMMITTED IN HER PRESENCE REGARDING THE FORCED CELL EXTRACTION OF VICTIM 1, AND FAILING TO REPORT THE VIOLATION OF DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES, INCLUDING INTERNAL MANAGEMENT PROCEDURE CUS.001.UOF.002 GOVERNING CELL EXTRACTIONS, IN VIOLATION OF N.J.S.A. 2C:30-2 (A 2ND DEGREE CRIME).

Original Charge	1) 2C:30-2B	2)	3)
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Check	Certification by Police Regarding Complaint-Summons
<input checked="" type="checkbox"/>	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
<input type="checkbox"/>	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
<input type="checkbox"/>	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
<input type="checkbox"/>	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
<input type="checkbox"/>	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
<input type="checkbox"/>	I certify that I was unable to serve the complaint-summons.

Signed: ROSS PORTNER NJ DIVISION OF CRIM JUSTICE Date of Action: 04/27/2021
Name, Title and Department of Officer

Affidavit of Probable Cause

COMPLAINT NUMBER			
1025	S	2021	000056
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UNION TWP MUNICIPAL COURT 1370 RTE 31 NORTH ANNANDALE NJ 08801-0000 908-735-3730 COUNTY OF: HUNTERDON			
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COMPLAINANT NAME: ROSS 25 MARKET ST P O BOX 085 TRENTON NJ 08625		PORTNER	
DEFENDANT INFORMATION		SEX: F EYE COLOR: BROWN DOB: /1976 DRIVER'S LIC. #. DL STATE: NJ SOCIAL SECURITY #: xxx-xx- SBI #: TELEPHONE #: () LIVESCAN PCN #:	

THE STATE OF NEW JERSEY

VS.

ANDRAIA S BRIDGES

ADDRESS

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

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:
ON JANUARY 12, 2021 AT APPROXIMATELY 1:13 A.M., A FIVE (5) PERSON SUITED TEAM COMPRISED OF CORRECTION OFFICERS FROM EMCFW PERFORMED A CELL EXTRACTION FOR VICTIM 1, WHO IS HOUSED IN THE RHU. DURING THE CELL EXTRACTION, VICTIM 1 WAS COMPLIANT AND WAS PLACED IN HANDCUFFS SECONDS BEFORE THE EXTRACTION TEAM ENTERED THE CELL, IN VIEW OF BRIDGES. VICTIM 1 BEGGED OFFICERS NOT TO HARM HER. RATHER THAN PERMIT VICTIM 1 TO LEAVE THE CELL VOLUNTARILY, THE EXTRACTION TEAM FORCIBLY ENTERED THE CELL OF VICTIM 1, IN VIOLATION OF DOC DIRECTIVES. VICTIM 1 COULD BE HEARD CRYING IN PAIN AS SHE WAS STRUCK MULTIPLE TIMES BY MEMBERS OF THE EXTRACTION TEAM. THE UNAUTHORIZED FORCE UTILIZED BY THE EXTRACTION TEAM AGAINST A HANDCUFFED INMATE WAS LIKELY TO RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT IMPAIRMENT. A MEDICAL EXAMINATION REVEALED THAT VICTIM 1 SUFFERED A FRACTURED ORBITAL BONE AS A RESULT OF THE UNAUTHORIZED FORCE USED UPON HER BY THE EXTRACTION TEAM. DOC POLICY ONLY PERMITS USE OF FORCE THAT IS OBJECTIVELY NECESSARY AND REASONABLE. EXCESSIVE OR UNREASONABLE FORCE VIOLATES DOC CUS.001.UOF.002, IIIA. BRIDGES FAILED TO PREVENT THIS UNAUTHORIZED USE OF FORCE DESPITE HER LEGAL DUTY TO PREVENT THE UNAUTHORIZED USE OF FORCE AGAINST VICTIM 1, WHICH RESULTED IN BODILY INJURY. BRIDGES ALSO FAILED TO REPORT THE UNAUTHORIZED USE OF FORCE AGAINST VICTIM 1 DESPITE HER LEGAL DUTY TO DO SO. THIS CASE IS BEING PROSECUTED BY DAG JONATHAN GILMORE and SPECIAL DAG MICHAEL MCDONALD OF THE OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY.

Affidavit of Probable Cause

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1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER

1025

S

2021

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COURT CODE

PREFIX

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SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

ANDRAIA S BRIDGES

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

REVIEW OF RECORDINGS, STATEMENTS MADE, REVIEW OF RECORDS RECEIVED.

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

VICTIM 1 COULD BE HEARD CRYING IN PAIN AS SHE WAS STRUCK MULTIPLE TIMES BY MEMBERS OF THE EXTRACTION TEAM. THE UNAUTHORIZED FORCE UTILIZED BY THE EXTRACTION TEAM AGAINST A HANDCUFFED INMATE WAS LIKELY TO RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT IMPAIRMENT. A MEDICAL EXAMINATION REVEALED THAT SHE SUFFERED A FRACTURED ORBITAL BONE AS A RESULT OF THE UNAUTHORIZED FORCE USED UPON HER BY THE EXTRACTION TEAM.

Certification:

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

Signed: ROSS PORTNER LAW ENFORCEMENT OFFICER

Date: 04/27/2021

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> VS. ANDRAIA S BRIDGES ADDRESS: [REDACTED] [REDACTED] NJ [REDACTED]	
1025	S	2021	000056		
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COMPLAINANT NAME: ROSS PORTNER					
25 MARKET ST P O BOX 085 TRENTON NJ 08625					

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

- The offense/incident was recorded using electronic/surveillance via:
 - Surveillance Camera
- The defendant was known to the victim as:
 - Other/Explain AUTHORITATIVE FIGURE
- The victim was injured and:
 - Victim transported to medical facility
 - Victim treated at the scene

Certification:

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

Signed: ROSS PORTNER LAW ENFORCEMENT OFFICER Date: 04/27/2021

Preliminary Law Enforcement Incident Report