

COMPLAINT - SUMMONS

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> JOSE M IRIZARRY ADDRESS: [REDACTED] [REDACTED] NJ [REDACTED]	
1025	S	2021	000046		
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 2	CO-DEFTS	POLICE CASE #: 202100926		DEFENDANT INFORMATION	
COMPLAINANT NAME: ROSS PORTNER 25 MARKET ST P O BOX 085 TRENTON NJ 08625				SEX: M EYE COLOR: BROWN DOB: [REDACTED] 1984 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: xxx-xx-[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 01/11/2021 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, AS PART OF AN EXTRACTION TEAM DID PURPOSELY ATTEMPT TO CAUSE SERIOUS BODILY INJURY TO VICTIM 1, WHOSE IDENTITY IS KNOWN TO LAW ENFORCEMENT, BY PARTICIPATING IN AN UNAUTHORIZED FORCEABLE EXTRACTION OF VICTIM 1 FROM HER CELL, DURING WHICH REMOVAL VICTIM 1 WAS STRUCK WHILE HANDCUFFED NUMEROUS TIMES BY EXTRACTION TEAM MEMBERS, CAUSING BODILY INJURY TO VICTIM 1 INCLUDING A FRACTURED ORBITAL BONE, IN VIOLATION OF N.J.S.A. 2C:12-1B(1) (SECOND-DEGREE), N.J.S.A. 2C:2-6 (C).

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, AS PART OF AN EXTRACTION TEAM DID PURPOSELY ATTEMPT TO CAUSE SERIOUS BODILY INJURY TO VICTIM 2, WHOSE IDENTITY IS KNOWN TO LAW ENFORCEMENT, BY
in violation of:

Original Charge	1) 2C:12-1B(1)	2) 2C:12-1B(1)	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: 03/18/2021

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: 03/18/2021 Appearance Date: 04/22/2021 Time: 09:00AM Phone: 908-824-9750

Signature of Person Issuing Summons: _____ ROSS PORTNER Date: 03/18/2021

☐ 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

COMPLAINT NUMBER

1025**S****2021****000046**

STATE V.

JOSE M IRIZARRY

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

PARTICIPATING IN AN UNAUTHORIZED FORCEABLE EXTRACTION OF VICTIM 1 FROM HER CELL, PERSONALLY STRIKING VICTIM 2 WITH A SHIELD OR AIDING AND ABETTING THE ASSAULT OF VICTIM 2 BY OTHER EXTRACTION TEAM MEMBERS, CAUSING BODILY INJURY TO VICTIM 2 INCLUDING A CONCUSSION, IN VIOLATION OF N.J.S.A. 2C:12-1B(1) (SECOND-DEGREE), N.J.S.A. 2C: 2-6 (C) .

Original Charge

Amended Charge

COMPLAINT - SUMMONS

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NJ/CDR1 1/1/2017

COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER

1025**S****2021****000046****STATE V.****JOSE M IRIZARRY**

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: **04/22/2021**☐ 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:12-1B(1)**2) **2C:12-1B(1)**

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:**Related Traffic Tickets and Complaints:***** 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

ORIGINAL - Court Action

JUDGE'S SIGNATURE _____

DATE _____

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COMPLAINT – SUMMONS (Court Action)

COMPLAINT NUMBER										STATE V.									
1025		S		2021		000046		JOSE M IRIZARRY											
COURT CODE		PREFIX		YEAR		SEQUENCE NO.													
FTA Bail Information				Date Bail Set:				Amount Bail Set: \$ _____ by: _____				<input type="checkbox"/> Bail Recog. Attached							
Released on Bail		R.O.R.		Committed Default		Committed w/o Bail		Place Committed:				Date Referred to County Prosecutor: _____							
Date of First Appearance: 04/22/2021				<input type="checkbox"/> Advised of Rights by _____				Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No											
Prosecuting Attorney Information						Defense Counsel Information													
Name:						Name:													
State		County		Municipal		Other		None		Retained		Public Def		Assigned		Waived		Other	
Original Charge																			
Amended Charge																			
Waiver Indt/Jury																			
Plea/Date of Plea		Plea:		Date:		Plea:		Date:		Plea:		Date:		Plea:		Date:			
Adjudication (* see code)		Finding Code:		Date:		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:		Fines:		Costs:			
VCCB/SNSF		VCCB:		SNSF:		VCCB:		SNSF:		VCCB:		SNSF:		VCCB:		SNSF:			
DEDRLab Fee		DEDRLab:		LAB:		DEDRLab:		LAB:		DEDRLab:		LAB:		DEDRLab:		LAB:			
CD Fee/Drug Ed Fnd		CD:		DAEF:		CD:		DAEF:		CD:		DAEF:		CD:		DAEF:			
DV Surch/Other Fees		DV:		Other:		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:																			
JUDGE'S SIGNATURE _____ DATE _____										COMPLAINT - SUMMONS (Court Action) Page 4 of 11 NJ/CDR1 1/1/2017									

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> JOSE M IRIZARRY ADDRESS: [REDACTED] [REDACTED] NJ [REDACTED]	
1025	S	2021	000046		
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 2	CO-DEFTS	POLICE CASE #: 202100926		DEFENDANT INFORMATION	
COMPLAINANT NAME: ROSS PORTNER				SEX: M EYE COLOR: BROWN DOB: [REDACTED] 1984 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: xxx-xx- [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] () 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 01/11/2021 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, AS PART OF AN EXTRACTION TEAM DID PURPOSELY ATTEMPT TO CAUSE SERIOUS BODILY INJURY TO VICTIM 1, WHOSE IDENTITY IS KNOWN TO LAW ENFORCEMENT, BY PARTICIPATING IN AN UNAUTHORIZED FORCEABLE EXTRACTION OF VICTIM 1 FROM HER CELL, DURING WHICH REMOVAL VICTIM 1 WAS STRUCK WHILE HANDCUFFED NUMEROUS TIMES BY EXTRACTION TEAM MEMBERS, CAUSING BODILY INJURY TO VICTIM 1 INCLUDING A FRACTURED ORBITAL BONE, IN VIOLATION OF N.J.S.A. 2C:12-1B(1) (SECOND-DEGREE), N.J.S.A. 2C:2-6 (C).

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, AS PART OF AN EXTRACTION TEAM DID PURPOSELY ATTEMPT TO CAUSE SERIOUS BODILY INJURY TO VICTIM 2, WHOSE IDENTITY IS KNOWN TO LAW ENFORCEMENT, BY
in violation of:

Original Charge	1) 2C:12-1B(1)	2) 2C:12-1B(1)	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: 03/18/2021

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: **03/18/2021** Appearance Date: **04/22/2021** Time: **09:00AM** Phone: **908-824-9750**

Signature of Person Issuing Summons: ROSS PORTNER Date: 03/18/2021

☐ 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):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

1025

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2021

000046

STATE V.

JOSE M IRIZARRY

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

PARTICIPATING IN AN UNAUTHORIZED FORCEABLE EXTRACTION OF VICTIM 1 FROM HER CELL, PERSONALLY STRIKING VICTIM 2 WITH A SHIELD OR AIDING AND ABETTING THE ASSAULT OF VICTIM 2 BY OTHER EXTRACTION TEAM MEMBERS, CAUSING BODILY INJURY TO VICTIM 2 INCLUDING A CONCUSSION, IN VIOLATION OF N.J.S.A. 2C:12-1B(1) (SECOND-DEGREE), N.J.S.A. 2C: 2-6(C) .

Original Charge

Amended Charge

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

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RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> VS. JOSE M IRIZARRY ADDRESS: [REDACTED] [REDACTED] NJ [REDACTED]	
1025	S	2021	000046		
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 2	CO-DEFTS	POLICE CASE #: 202100926		DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: [REDACTED] 1984 DRIVER'S LIC. #. [REDACTED] DL STATE: NJ SOCIAL SECURITY # xxx-xx- [REDACTED] SBI #: TELEPHONE #: [REDACTED] () LIVESCAN PCN #:	
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 **01/11/2021** 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, AS PART OF AN EXTRACTION TEAM DID PURPOSELY ATTEMPT TO CAUSE SERIOUS BODILY INJURY TO VICTIM 1, WHOSE IDENTITY IS KNOWN TO LAW ENFORCEMENT, BY PARTICIPATING IN AN UNAUTHORIZED FORCEABLE EXTRACTION OF VICTIM 1 FROM HER CELL, DURING WHICH REMOVAL VICTIM 1 WAS STRUCK WHILE HANDCUFFED NUMEROUS TIMES BY EXTRACTION TEAM MEMBERS, CAUSING BODILY INJURY TO VICTIM 1 INCLUDING A FRACTURED ORBITAL BONE, IN VIOLATION OF N.J.S.A. 2C:12-1B(1) (SECOND-DEGREE), N.J.S.A. 2C:2-6 (C).

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, AS PART OF AN EXTRACTION TEAM DID PURPOSELY ATTEMPT TO CAUSE SERIOUS BODILY INJURY TO VICTIM 2, WHOSE IDENTITY IS KNOWN TO LAW ENFORCEMENT, BY **in violation of:**

Original Charge	1) 2C:12-1B(1)	2) 2C:12-1B(1)	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: **03/18/2021**
 Name, Title and Department of Officer

RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER

1025

S

2021

000046

STATE V.

JOSE M IRIZARRY

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

PARTICIPATING IN AN UNAUTHORIZED FORCEABLE EXTRACTION OF VICTIM 1 FROM HER CELL, PERSONALLY STRIKING VICTIM 2 WITH A SHIELD OR AIDING AND ABETTING THE ASSAULT OF VICTIM 2 BY OTHER EXTRACTION TEAM MEMBERS, CAUSING BODILY INJURY TO VICTIM 2 INCLUDING A CONCUSSION, IN VIOLATION OF N.J.S.A. 2C:12-1B(1) (SECOND-DEGREE), N.J.S.A. 2C: 2-6(C) .

Original Charge

Amended Charge

RETURN OF SERVICE INFORMATION

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NJ/CDR1 1/1/2017

Affidavit of Probable Cause

COMPLAINT NUMBER			
1025	S	2021	000046
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 2	CO-DEFTS	POLICE CASE #: 202100926	
COMPLAINANT NAME: ROSS 25 MARKET ST P O BOX 085 TRENTON NJ 08625		DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: [REDACTED] 1984 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: xxx-xx-[REDACTED] SBI #: TELEPHONE #: () LIVESCAN PCN #:	

THE STATE OF NEW JERSEY

VS.

JOSE M IRIZARRY

ADDRESS [REDACTED]
[REDACTED] NJ [REDACTED]

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:

*****CONTINUATION FROM COMPLAINT SUMMONS 1025 S 2021 000042*****

IRIZARRY ALSO FAILED TO REPORT THE UNAUTHORIZED USE OF FORCE AGAINST VICTIM 1 DESPITE HIS LEGAL DUTY TO DO SO. IRIZARRY WAS ALSO PART OF THE TEAM THAT EXTRACTED VICTIM 2. DURING THE CELL EXTRACTION FOR VICTIM 2, SERGEANT AMIR BETHEA DEPLOYED OC SPRAY AND DID NOT GIVE VICTIM 2 AN OPPORTUNITY TO COMPLY, IN VIOLATION OF DOC DIRECTIVES. INSTEAD AN EXTRACTION TEAM IMMEDIATELY MADE ENTRY INTO HER CELL TO FORCIBLY REMOVE VICTIM 2 FROM HER CELL. IRIZARRY WAS THE FIRST OFFICER THROUGH THE CELL DOOR AND WAS PART OF A FORCEABLE EXTRACTION AT THAT TIME WAS A VIOLATION OF DOC POLICY. DURING THAT EXTRACTION IRIZARRY FORCEABLY USED HIS SHIELD UPON VICTIM 2, WHO WAS NOT RESISTING, AND AIDED AND ABETTED OFFICER GARCIA'S UNAUTHORIZED USE OF FORCE UPON VICTIM 2, AS GARCIA PUNCHED VICTIM 2 IN THE HEAD AND NECK AREA 28 TIMES. THE UNAUTHORIZED FORCE UTILIZED BY THE EXTRACTION TEAM AGAINST A NON-RESISTING INMATE WAS LIKELY TO RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT IMPAIRMENT. VICTIM 2 SUFFERED A CONCUSSION AS A RESULT. DOC POLICY ONLY PERMITS USE OF FORCE THAT IS OBJECTIVELY NECESSARY AND REASONABLE. EXCESSIVE OR UNREASONABLE FORCE VIOLATES DOC CUS.001.UOF.002, IIIA. IRIZARRY AIDED AND ABETTED OR FAILED TO PREVENT THIS UNAUTHORIZED USE OF FORCE DESPITE HIS LEGAL DUTY TO PREVENT THE UNAUTHORIZED USE OF FORCE AGAINST VICTIM 2, WHICH RESULTED IN BODILY INJURY. IRIZARRY ALSO FAILED TO REPORT THE UNAUTHORIZED USE OF FORCE AGAINST VICTIM 2 DESPITE HIS 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

Affidavit of Probable Cause

COMPLAINT NUMBER

1025

S

2021

000046

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

THE STATE OF NEW JERSEY

VS.

JOSE M IRIZARRY

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

records received during investigation, surveillance footage reviewed, statements made by individuals involved.

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. DURING THE EXTRACTION OF VICTIM 2 IRIZARRY FORCEABLY USED HIS SHIELD UPON VICTIM 2, WHO WAS NOT RESISTING, AND AIDED AND ABETTED OFFICER GARCIA'S UNAUTHORIZED USE OF FORCE UPON VICTIM 2, AS GARCIA PUNCHED VICTIM 2 IN THE HEAD AND NECK AREA 28 TIMES. THE UNAUTHORIZED FORCE UTILIZED BY THE EXTRACTION TEAM AGAINST A NON-RESISTING INMATE WAS LIKELY TO RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT IMPAIRMENT. VICTIM 2 SUFFERED A CONCUSSION AS A RESULT.

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: 03/18/2021

Affidavit of Probable Cause

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> JOSE M IRIZARRY ADDRESS: [REDACTED] [REDACTED] NJ [REDACTED]	
1025	S	2021	000046		
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 2	CO-DEFTS	POLICE CASE #: 202100926		DEFENDANT INFORMATION SEX: M EYE COLOR: BROWN DOB: [REDACTED] 1984 DRIVER'S LIC. #: [REDACTED] DL STATE: NJ SOCIAL SECURITY #: xxx-xx-[REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] () LIVESCAN PCN #: [REDACTED]	
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 charge was based on the observations/statements made by an eyewitness(es).
 - The witness statement(s) were recorded via:
 - *Other/Explain audio and/or video
- The offense/incident was recorded using electronic/surveillance via:
 - Other/Explain audio and/or video
- The defendant was known to the victim as:
 - Other/Explain authoratative 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: 03/18/2021