

# COMPLAINT - WARRANT

COMPLAINT NUMBER

**1712 W 2021 000320**

COURT CODE PREFIX YEAR SEQUENCE NO.

**SALEM CITY MUNICIPAL COURT**  
129 WEST BROADWAY  
SALEM NJ 08079-0000  
856-935-1734 COUNTY OF: SALEM

*THE STATE OF NEW JERSEY*

*VS.*

**ARTAJ M NORTHROP**

ADDRESS [REDACTED]

# of CHARGES: 3  
CO-DEFTS: [REDACTED]  
POLICE CASE #: I340210001

DEFENDANT INFORMATION  
SEX: M EYE COLOR: BROWN DOB: [REDACTED]  
DRIVER'S LIC. #: [REDACTED] DL STATE: NJ  
SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]  
TELEPHONE #: [REDACTED] (C)  
LIVESCAN PCN #: [REDACTED]

COMPLAINANT M D CRESCI  
NAME: NEW JERSEY STATE POLICE

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 01/08/2021 in SALEM CITY, SALEM County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT HEROIN. THIS BEING IN VIOLATION N.J.S 2C:35-10A(1). A CRIME OF THE 3RD DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS DRUG TO WIT HEROIN WITH THE INTENT TO DISTRIBUTE. THIS BEING IN VIOLATION OF N.J.S. 2C:35-5B(3). A CRIME OF THE 3RD DEGREE.

CASE PROSECUTED BY DCJ

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY CONSPIRE WITH OTHERS TO POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT HEROIN WITH THE INTENT TO DISTRIBUTE SAME. THIS BEING IN VIOLATION OF N.J.S. 2C:35-5A(1). A CRIME OF THE 2ND DEGREE.

in violation of:

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3) 2C:5-2A(1) 2C:35-5A(1)
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: M D CRESCI Date: 10/07/2021

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of SALEM at the following address: SALEM COUNTY COURT  
92 MARKET STREET SALEM NJ 08079-0000  
Date of Arrest: Appearance Date: Time: Phone: 856-878-5050

### PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

Probable cause IS NOT found for the issuance of this complaint.

Signature of Court Administrator or Deputy Court Administrator \_\_\_\_\_ Date \_\_\_\_\_ Signature of Judge \_\_\_\_\_ Date \_\_\_\_\_

Probable cause IS found for the issuance of this complaint. LINDA LAWHUN JUDICIAL OFFICER 10/07/2021  
Signature and Title of Judicial Officer Issuing Warrant Date

TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.

Bail Amount Set: \_\_\_\_\_ by: \_\_\_\_\_  
(if different from judicial officer that issued warrant)

- 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 – WARRANT (Court Action)

<b>COMPLAINT NUMBER</b>				<b>STATE V.</b>
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000320</b>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

**ARTAJ M NORTHROP**

<b>FTA Bail Information</b>		Date Bail Set: _____	Amount Bail Set: \$ _____ by: _____	<input type="checkbox"/> Bail Recog. Attached
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Released on Bail (v)	R.O.R.	Committed Default	Committed w/o Bail	Place Committed: _____	Date Referred to County Prosecutor: _____
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Date of First Appearance: _____	<input type="checkbox"/> Advised of Rights by _____	Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Prosecuting Attorney Information				Defense Counsel Information					
<b>Name:</b>				<b>Name:</b>					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3) 2C:5-2A(1) 2C:35-5A(1)
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: _____			

<p><b>Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:</b></p>   <p><b>Related Traffic Tickets and Complaints:</b></p>	<p style="text-align: center;">* Finding Codes</p> <ul style="list-style-type: none"> <li>1 – Guilty</li> <li>2 – Not Guilty</li> <li>3 – Dismissed – Other</li> <li>4 – Guilty but Merged</li> <li>5 – Dismissed-Rule</li> <li>6 – Dismissed Lack of Prosecution</li> <li>7 – Dismissed – Pros Motion/Vic Req</li> <li>8 – Conditional Discharge</li> <li>D – Dismissed- Prosecutor Discretion</li> <li>M – Dismissed- Mediation</li> <li>P – Dismissed-Plea Agreement</li> <li>S – Disposed at Superior</li> <li>W – Dismissed-False ID</li> </ul>
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# COMPLAINT - WARRANT

COMPLAINT NUMBER				THE STATE OF NEW JERSEY	
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000320</b>	VS.	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	ARTAJ M NORTHROP	
SALEM CITY MUNICIPAL COURT 129 WEST BROADWAY SALEM NJ 08079-0000 856-935-1734 COUNTY OF: SALEM				ADDRESS [REDACTED]	
# of CHARGES 3	CO-DEFTS	POLICE CASE #: I340210001		DEFENDANT INFORMATION	
COMPLAINANT NAME: M D CRESCI			SEX: M EYE COLOR: BROWN	DOB: [REDACTED]	DL STATE: NJ
			DRIVER'S LIC. #: [REDACTED]	SOCIAL SECURITY #: [REDACTED]	SBI #: [REDACTED]
			TELEPHONE #: [REDACTED] (c)	LIVESCAN PCN #: [REDACTED]	

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 01/08/2021 in SALEM CITY, SALEM County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT HEROIN. THIS BEING IN VIOLATION N.J.S 2C:35-10A(1). A CRIME OF THE 3RD DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS DRUG TO WIT HEROIN WITH THE INTENT TO DISTRIBUTE. THIS BEING IN VIOLATION OF N.J.S. 2C:35-5B(3). A CRIME OF THE 3RD DEGREE.

CASE PROSECUTED BY DCJ

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY CONSPIRE WITH OTHERS TO POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT HEROIN WITH THE INTENT TO DISTRIBUTE SAME. THIS BEING IN VIOLATION OF N.J.S. 2C:35-5A(1). A CRIME OF THE 2ND DEGREE.

**in violation of:**

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3) 2C:5-2A(1) 2C:35-5A(1)
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: M D CRESCI Date: 10/07/2021

You will be notified of your **Central First Appearance/CJP** date to be held at the Superior Court in the county of **SALEM** at the following address: SALEM COUNTY COURT  
 92 MARKET STREET SALEM NJ 08079-0000  
 Date of Arrest: \_\_\_\_\_ Appearance Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: 856-878-5050

### PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

Probable cause **IS NOT** found for the issuance of this complaint.

\_\_\_\_\_  
 Signature of Court Administrator or Deputy Court Administrator      Date      Signature of Judge      Date

Probable cause **IS** found for the issuance of this complaint. LINDA LAWHUN JUDICIAL OFFICER 10/07/2021  
Signature and Title of Judicial Officer Issuing Warrant      Date

**TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.**

Bail Amount Set: \_\_\_\_\_ by: \_\_\_\_\_  
(if different from judicial officer that issued warrant)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Domestic Violence – Confidential | <input type="checkbox"/> Related Traffic Tickets or Other Complaints | <input type="checkbox"/> Serious Personal Injury/ Death Involved |
|---|--|--|

**Special conditions of release:**  
 No phone, mail or other personal contact w/victim  
 No possession firearms/weapons  
 Other (specify): \_\_\_\_\_

# COMMITMENT

COMPLAINT NUMBER			
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000320</b>
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

**SALEM CITY MUNICIPAL COURT**  
 129 WEST BROADWAY  
 SALEM NJ 08079-0000  
 856-935-1734 COUNTY OF: SALEM

# of CHARGES 3	CO-DEFTS	POLICE CASE #: I340210001
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COMPLAINANT **M** D CRESCI  
 NAME: NEW JERSEY STATE POLICE

*THE STATE OF NEW JERSEY*

VS.

**ARTAJ M NORTHROP**

ADDRESS [REDACTED]  
 [REDACTED]

DEFENDANT INFORMATION  
 SEX: **M** EYE COLOR: **BROWN** DOB: [REDACTED]  
 DRIVER'S LIC. #: [REDACTED] DL STATE: **NJ**  
 SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]  
 TELEPHONE #: [REDACTED] (c)  
 LIVESCAN PCN #:

**To any Law Enforcement Official of New Jersey, You are commanded to transport this defendant to the Warden of this county who is required to keep the defendant in custody until a release or detention decision is made.**

Offense	Aux Offense	Drug Code	Degree	Offense Description
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Commitment Reason:

You will be notified of your **Central First Appearance/CJP** date to be held at the Superior Court in the county of **SALEM**  
 at the following address: SALEM COUNTY COURT  
 92 MARKET STREET SALEM NJ 08079-0000

Date of Arrest: \_\_\_\_\_ Phone: 856-878-5050

\_\_\_\_\_  
 Signature and Title of Judicial Officer Issuing Warrant Date

**COMMITMENT**

## Affidavit of Probable Cause

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> VS. <b>ARTAJ M NORTHROP</b>	
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000320</b>		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	DEFENDANT INFORMATION SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: [REDACTED] DL STATE: <b>NJ</b> DRIVER'S LIC. #: [REDACTED] SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #: [REDACTED]	
<b>SALEM CITY MUNICIPAL COURT</b> <b>129 WEST BROADWAY</b> <b>SALEM NJ 08079-0000</b> <b>856-935-1734</b> COUNTY OF: <b>SALEM</b>					
COMPLAINANT <b>M</b> <b>D CRESCI</b> NAME: <b>NEW JERSEY STATE POLICE</b>				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 9/15/2021 Northrop knowingly possessed a controlled dangerous substance and distributed to same to a Cooperating Witness. Northrop knowingly conspired with other co-conspirators to possess and distribute heroin.

Affidavit of Probable Cause

## Affidavit of Probable Cause

COMPLAINT NUMBER			
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000320</b>
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

**THE STATE OF NEW JERSEY**

**VS.**

**ARTAJ M NORTHROP**

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

**OBSERVATIONS**

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

**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: M D CRESCI LAW ENFORCEMENT OFFICER Date: 10/06/2021

**Affidavit of Probable Cause**

# Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				<p><i>THE STATE OF NEW JERSEY</i></p> <p><i>VS.</i></p> <p><b>ARTAJ M NORTHROP</b></p> <p>ADDRESS [REDACTED]</p>
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000320</b>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	
<p><b>SALEM CITY MUNICIPAL COURT</b>                  129 WEST BROADWAY                  SALEM NJ 08079-0000                  856-935-1734 COUNTY OF: SALEM</p>				
# of CHARGES 3	CO-DEFTS	POLICE CASE #: I340210001		DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: [REDACTED] DRIVER'S LIC. # [REDACTED] DL STATE: NJ SOCIAL SECURITY # [REDACTED] SBI #: [REDACTED] TELEPHONE # [REDACTED] (C) LIVSCAN PCN # [REDACTED]
COMPLAINANT <b>M D CRESCI</b> NAME: <b>NEW JERSEY STATE POLICE</b>				

**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 complaining officer personally observed the offense.
- The offense/incident was recorded on some type of electronic/surveillance. **Select all items that apply:**
  - Surveillance Camera
  - Other/Explain POLE CAMERA
- Physical evidence was seized/recovered. **Select all items that apply:**
  - CDS: **Select all items that apply:**
    - \*Heroin
- The case involves CDS and the evidence was recovered. **Select all items that apply:**
  - Controlled Purchase
- The case involves a search warrant(s).

**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:                     **M D CRESCI LAW ENFORCEMENT OFFICER**                     Date:                     **10/06/2021**