



# COMPLAINT – WARRANT (Court Action)

<b>COMPLAINT NUMBER</b>				<b>STATE V.</b>
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000322</b>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

**KUNTA K REEVES**

<b>FTA Bail Information</b>		Date Bail Set: _____	Amount Bail Set: \$ _____ by: _____	<input type="checkbox"/> Bail Recog. Attached
Released on Bail (v)	R.O.R.	Committed Default	Committed w/o Bail	Date Referred to _____
Place Committed: _____				County Prosecutor: _____
Date of First Appearance: _____		<input type="checkbox"/> Advised of Rights by _____		Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No

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(1)	3) 2C:5-2A(1) 2C:35-5B(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

<b>COMPLAINT NUMBER</b>				<i>THE STATE OF NEW JERSEY</i>	
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000322</b>	<i>VS.</i>	
<small>COURT CODE</small>	<small>PREFIX</small>	<small>YEAR</small>	<small>SEQUENCE NO.</small>	<b>KUNTA K REEVES</b>	
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: <b>M D CRESCI</b>				SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: [REDACTED]	DL STATE:
				DRIVER'S LIC. #: SOCIAL SECURITY #: [REDACTED] (c) TELEPHONE #: [REDACTED] LIVESCAN PCN #:	

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 COCAINE. THIS BEING IN VIOLATION OF N.J.S 2C:35-10A(1). A CRIME OF THE 3RD DEGREE.

CASE PROSECUTED BY DCJ

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

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

**in violation of:**

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(1)	3) 2C:5-2A(1) 2C:35-5B(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>000322</b>
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

*THE STATE OF NEW JERSEY*  
**VS.**  
**KUNTA K REEVES**

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

ADDRESS [REDACTED]  
 [REDACTED]

# of CHARGES 3	CO-DEFTS	POLICE CASE #: I340210001
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DEFENDANT INFORMATION  
 SEX: **M** EYE COLOR: **BROWN** DOB: [REDACTED]

COMPLAINANT **M** D CRESCI  
 NAME: **NEW JERSEY STATE POLICE**

DRIVER'S LIC. #:  
 SOCIAL SECURITY #: [REDACTED] SBI #:  
 TELEPHONE #: [REDACTED] (c)  
 DL STATE:

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				<p><i>THE STATE OF NEW JERSEY</i></p> <p><i>VS.</i></p> <p><b>KUNTA K REEVES</b></p>
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000322</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		ADDRESS [REDACTED] [REDACTED] [REDACTED] DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: [REDACTED] DRIVER'S LIC. #. DL STATE: SOCIAL SECURITY #: [REDACTED] SBI #: TELEPHONE #: [REDACTED] (C) LIVESCAN PCN #:
COMPLAINANT <b>M 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 9/24/21 target was knowingly in possession of a controlled dangerous substance to wit cocaine, and distributed the cocaine to an Undercover Police Officer. Target has conspired with other co-conspirators to distribute cocaine.

## Affidavit of Probable Cause

COMPLAINT NUMBER			
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000322</b>
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**THE STATE OF NEW JERSEY**

VS.

**KUNTA K REEVES**

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				<i>THE STATE OF NEW JERSEY</i> VS. <b>KUNTA K REEVES</b>  ADDRESS: [REDACTED] [REDACTED] [REDACTED]			
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000322</b>				
COURT CODE	PREFIX	YEAR	SEQUENCE NO.				
<b>SALEM CITY MUNICIPAL COURT</b> <b>129 WEST BROADWAY</b> <b>SALEM NJ 08079-0000</b> <b>856-935-1734 COUNTY OF: SALEM</b>							
# of CHARGES 3	CO-DEFTS	POLICE CASE #: I340210001		DEFENDANT INFORMATION			
COMPLAINANT <b>M D CRESCI</b>			SEX: <b>M</b> EYE COLOR: <b>BROWN</b>		DOB: [REDACTED]		
NAME: <b>NEW JERSEY STATE POLICE</b>			DRIVER'S LIC. #:		DL STATE:		
			SOCIAL SECURITY #: [REDACTED]		SBI #:		
			TELEPHONE #: [REDACTED] (C)		LIVESCAN PCN #:		

**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 using electronic/surveillance via:
  - Surveillance Camera
  - Other/Explain Pole Camera
- Physical evidence was seized/recovered:
  - CDS:
    - \*Cocaine
- The case involves CDS and the evidence was recovered via:
  - Search warrant
  - 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          

**Preliminary Law Enforcement Incident Report**

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7/20/2018