

# COMPLAINT - SUMMONS

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> <b>JOSE M IRIZARRY</b>  ADDRESS: [REDACTED] [REDACTED] NJ [REDACTED]	
<b>1025</b>	<b>S</b>	<b>2021</b>	<b>000042</b>		
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] 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: ON OR ABOUT JANUARY 11 AND ON OR ABOUT JANUARY 12, 2021, IN THE TOWNSHIP OF CLINTON, HUNTERDON COUNTY, NJ, AND WITHIN THE JURISDICTION OF THIS COURT, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS AS A CORRECTIONS OFFICER, DID COMMIT ONE OR MORE ACTS CONSTITUTING AN UNAUTHORIZED EXERCISE OF HIS 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 HIS OFFICE, WITH PURPOSE TO BENEFIT HIMSELF OR ANOTHER, OR TO INJURE ANOTHER OR TO DEPRIVE ANOTHER OF A BENEFIT, TO WIT: ACTING AS AN ACCOMPLICE IN THE AGGRAVATED ASSAULT OF VICTIM 1 AND CAUSING INJURY TO SAME; VIOLATING THE DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES FOR FORCED CELL EXTRACTIONS; OR REFRAINING FROM PREVENTING AND FAILING TO REPORT ASSAULTIVE CONDUCT BY OTHER OFFICERS COMMITTED IN HIS PRESENCE, IN ORDER TO OBTAIN A BENEFIT FOR HIMSELF OR IN ORDER TO INJURE ANOTHER, IN VIOLATION OF N.J.S.A. 2C:30-2 (SECOND DEGREE).

## in violation of:

Original Charge	1) 2C:30-2B	2) 2C:30-2B	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****000042****STATE V.****JOSE M IRIZARRY**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

ON OR ABOUT JANUARY 11 AND ON OR ABOUT JANUARY 12, 2021, IN THE TOWNSHIP OF CLINTON, HUNTERDON COUNTY, NJ, AND WITHIN THE JURISDICTION OF THIS COURT, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS AS A CORRECTIONS OFFICER, DID COMMIT ONE OR MORE ACTS CONSTITUTING AN UNAUTHORIZED EXERCISE OF HIS 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 HIS OFFICE, WITH PURPOSE TO BENEFIT HIMSELF OR ANOTHER, OR TO INJURE ANOTHER OR TO DEPRIVE ANOTHER OF A BENEFIT, TO WIT: ACTING AS A PRINCIPAL OR ACCOMPLICE IN THE AGGRAVATED ASSAULT OF VICTIM 2 AND CAUSING INJURY TO SAME; VIOLATING THE DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES FOR FORCED CELL EXTRACTIONS; OR REFRAINING FROM PREVENTING AND FAILING TO REPORT ASSAULTIVE CONDUCT BY OTHER OFFICERS COMMITTED IN HIS PRESENCE, IN ORDER TO OBTAIN A BENEFIT FOR HIMSELF OR IN ORDER TO INJURE ANOTHER, IN VIOLATION OF N.J.S.A. 2C:30-2 (SECOND DEGREE).

Original Charge

Amended Charge

**COMPLAINT - SUMMONS****Page 2 of 11**

NJ/CDR1 1/1/2017

# COMPLAINT – SUMMONS (Court Action)

## COMPLAINT NUMBER

**1025****S****2021****000042****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:30-2B**2) **2C:30-2B**

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:

DEDRLab Fee

DEDRLab:

LAB:

DEDRLab:

LAB:

DEDRLab:

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 \_\_\_\_\_

**Page 3 of 11****NJ/CDR1 1/1/2017**

# COMPLAINT – SUMMONS (Court Action)

## COMPLAINT NUMBER

**1025****S****2021****000042****STATE V.****JOSE M IRIZARRY**

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**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

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

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Probation Term

Susp. Imp

Susp. Imp

Susp. Imp

Cond. Discharge Term

Community Service

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Fines/Costs

Fines:

Costs:

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Fines:

Costs:

VCCB/SNSF

VCCB:

SNSF:

VCCB:

SNSF:

VCCB:

SNSF:

DEDRLab Fee

DEDRLab:

LAB:

DEDRLab:

LAB:

DEDRLab:

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**

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- 4 – Guilty but Merged
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- 8 – Conditional Discharge
- D – Dismissed- Prosecutor Discretion
- M – Dismissed- Mediation
- P – Dismissed-Plea Agreement
- S – Disposed at Superior
- W – Dismissed-False ID

COMPLAINT - SUMMONS (Court Action)

JUDGE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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NJ/CDR1 1/1/2017

# COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER			
<b>1025</b>	<b>S</b>	<b>2021</b>	<b>000042</b>
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 PORTNER		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]	

THE STATE OF NEW JERSEY

VS.

JOSE M IRIZARRY

ADDRESS [REDACTED]

NJ [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: ON OR ABOUT JANUARY 11 AND ON OR ABOUT JANUARY 12, 2021, IN THE TOWNSHIP OF CLINTON, HUNTERDON COUNTY, NJ, AND WITHIN THE JURISDICTION OF THIS COURT, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS AS A CORRECTIONS OFFICER, DID COMMIT ONE OR MORE ACTS CONSTITUTING AN UNAUTHORIZED EXERCISE OF HIS 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 HIS OFFICE, WITH PURPOSE TO BENEFIT HIMSELF OR ANOTHER, OR TO INJURE ANOTHER OR TO DEPRIVE ANOTHER OF A BENEFIT, TO WIT: ACTING AS AN ACCOMPLICE IN THE AGGRAVATED ASSAULT OF VICTIM 1 AND CAUSING INJURY TO SAME; VIOLATING THE DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES FOR FORCED CELL EXTRACTIONS; OR REFRAINING FROM PREVENTING AND FAILING TO REPORT ASSAULTIVE CONDUCT BY OTHER OFFICERS COMMITTED IN HIS PRESENCE, IN ORDER TO OBTAIN A BENEFIT FOR HIMSELF OR IN ORDER TO INJURE ANOTHER, IN VIOLATION OF N.J.S.A. 2C:30-2 (SECOND DEGREE).

in violation of:

Original Charge	1) 2C:30-2B	2) 2C:30-2B	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****S****2021****000042****STATE V.****JOSE M IRIZARRY**

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ON OR ABOUT JANUARY 11 AND ON OR ABOUT JANUARY 12, 2021, IN THE TOWNSHIP OF CLINTON, HUNTERDON COUNTY, NJ, AND WITHIN THE JURISDICTION OF THIS COURT, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS AS A CORRECTIONS OFFICER, DID COMMIT ONE OR MORE ACTS CONSTITUTING AN UNAUTHORIZED EXERCISE OF HIS 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 HIS OFFICE, WITH PURPOSE TO BENEFIT HIMSELF OR ANOTHER, OR TO INJURE ANOTHER OR TO DEPRIVE ANOTHER OF A BENEFIT, TO WIT: ACTING AS A PRINCIPAL OR ACCOMPLICE IN THE AGGRAVATED ASSAULT OF VICTIM 2 AND CAUSING INJURY TO SAME; VIOLATING THE DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES FOR FORCED CELL EXTRACTIONS; OR REFRAINING FROM PREVENTING AND FAILING TO REPORT ASSAULTIVE CONDUCT BY OTHER OFFICERS COMMITTED IN HIS PRESENCE, IN ORDER TO OBTAIN A BENEFIT FOR HIMSELF OR IN ORDER TO INJURE ANOTHER, IN VIOLATION OF N.J.S.A. 2C:30-2 (SECOND DEGREE).

Original Charge

Amended Charge

**COMPLAINT - SUMMONS (DEFENDANT'S COPY)****Page 6 of 11**

NJ/CDR1 1/1/2017

# RETURN OF SERVICE INFORMATION

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i>  <i>VS.</i> <b>JOSE M IRIZARRY</b>	
<b>1025</b>	<b>S</b>	<b>2021</b>	<b>000042</b>	ADDRESS: <span style="background-color: black; color: black;">[REDACTED]</span>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	<span style="background-color: black; color: black;">[REDACTED]</span> NJ <span style="background-color: black; color: black;">[REDACTED]</span>	
<b>UNION TWP MUNICIPAL COURT</b> <b>1370 RTE 31 NORTH</b> <b>ANNANDALE NJ 08801-0000</b> <b>908-735-3730 COUNTY OF: HUNTERDON</b>				DEFENDANT INFORMATION	
# of CHARGES 2	CO-DEFTS	POLICE CASE #: 202100926		SEX: <b>M</b> EYE COLOR: <b>BROWN</b>	DOB: <span style="background-color: black; color: black;">[REDACTED]</span> <b>1984</b>
COMPLAINANT <b>ROSS PORTNER</b>				DRIVER'S LIC. #. <span style="background-color: black; color: black;">[REDACTED]</span>	DL STATE: <b>NJ</b>
NAME: <b>25 MARKET ST</b>				SOCIAL SECURITY # <b>xxx-xx-<span style="background-color: black; color: black;">[REDACTED]</span></b>	SBI #: <span style="background-color: black; color: black;">[REDACTED]</span>
<b>P O BOX 085</b>				TELEPHONE #: <span style="background-color: black; color: black;">[REDACTED]</span> ( )	
<b>TRENTON NJ 08625</b>				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 **01/11/2021** in **UNION TWP**, **HUNTERDON County, NJ** did: ON OR ABOUT JANUARY 11 AND ON OR ABOUT JANUARY 12, 2021, IN THE TOWNSHIP OF CLINTON, HUNTERDON COUNTY, NJ, AND WITHIN THE JURISDICTION OF THIS COURT, WHILE EMPLOYED BY THE DEPARTMENT OF CORRECTIONS AS A CORRECTIONS OFFICER, DID COMMIT ONE OR MORE ACTS CONSTITUTING AN UNAUTHORIZED EXERCISE OF HIS 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 HIS OFFICE, WITH PURPOSE TO BENEFIT HIMSELF OR ANOTHER, OR TO INJURE ANOTHER OR TO DEPRIVE ANOTHER OF A BENEFIT, TO WIT: ACTING AS AN ACCOMPLICE IN THE AGGRAVATED ASSAULT OF VICTIM 1 AND CAUSING INJURY TO SAME; VIOLATING THE DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES FOR FORCED CELL EXTRACTIONS; OR REFRAINING FROM PREVENTING AND FAILING TO REPORT ASSAULTIVE CONDUCT BY OTHER OFFICERS COMMITTED IN HIS PRESENCE, IN ORDER TO OBTAIN A BENEFIT FOR HIMSELF OR IN ORDER TO INJURE ANOTHER, IN VIOLATION OF N.J.S.A. 2C:30-2 (SECOND DEGREE).

**in violation of:**

Original Charge	1) <b>2C:30-2B</b>	2) <b>2C:30-2B</b>	3)
-----------------	--------------------	--------------------	----

Check	<b>Certification by Police Regarding Complaint-Summons</b>
✓	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
✓	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 <span style="float: right;">Name of family member over 14 years of age</span>
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. <span style="float: right;">Defendant's last known address</span>
	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. <span style="float: right;">Name and title of authorized person</span>
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	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****000042****STATE V.****JOSE M IRIZARRY**

COURT CODE

PREFIX

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Original Charge

Amended Charge

**RETURN OF SERVICE INFORMATION****Page 8 of 11**

NJ/CDR1 1/1/2017



# Affidavit of Probable Cause

COMPLAINT NUMBER			
1025	S	2021	000042
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:  
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 BY OFFICER WALLACE SECONDS BEFORE THE EXTRACTION TEAM ENTERED THE CELL. 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 SHE 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. 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 1, WHICH RESULTED IN BODILY INJURY.

\*\*\*\*\*LANGUAGE TO BE CONTINUED ON COMPLAINT NUMBER 1025 S 2021 000044\*\*\*\*\*

Affidavit of Probable Cause

# Affidavit of Probable Cause

## COMPLAINT NUMBER

1025

S

2021

000042

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.)

statements made by individuals involved, review of surveillance footage, documents received during investigation.

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>  <b>VS.</b>  <b>JOSE M IRIZARRY</b>  ADDRESS: [REDACTED]  [REDACTED] NJ [REDACTED]	
<b>1025</b>	<b>S</b>	<b>2021</b>	<b>000042</b>		
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: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: [REDACTED] <b>1984</b> DRIVER'S LIC. #: [REDACTED] DL STATE: <b>NJ</b> SOCIAL SECURITY #: <b>xxx-xx-</b> [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] ( ) LIVESCAN PCN #: [REDACTED]	
COMPLAINANT NAME: <b>ROSS PORTNER</b>					
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

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