

JACKSON TWP MUNICIPAL COURT
102 JACKSON DRIVE

CHANGE IN COURT DATE
**** NEW COURT DATE - 02/13/2018 03:00 PM ****
ROOM - 0001

JACKSON NJ 08527
TELEPHONE - 732-928-1205
9:00AM TO 4:00PM

DATE OF NOTICE - 12/28/2017
NOTICE GENERATED BY - MUELLER
DEFENDANT COPY

YOU ARE HEREBY NOTIFIED THAT THE COURT MATTER(S), LISTED BELOW,
HAS BEEN RESCHEDULED FOR 02/13/2018 (TIME/PLACE/ROOM) ABOVE.

SUMMONS #	VIOLATION DATE	VIOLATION	STATE VS
D 170410	12/13/2017	103:337	ELIAS AGREDO NARVAEZ

BY ORDER OF THE JUDGE
DANIEL F. SAHIN

ELIAS AGREDO NARVAEZ
1080 E VETERANS HWY
APT B
JACKSON NJ 08527

JACKSON TWP MUNICIPAL COURT
102 JACKSON DRIVE

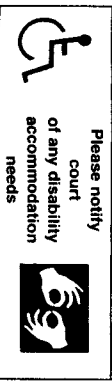
JACKSON NJ 08527-

TELEPHONE - 732-928-1205



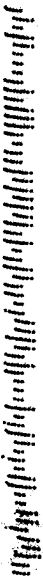
OFFICIAL LEGAL NOTICE

FIRST CLASS MAIL



ELIAS AGREDO NARVAEZ
1080 E VETERANS HWY
APT B
JACKSON NJ 08527

0852702534 0211



COURT I.D.	PREFIX	TICKET NUMBER	Municipal Court Jackson Township 102 Jackson Drive Jackson, NJ 08527		
1511	D	170410			
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:					
Driver's Lic. No.	A 213		Exp. Date	State	<input type="checkbox"/> Commercial License
THE UNDERSIGNED CERTIFIES THAT					
Name	First	Initial	Last	(Please Print)	
Elias Agredo-Narvaez					
Address					
City	Jackson	State	NJ	Zip Code	08527
Telephone					
Birth Date	Eyes	Sex	Weight	Height	Restrictions
	2	M		5-2	
DID UNLAWFULLY OPERATE A					
Make of Vehicle	Year	Body Type	Color	<input type="checkbox"/> Commercial Vehicle	
Buick	97	4 dr	gy	<input type="checkbox"/> Omnibus	
State	Exp. Date	<input type="checkbox"/> Hazardous Material			
A87DHX	NJ	8/17	<input type="checkbox"/> Out of Service		
Offense Date	Month	Day	Year	Time Hour	AM PM
				4	AM
LOCATION OF OFFENSE	Describe Location				
	Pleasant Gardens				
Municipality	County	Mun. Code (Offense)			
Jackson Twp.	Ocean	1 5 1 1			
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)					
TRAFFIC OFFENSES - (check one) - TITLE 39:					
<input checked="" type="checkbox"/> 1	3-4 Unregistered vehicle	<input type="checkbox"/> 7	4-85 Improper passing		
<input checked="" type="checkbox"/> 2	3-29 Failure to exhibit documents <input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS	<input type="checkbox"/> 8	4-97 Careless driving		
<input checked="" type="checkbox"/> 3	3-33 Unclear plates	<input type="checkbox"/> 9	4-124 Failure to turn		
<input checked="" type="checkbox"/> 4	3-66 Maintenance of lamps	<input type="checkbox"/> 10	4-144 Failure to stop or yield		
<input checked="" type="checkbox"/> 5	3-76.2f Failure to wear seatbelt	<input type="checkbox"/> 11	8-1 Failure to inspect		
<input checked="" type="checkbox"/> 6	4-81 Failure to observe signal <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH zone	<input type="checkbox"/> 12	8-4 Failure to make repairs		
IN EXCESS OF SPEED LIMIT BY:					
<input type="checkbox"/> 1-9 MPH	<input type="checkbox"/> 10-14 MPH	<input type="checkbox"/> 15-19 MPH	<input type="checkbox"/> 20-24 MPH	<input type="checkbox"/> 25-29 MPH	<input type="checkbox"/> 30-34 MPH
PENALTY SCHEDULE ON REVERSE					
PARKING OFFENSE					
<input type="checkbox"/> Overtime Meter No.	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Double			
OTHER TRAFFIC/PARKING OFFENSE (Describe)					
unregistered park vehicle					
Statute No.	Ordinance / Code No.				
	103:337				
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.			Month	Day	Year
			12	13	17
Signature of Complaining Witness			Officer's ID. No.	2 5 3	
NOTICE TO APPEAR					
* COURT DATE	Month	Day	Year	Time Hour	AM PM
	12	21	17	9 : 00	AM
<input type="checkbox"/> Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury					
CONDITIONS	AREA	<input type="checkbox"/> Business	<input type="checkbox"/> School	<input type="checkbox"/> Residential	<input type="checkbox"/> Rural
	ROAD	<input type="checkbox"/> Dry	<input checked="" type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Ice
	TRAFFIC	<input type="checkbox"/> Light	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Heavy	
	VISIBILITY	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog
Equipment	<input type="checkbox"/> Helicopter <input type="checkbox"/> Pace <input type="checkbox"/> Speed Measurement Device <input type="checkbox"/> EBTD				
Equipment Operator's Name	Operator ID No.		Unit Code		