

# COMPLAINT - WARRANT

COMPLAINT NUMBER			
1712	W	2021	000319
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	
COMPLAINANT M D CRESCI NAME: NEW JERSEY STATE POLICE			

*THE STATE OF NEW JERSEY*

*VS.*

ARTHUR L ARMSTEAD JR

ADDRESS [REDACTED]

DEFENDANT INFORMATION  
 SEX: M EYE COLOR: BROWN DOB: [REDACTED]  
 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ  
 SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED]  
 TELEPHONE #: [REDACTED] ( )  
 LIVSCAN 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 CONSPIRE WITH OTHERS TO POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT COCAINE WITH THE INTENT TO DISTRIBUTE. THIS BEING IN VIOLATION OF N.J.S. 2C:5-2A(1). A CRIME OF THE 2ND DEGREE.

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.

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

**in violation of:**

Original Charge	1) 2C:5-2A(1) 2C:35-5B(1)	2) 2C:35-10A(1)	3) 2C:35-5B(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: 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>ARTHUR L ARMSTEAD JR</b>
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000319</b>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

<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 County Prosecutor: _____
Place Committed: _____				Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Appearance: _____		<input type="checkbox"/> Advised of Rights by _____		

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

<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;"><b>* Finding Codes</b></p> <p>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</p>
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# COMPLAINT - WARRANT

COMPLAINT NUMBER				<p><i>THE STATE OF NEW JERSEY</i></p> <p><i>VS.</i></p> <p><b>ARTHUR L ARMSTEAD JR</b></p> <p>ADDRESS: [REDACTED]</p>
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000319</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] ( ) LIVSCAN PCN #: [REDACTED]
COMPLAINANT NAME: M D CRESCI				

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

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.

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

**in violation of:**

Original Charge	1) 2C:5-2A(1) 2C:35-5B(1)	2) 2C:35-10A(1)	3) 2C:35-5B(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: 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>000319</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.*

**ARTHUR L ARMSTEAD JR**

ADDRESS: [REDACTED]  
 [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] ( )  
 LIVSCAN 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>ARTHUR L ARMSTEAD JR</b></p> <p>ADDRESS: [REDACTED]</p> <p>[REDACTED] [REDACTED]</p>
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000319</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: <b>SALEM</b></p>				
# of CHARGES <b>3</b>	CO-DEFTS	POLICE CASE #: <b>I340210001</b>		DEFENDANT INFORMATION SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: [REDACTED] DRIVER'S LIC. #: [REDACTED] DL STATE: <b>NJ</b> SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED] TELEPHONE #: ( ) [REDACTED] LIVESCAN PCN #: [REDACTED]
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 9/15/21 ARTHUR ARMSTEAD WAS IN POSSESSION OF CDS COCAINE, AND DISTRIBUTED SAME TO A COOPERATING WITNESS. BETWEEN 1/8/21 AND 10/7/21 A. ARMSTEAD HAS CONSPIRED WITH OTHER CO-CONSPIRATORS TO DISTRIBUTE CRACK COCAINE IN SALEM CITY.

## Affidavit of Probable Cause

COMPLAINT NUMBER			
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000319</b>
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

**THE STATE OF NEW JERSEY**

**VS.**

**ARTHUR L ARMSTEAD JR**

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

**OBSERVATION**

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				<b>THE STATE OF NEW JERSEY</b> <b>VS.</b> <b>ARTHUR L ARMSTEAD JR</b>	
<b>1712</b>	<b>W</b>	<b>2021</b>	<b>000319</b>		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	DEFENDANT INFORMATION SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: <span style="background-color: black; color: black;">[REDACTED]</span> DRIVER'S LIC. #: <span style="background-color: black; color: black;">[REDACTED]</span> DL STATE: <b>NJ</b> SOCIAL SECURITY #: <span style="background-color: black; color: black;">[REDACTED]</span> SBI #: <span style="background-color: black; color: black;">[REDACTED]</span> TELEPHONE #: <span style="background-color: black; color: black;">[REDACTED]</span> ( ) LIVSCAN PCN #: <span style="background-color: black; color: black;">[REDACTED]</span>	
<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>					
COMPLAINT NAME: <b>M D CRESCI</b> <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. <b>Select all items that <u>apply</u>:</b>
  - Surveillance Camera
  - Other/Explain POLE CAM
- Physical evidence was seized/recovered. <b>Select all items that <u>apply</u>:</b>
  - CDS: <b>Select all items that <u>apply</u>:</b>
    - \*Cocaine
- The case involves CDS and the evidence was recovered. <b>Select all items that <u>apply</u>:</b>
  - 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**

**Page 7 of 7**

7/20/2018