COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
AND REHABILITATION
30 Hackensack Avenue
Kearny, NJ 07032
201-395-5600

Offender Processing - Pedigree Form

Today's Date: 2/1/2026 10:30

[redacted]

Full Name: SOTOHERNANDEZ, MARTIN A

Commit #: 386158

Booking Information

Birth Date:	[redacted]995	**Date/Time:**	02/01/2026 09:44
Age At Booking:	30	**Transported By:**	
Current Age:	30	**Shift:**	1
Sex:	Male	**Officer Name:**	Arroyo, William
Race:	HISPANIC	**Officer ID #:**	1020
Marital Status:	Married	**Admission Type:**	PENDING MUNICIPAL COURT HEA
SSN:	--	**County Code:**	HUDSON
Permanent ID #:	447667	**Committed By:**	KEARNY MC
TID Number:	[redacted]	**State ID #:**	[redacted]
CID Number:	[redacted]	**FBI #:**	[redacted]

Physical Information

Height:	55	**Eye Color:**	BROWN
Hair Length:		**Complexion:**	
Weight:	135	**Hair Color:**	BLACK
Face Hair:		**Build:**	

Affiliations Information

Citizen Of:	PERU	**Religion:**	
Place Of Birth:		**Gang Affiliation:**	
Country Of Birth:		**Drivers License State:**	
County Of Residence:			

Offender Address	Phone Number
[redacted] KEARNY, NJ 07032	(201) 273-7506

Emergency Contact	Family Address	Phone Number

Case Management

Effective Date:	02/01/2026	**Sentence Date:**		**Case / Docket #**	W2026000081
OTN #:		**Bond Amount:**	$0.00	**Case Order #**	1
Status:	Not Sentenced	**Type:**	Initial	**Days Served:**	1

Date Case Was Booked: 02/01/2026
Date/Time Added: 02/01/2026 09:56

Charges

Offense Date	Offense Code	Offense Description	Grade

02/01/2026	2C:12-1A(1)	SIMPLE ASSAULT-PURPOSELY/KNOWINGLY CAUSE BOD. INJURY	8

Arrest Information

Arrest Date:
Arrest Number:
Citation Number:
Warrant Number:

Arresting Agency:
Address: ,

Arresting Officer:

Sentencing Summary

	Years	Months	Days
Minimum:			
Maximum:			
Probation:			

Total Fines:
Costs:
Restitution:

Detainer Information

Complaint #
Complaint Date
Detainer Bond
Detainer Type

Date Detainer Recieved
Issuing Agency
Detainer Set By
Charges

Complaint Released
Release Date

Alias Information

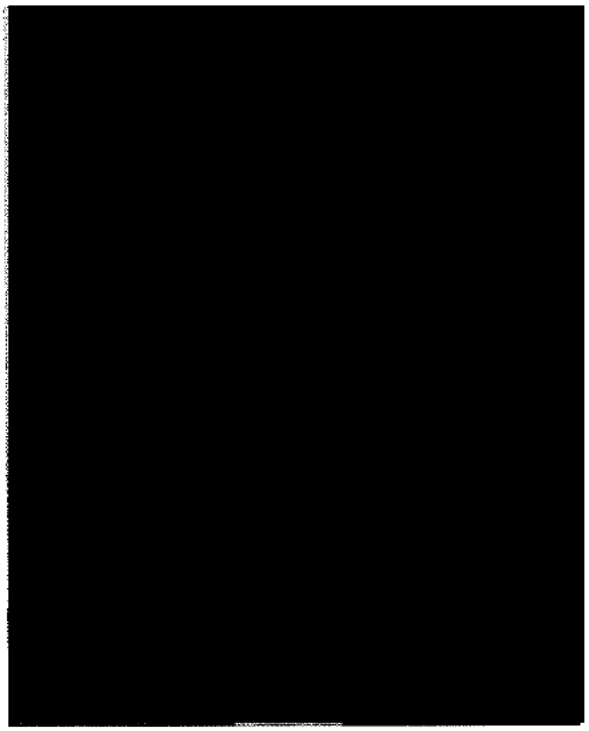
Last Name, First Name, Middle	Social Security #	Birthdate	Source

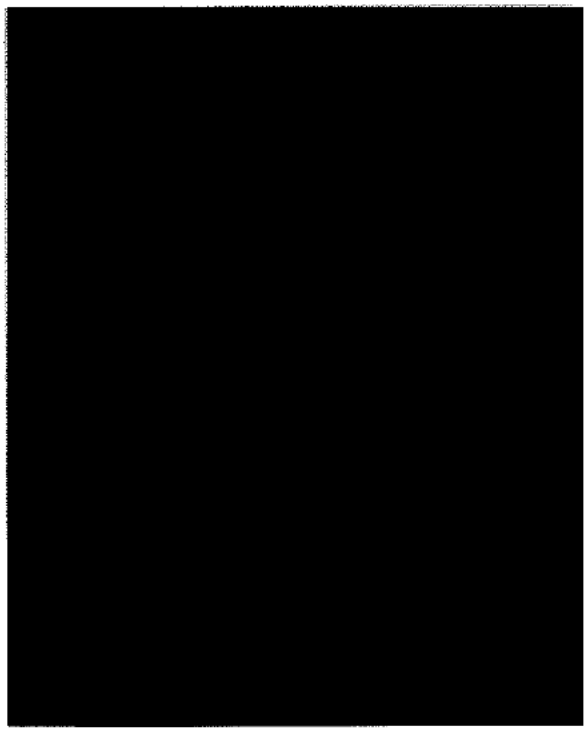
No Alias on file.

HUDSON COUNTY CORRECTIONS CENTER

Inmate Processing Form

NAME: SOTOHERNANDEZ, MARTIN **BOOKING#: 386158**





LAST KNOWN ADDRESS: [redacted] **/ KEARNY / NJ /**
Phone: 2012737506

DOB: [redacted]1995	**AGE: 30**	**SEX: MALE**
SS#:	**SBI #: 361580J**	**FBI#:** [redacted]
HEIGHT: 505	**EYES: BROWN**	**COMPLEXION:**
WEIGHT: 135	**HAIR: BLACK**	**RACE: HISPANIC**
ALIAS:	**TELEPHONE:** [redacted]	**INS #:**

DATE ENTERED: 2/1/2026 9:44:00 AM
BOOKING OFFICER:

SCARS / MARKS / TATTOOS

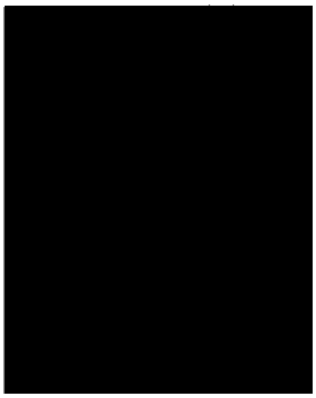
HUDSON COUNTY CORRECTIONAL CENTER

NAME:
SOTOHERNANDEZ, MARTIN A

BOOKING#: 386158
INS #:

AGE: 30
DATE ENTERED: 2/1/2026 9:44:00 AM

LOCATION: _____



RECEIVING ROOM ID

SOTOHERNANDEZ, MARTIN A
BOOKING#: 386158
AGE: 30
DATE ENTERED: 2/1/2026 9:44:00 AM

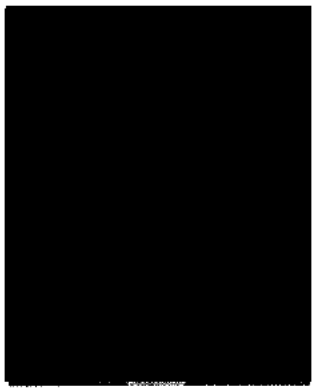
HUDSON COUNTY CORRECTIONAL CENTER

NAME:
SOTOHERNANDEZ, MARTIN A

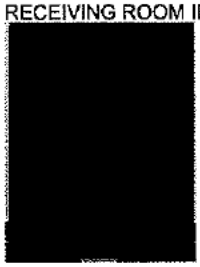
BOOKING#: 386158
INS #:

AGE: 30
DATE ENTERED: 2/1/2026 9:44:00 AM

LOCATION: _____



RECEIVING ROOM ID



SOTOHERNANDEZ, MARTIN A
BOOKING#: 386158
AGE: 30
DATE ENTERED: 2/1/2026 9:44:00 AM

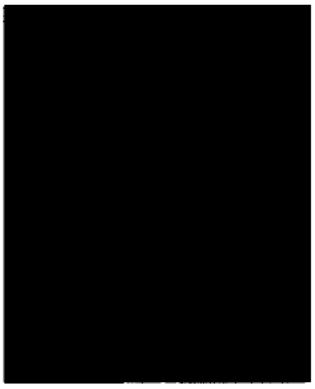
HUDSON COUNTY CORRECTIONAL CENTER

NAME:
SOTOHERNANDEZ, MARTIN A

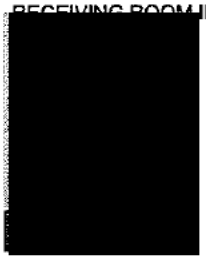
BOOKING#: 386158
INS #:

AGE: 30
DATE ENTERED: 2/1/2026 9:44:00 AM

LOCATION: _____



RECEIVING ROOM ID



SOTOHERNANDEZ, MARTIN A
BOOKING#: 386158
AGE: 30
DATE ENTERED: 2/1/2026 9:44:00 AM

5A FORM _____

SSN _____ D.O.B. [redacted]95 AGE 30 LOC. _____ NUMBER 386158

NAME OF INMATE Soto Hernandez Martin ALIAS _____

HUDSON COUNTY CORRECTIONAL CENTER

COMMITTED ON 2-1 20 26 BY JUDGE _____ OF _____

CAUSE OF DETENTION W2026 81 0907

Release 2/2/2026
Judge EID.

BAIL _____

DATE OF SENTENCE _____ 20 ____ SENTENCED TO _____

SENTENCED BY JUDGE _____ COURT _____

DETAINERS FILED _____

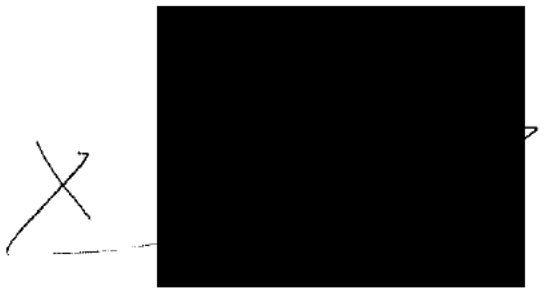
TRANSFERRED TO ICE BY ICE

DISCHARGED ON _____ 20 ____ BY ORDER OF RBL EID -- TO ICE

THE ENVELOPE FILE WAS CHECKED FOR THE FOREGOING INFORMATION - COMMITMENTS _____

DETAINERS _____ DISCHARGED BY _____ DATE 2/2/26 RECEIPT FOR _____

AIS/IMCS OK -JP



OMS Offender Management System

Inmate Telephone ID Number Release Form
Formulario De Revelar Número De Identificación De teléfono Del Preso
MAIN

Inmate Name / Nombre Del Preso: SOTOHERNANDEZ, MARTIN A
Birth Date / Fecha De Nacimiento Del Preso: 04/26/1995
Telephone ID / Numero De identificación Del Telefono: 27650

This document is an agreement between SOTOHERNANDEZ, MARTIN and MAIN referred to as "the Facility" in this document.

By signing below, I understand that the Telephone ID number above has been issued to me for access to the Inmate Telephone System and can be used to debit monies from my inmate account for telephone calls and/or commissary orders.

I further understand and agree that it is my responsibility to keep this number confidential, so as to protect against unauthorized access and use of monies kept in my inmate account.

I understand and agree that neither the Facility, nor Inmate Telephone, Inc. assume any responsibility for the unauthorized use of my Telephone ID Number.

In the event that monies are deducted from my inmate account due to unauthorized use of this number, I understand and agree that neither the Facility, nor Inmate Telephone, Inc. will reimburse me for any unauthorized deductions from my account.

I understand and agree that using another inmate's Telephone ID number, or allowing another inmate to use my Telephone ID number is strictly forbidden, and may result in the Facility taking disciplinary action against me.

I agree to notify an officer of the Facility if my Telephone ID Number becomes known by other inmates, so it can be changed immediately.

I understand and agree that telephone calls and visitation calls are subject to monitoring, recording, and may be intercepted or divulged.

Este documento es un acuerdo entre SOTOHERNANDEZ, MARTIN y MAIN referido como el "Centro" en este documento.

Al firmar a continuación, entiendo que el número de identificación de teléfono anterior me ha sido emitido para acceder al sistema telefónico del preso y puede usarse para debitar dinero de mi cuenta de preso para llamadas telefónicas y / o órdenes de comisaría.

Además, entiendo y acepto que es mi responsabilidad mantener este número confidencial, para protegerlo contra el acceso no autorizado y el uso del dinero guardado en mi cuenta de prisionero.

Entiendo y acepto que ni el Centro ni el Inmate Telephone, Inc. asumen responsabilidad alguna por el uso no autorizado de mi Número de Identificación Telefónica.

En el caso de que se deduzca dinero de mi cuenta de prisionero debido al uso no autorizado de este número, entiendo y acepto que ni el Centro ni el Inmate Telephone, Inc. me reembolsarán las deducciones no autorizadas de mi cuenta..

Entiendo y acepto que el uso del número de identificación de teléfono de otro preso, o permitir que otro preso use mi número de identificación de teléfono, está estrictamente prohibido y puede resultar en que el centro tome medidas disciplinarias en mi contra..

Estoy de acuerdo que debo de notificar a un oficial de centro si mi número de identificación de teléfono es conocido por otros presos, para que pueda ser cambiado de inmediato.

Entiendo y acepto que las llamadas telefonicas y las llamadas de visitacion están sujetas a monitoreo, grabación y pueden ser interceptadas o divulgadas.

Initial / Inicial

M. S — If available, I wish to charge calls within the US, Canada, Caribbean, and US territories to my inmate account.
Si está disponible, deseo cargar las llamadas dentro de los EE. UU., Canadá, el Caribe y los territorios de EE. UU. A mi cuenta de prisionero.

M. S — If available, I wish to charge international calls to my inmate account.
Si está disponible, deseo cargar llamadas internacionales a mi cuenta de prisionero.

[redacted]
Signature / Firma

2/1/16
Date / Fecha

Booking Observation Report

MAIN

Today's Date: 2/1/2026 10:14

Name:	**SOTO-HERNANDEZ, MARTIN A**	**Booking #:**	**386158**
Sex:	**Male**	**Permanent #:**	**447667**
Race:	**HISPANIC**	**SSN:**	**--**
Birth Date:	[redacted]1995		

Booking Observation Questions

Answers are 'Y' = Yes, 'N' or Blank = No, 'R' = Refused To Answer

Order	Question	Y/N/R	Comments
5	Do you have any medical problems?	[redacted]	
10	Do you take prescribed medication?		
15	Do you have any mental health problems?		
20	Have you ever considered or attempted suicide?		
25	Have you recently ingested or concealed narcotics or other street drugs in your body?		
30	Do you have enemies in this facility who may harm you?	N	
35	Does the offender have any medical or mental health alerts from previous incarceration?	[redacted]	
40	Officer Observation: What is the offenders appearance?	Y	Well and Alert
45	Does the offenders criminal history include violent acts or convictions for violent offenses?	N	
50	Have you been sexually assaulted while in the custody of a law enforcement agency since your arrest or transfer to this facility?	N	
55	Are you a member of the LGBTQI community?	[redacted]	
60	Are you transgender or intersex?		
65	Does the offfender believe they may be vulnerable to sexual assault within the facility?	N	
70	Does the offender have a small physical build?	Y	
75	I have been given the Sexual Assault Awarenes information packet.	Y	
80	Does the offender claim to be the Primary Caretaker Parent of one or more children under the age of 18?	N	
85	Are you aware that the Inmate Handbook can be accessed through the Kiosk?	Y	
90	I was informed that I am allowed two (2) telephone calls at no charge upon entering the facility and I have been afforded the opportunity to do so.	Y	
95	Do you have co-defendants in this facility?	N	

By my signature, I agree that the above is true to the best of my knowledge.

Inmate Signature

Officer Signature

Witness Signature

COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
AND REHABILITATION
30 Hackensack Avenue
Kearny, NJ 07032
201-395-5600

IDENTIFICATION BRACELET FORM

You are being assigned an identification bracelet. This identification bracelet will bear your name and number, along with your photograph.

INMATE'S RESPONSIBILITY:

You are responsible to wear your identification bracelet at all the times. Should you lose it, your privileges will be restricted until a new identification bracelet can be issued. The cost of a new identification bracelet will be $3:00 and deducted from your commissary account.

DISCIPLINARY CHARGES:

An inmate who damages or destroys their identification bracelet will be charged with inmate Prohibited Act *152 Destroying, alerting or damaging County Property or property of others.

386158 Soto, Martin
Inmate Name and Number

[redacted]
Officer Signature

2/1/2026 6-6P
Shift

2/1/2026
Date

White (Inmate's File/ Record Room) **Yellow (Classification)** **Pink (Inmate's copy)**

Form # BRAC 40

COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
35 S. Hackensack Avenue
Kearny, NJ 07032-4690
201-395-5600

COMMITMENT FORM

ARRESTING AUTHORITY Kearny Police Dept DATE 02/01/26 TIME 06:19

A) **IDENTIFICATION INFORMATION**

DEFENDANT'S NAME Soto-Hernandez (Last Name) Martin (First Name) A (Middle Name)

AKA(S) _____ / _____ ☐ CHECK IF MORE AKA'S # _____

DOB [redacted]95 SBI # [redacted] FBI # _____ SS # None

RACE/ETHNICITY ☐ WHITE ☐ BLACK ☑ HISPANIC ☐ OTHER (specify): _____

B) **COMMITMENT REASON** (check all that apply)

☑ NEW ARREST ☐ BENCH WARRANT # _____
☐ PAROLE WARRANT # _____ ☐ WILDCAT WARRANT # _____
☐ FUGITIVE ☐ ILLEGAL ALIEN ☐ ICE WARRANT # _____
☐ FOA # _____ ☐ OTHER (specify): _____

C) **PRISONER TRANSPORT PAPERWORK CHECKLIST** (check all that apply)

1) **SEALED CJP PACKAGE AND COMPLAINT TRANSMITTAL FORM** (When required) All CJP packages must contain all original signed CDR's; all relevant police reports or an affidavit of probable cause if reports are not available; a complete CCH ending with felony conviction summary. The following items should also be attached to the outside of the CJP package or with all other commitments	☑ YES ☐ NR
2) **COPY OF CDR** (when required)	☑ YES ☐ NR
3) **VICTIM NOTIFICATION FORM** (when required)	☑ YES ☐ NR
4) **COPY OF FIRST PAGE OF CCH REPORT OR A COPY OF THE MASTER NAME INDEX (MNI)** (required)	☑ YES
5) **ONE (1) COPY OF LIVE SCAN CHECK/STATE NOTIFICATION** (if no SBI number is found)	☐ YES ☑ NO
6) **ONE (1) COPY OF NCIC/NJWP CHECK/STATE NOTIFICATION** (required)	☐ YES
7) **ONE (1) COPY OF ANY AND ALL WARRANTS FOUND** (required)	☐ YES ☑ NO
8) **ATS CHECK COMPLETED ON DEFENDANT'S NAME & ON EACH ALIAS ON THE CCH SUMMARY** (required)	☑ YES
9) **ACS CHECK COMPLETED ON DEFENDANT'S NAME & ON EACH ALIAS ON THE CCH SUMMARY** (required)	☑ YES
10) **NLETS/LESC** (ICE-when required)	☐ YES ☑ NR
11) **PERSONAL PROPERTY**	☐ YES ☑ NO
12) **PERSONAL MONEY RECEIVED- AMOUNT $** _____	☐ YES ☑ NO
13) **DNA TAKEN**	☐ YES ☑ NO
14) **FINGERPRINTS TAKEN**	☑ YES ☐ NO

*NOT REQUIRED = NR

I certify all required criminal history searches have been completed and all required documents are attached.

Prepared by: P.O. Fernandes 302 (Print Name) P.O. [redacted] 302

Title: Police Officer Telephone #: 201-998-1313

FOR JAIL USE ONLY

Defendant Accepted? ____Yes ____ NO; If no, reason: _____

Fast I.D. Inmate: ____ Yes ____ No; Enter Confirmed SBI # _____

Receiving Officer: _____ _____ (Print) (Signature)

Note: No evidence, weapons or contraband will be accepted by the Hudson County Correctional Center

FORM: INTAKE 001

CONFIDENTIAL INFORMATION
New Jersey Victim Notification Form Date Completed 2/1/2026
*** NOT TO BE DISCLOSED – NOT FOR DISCOVERY ***

[redacted]

DEPARTMENT OF POLICE
KEARNY, NEW JERSEY 07032

OCA/ 26-04570

PHONE 201 998 1313
HEADQUARTERS FAX 201 998 1410 **2ND PRECINCT FAX 201 817 7806**
CHIEF OF POLICE
SCOTT MACFIE

SCIC/NCIC RECORD CHECK FORM

To: HUDSON COUNTY JAIL, CJP UNIT OR OTHER POLICE AGENCY

Subject: WANTED AND CRIMINAL HISTORY CHECK ON FOLLOWING

[redacted]

Kearny Police Department

Search Verification Form

Date: 02/01/2026 Incident# 26-04570

Prisoner's Name: Martin Soto Hernandez

Prisoner's D.O.B. [redacted]/1995

TO WHOM IT MAY CONCERN:

The above listed prisoner has undergone a requisite pre-confinement search in compliance with the New Jersey Sate Attorney General Guidelines.

All contraband, weapons, or objects that may be used as a weapon have been removed from his/her person.

All personal property has been stored pending disposition of arraignment proceedings or release of the prisoner.

[redacted] #362

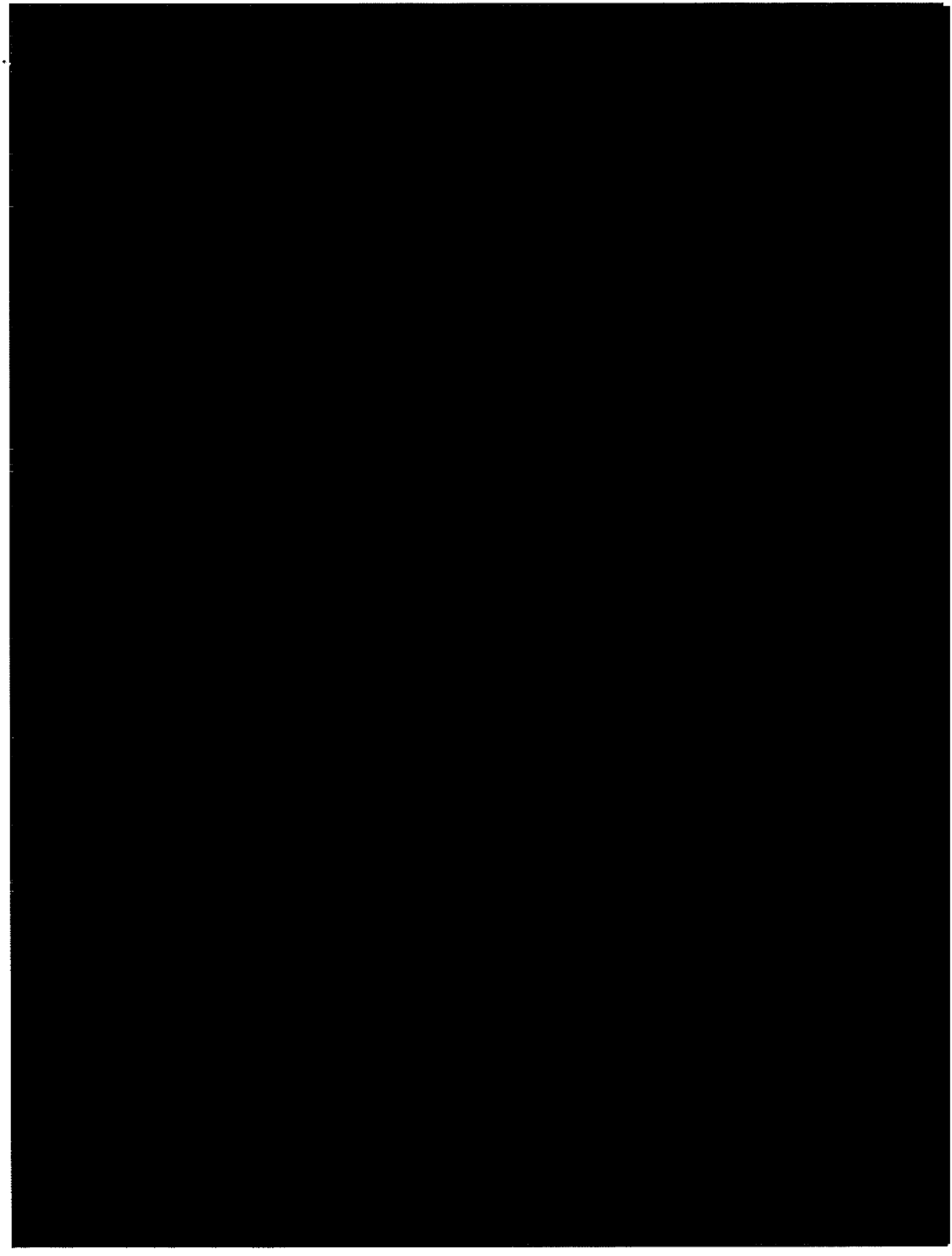
Signature of Person Conducting Search

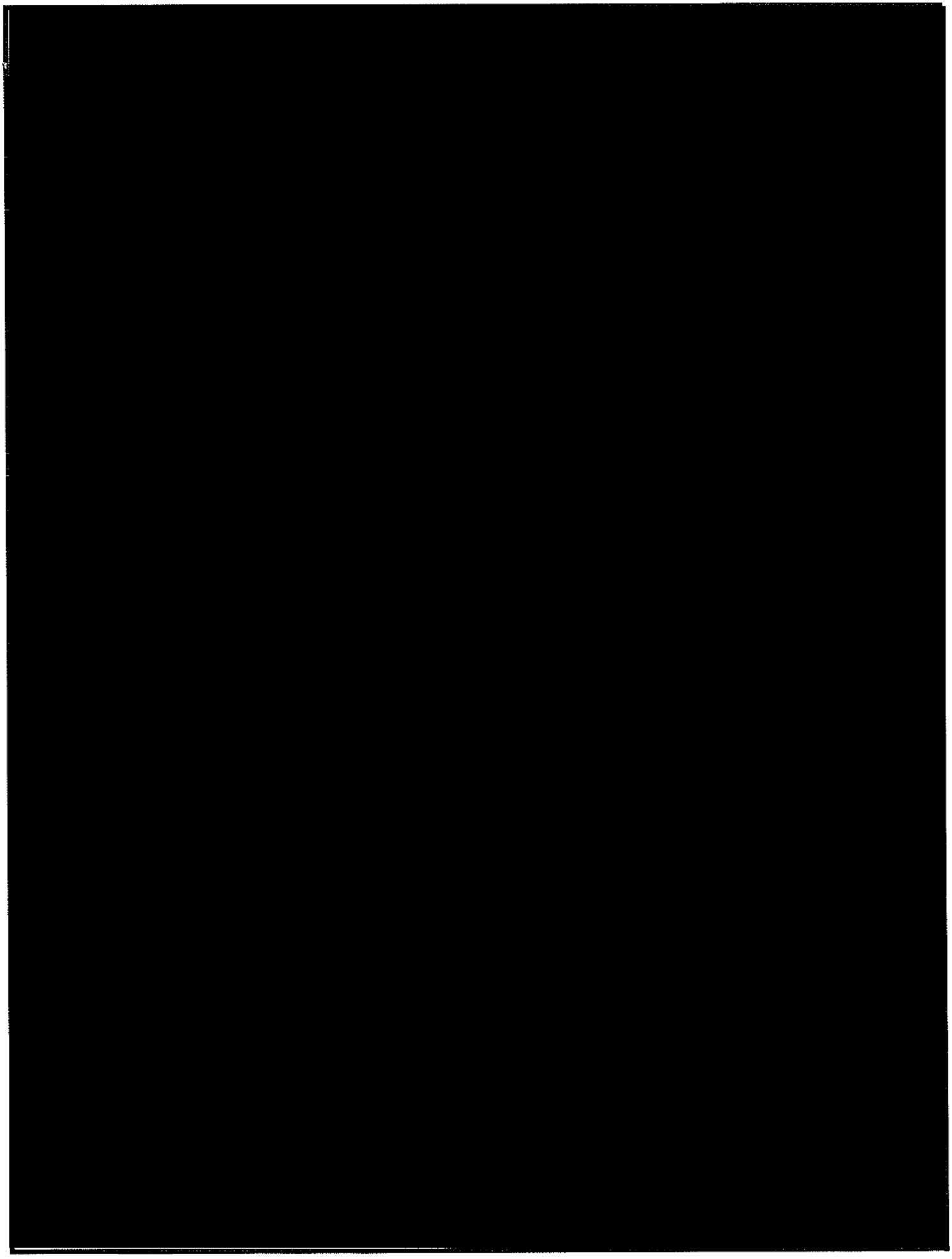
[redacted] #362

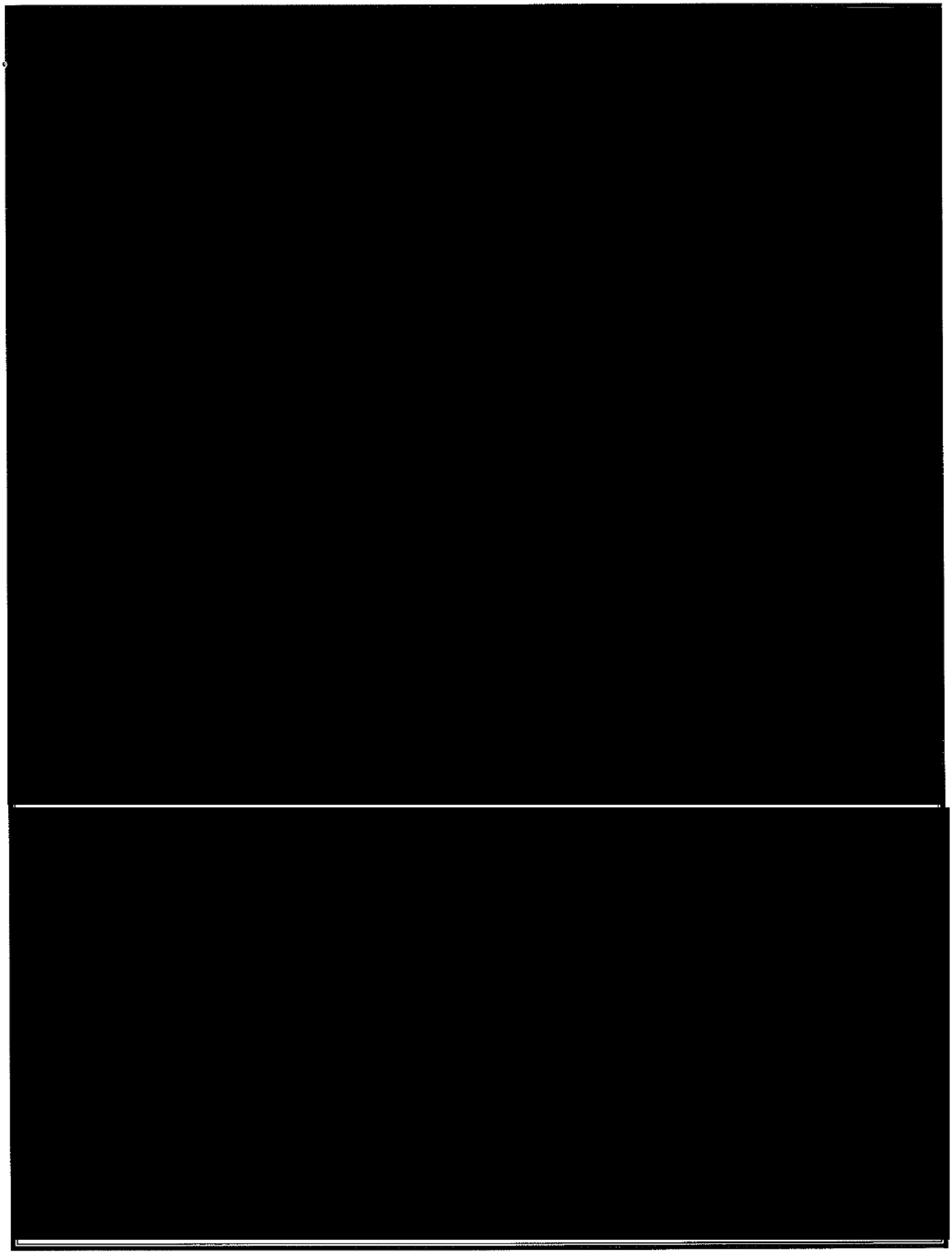
Signature and Badge Number of Arresting Officer

[redacted] 225

Signature and Badge Number of Reviewing Officer







COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS AND REHABILITATION

30 Hackensack Avenue
Kearny, NJ 07032

PROPERTY INTAKE RECEIPT

INMATE NAME Soto-HERNANDEZ, MARTIN **ID#** 386158 **LOCATION** 1 UP 3.

Check One: ☐ STATE ☒ COUNTY ☐ FEDERAL

The below listed items are issued by the Hudson County Department of Corrections & Rehabilitation and must be returned upon discharge: 8/S/M

2 SHIRTS	1 SHOES	1 TOWEL
2 PANTS	1 SHOWER SHOES	2 WASHCLOTH
0 TABLET SERIAL #: _____		

The below items will also be issued to you during Admission; however, these items are not returnable upon discharge. It is your responsibility to purchase any additional items you may require. If you are indigent, (have no money) any additional items will be provided to you by request through the Social Worker.

2 T-SHIRTS	2 BOXERS	0 BRASSIERE
2 SOCKS	0 PANTIES	1 CARE PACKAGE
0 SANITARY NAPKINS		

The following items will be issued to you upon transfer into a long-term housing unit:

_____ SHEETS _____ BLANKET _____ LAUNDRY BAG _____ MATTERESS (w/ integrated pillow)

You are responsible for any lost, altered or damaged property. The HCDOC&R will press disciplinary charges for altering and/or destroying county property. Your Commissary account will be charged for items that are damaged, destroyed, or not returned. Worn-out items can be exchanged free of charge.

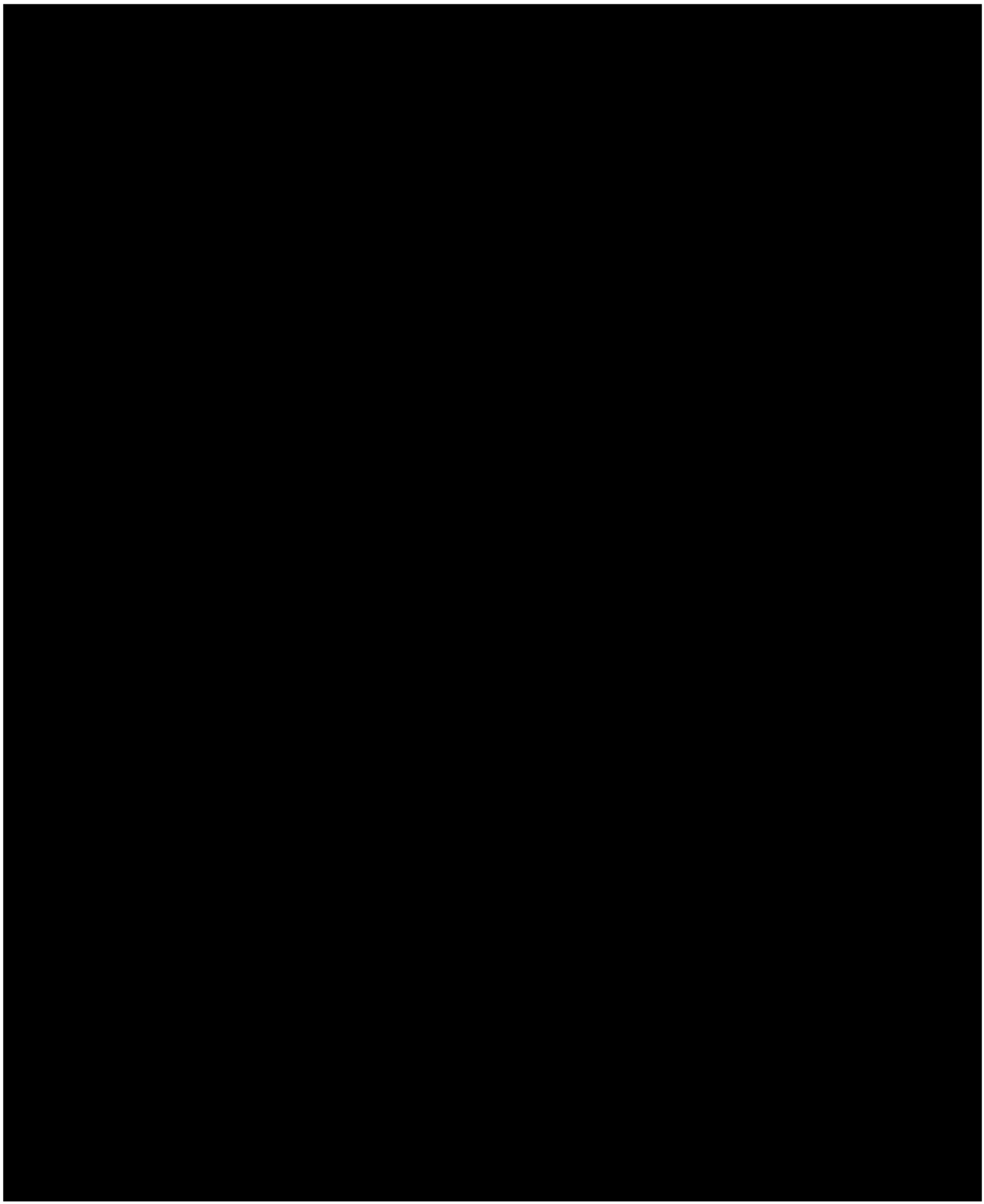
Inmate's Personal Property: (1) BLUE SWEATER
(1) PAIR BLUE JEANS
(1) PAIR WHITE SNEAKERS.

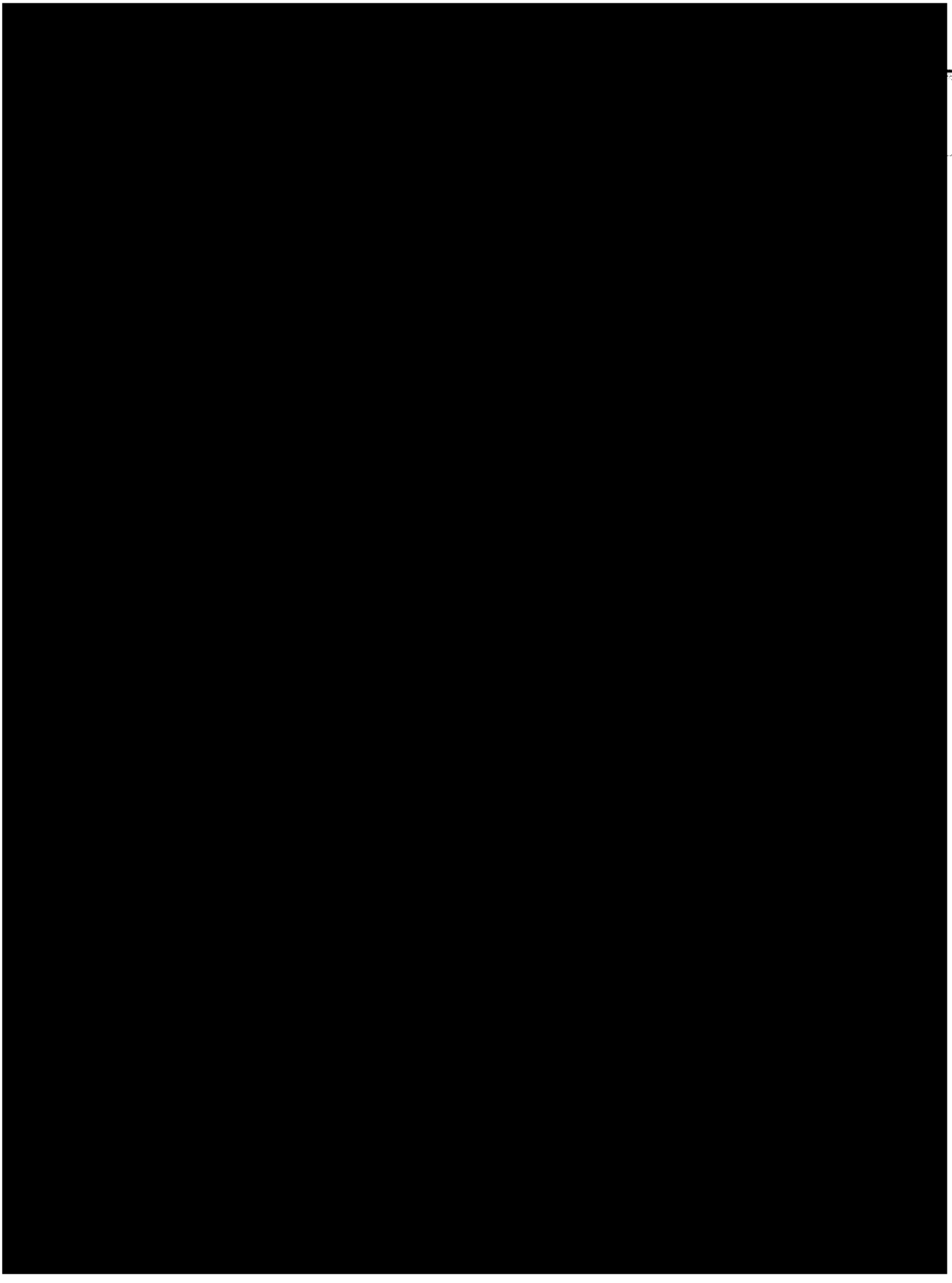
I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL PERSONAL PROPERTY THAT I KEEP IN MY POSSESSION WHILE IN THIS FACILITY.

_____ STAFF (Print) _____ INMATE (Signature) ____/____/____ DATE

WHITE: Property Bag YELLOW: Inmate's Jacket PINK: Inmate

FORM #: INM.003 REVISED 06/21/2024





Kearny Police Department

237 Laurel Avenue, Kearny, NJ 07032
Phone: 201-998-1313 Fax: 201-998-1410 Mun. Code: 0907

Arrest Report

Arrest Details:

Case Number	Arrest Date	Arrest Time	Place of Arrest
26-04570	02/01/26	02:05	

Arrestee Information:

Name (Lastname, Firstname)	MI	Suffix	Alias - Nickname
Soto-Hernandez, Martin	A		

Address	DOB	Age	Sex	Race	SSN
[redacted] Kearny NJ, 07032	[redacted]/95	30	M	1A	

Place of Birth	DLN	Height	Weight	Hair	Eyes	Complexio	Mar. Status
Peru		505	135	BLK	BRO	Fair	Mar

Other Descriptive Info	Glasses	Build	Speech	Handed	Miranda	Prints	Photo
	N	Slim	Spanish	Right		Y	Y

Occupation	Employer	Bus. Address
Renovations	MG Soto Designs	169 Beech Street, Kearny NJ, 07032

SBI #	FBI #	Phone
		201-273-7506

Complaint Information

Simple Assault 2C:12-1a

Complainant Name(Lastname, Firstname) & Address
Ptlm. Deaglan Walsh 362

Offense Date	Offense Time	Place of Offense	Mun. Code
02/01/26	02:05	[redacted]	NJ009070

w/ Warrant	w/o Warrant	On View	Summons	Handcuffed The Arrestee	Checked car prior to placing in & after removing arrestee from the back seat
	X			Y	Y

Vehicle	Yr	Make	Body Type	Color	Reg	State	VIN

Date	Court	Warrant / Summons Number

Amount Bail	10%	Bail Result	Place Committed

Next of Kin	Next of Kin Address	Next of Kin Phone
Juan	Maryland	[redacted]

Narrative:

Negative for any wants or warrants as Per Dispatcher Santucci.

Mugshot:

[redacted]

Officer of Record: Date: Reviewed By: Juvenile Released To: Time:

Officer of Record	Reporting Date	Reviewed By	Parent or Responsible Party Signature	
Ptlm. Deaglan Walsh 362	02/01/26	pb275		

Kearny Police Department

237 Laurel Avenue, Kearny, NJ 07032
Phone: 201-998-1313 Fax: 201-998-1410 Mun. Code: 0907

Incident Report

Incident Details:

Case Number	Time Reported	Date Reported	Time Occurred	Date Occurred	Occurrence Between Date / Time of	Time Occurred	Date Occurred	911	Completed
26-04570	02:05	02/01/26	02:00	02/01/26		02:10	02/01/26		X

Incident Type:

Simple Assault 2C:12-1a
Domestic Violence 2C:25-21

Incident Location:

Street # Street Name [redacted] Apt # Intersection / Cross Street of: [redacted]

Business / Common Location Name

Contact Information: Victim Suspect Complainant Witness Driver Arrest Parent Missing Involved Other

Code	Contact Name #1	MI	Suffix	Age	Sex	Race	DOB	SSN
A	Soto-Hernandez, Martin	A		30	M	1A	[redacted]1995	

Address: [redacted] Kearny NJ, 07032 | Phone / Email: 201-273-7506 | Other Phone:

Code	Contact Name #2	MI	Suffix	Age	Sex	Race	DOB	SSN
[redacted]								

Code	Contact Name #3	MI	Suffix	Age	Sex	Race	DOB	SSN
W	Osores, Gabriel	R		63	M	1A	[redacted]1962	114-96-4203

Address: [redacted] Kearny, NJ 07032-2809 | Phone / Email Address: 201-424-4453 | Other Phone: 973-930-3179

[redacted]

Code	Contact Name #6	MI	Suffix	Age	Sex	Race	DOB	SSN

Address | Phone / Email | Other Phone

Code	Contact Name #7	MI	Suffix	Age	Sex	Race	DOB	SSN

Address | Phone / Email Address | Other Phone

Code	Contact Name #8	MI	Suffix	Age	Sex	Race	DOB	SSN

Address | Phone / Email Address | Other Phone

Property Information:

Value of Stolen Property	Currency	Jewelry	Furs	Clothing	Auto	Misc.	Total
Property Recovered							

Automobile Information:

	Vehicle Code	Year	Make	Body Type	Model	Color	Registration State	VIN
1								
2								
3								
4								

Kearny Police Department

237 Laurel Avenue, Kearny, NJ 07032
Phone: 201-998-1313 Fax: 201-998-1410 Mun. Code: 0907

Incident Report

02/01/2026

1. On Sunday February 1st, at approximately 02:05 hours, I, Officer. Walsh #362, was dispatched to [redacted] Beech Street to investigate a call of domestic abuse. Officer. Carlos #353 arrived on scene as back up.

2. Upon arrival officers met with the victim, [redacted] and the suspect, Mr. Soto, who had been [redacted] stated that at approximately 02:00 hours, Mr. Soto had [redacted]

[redacted] Mr. Gabriel Osores entered the room after [redacted] then contacted the police, while on the phone the defendant they continued to [redacted] causing Mr. Osores to pull him away and push him into the hall.

4. On scene officers observed [redacted] The defendant was then placed under arrest. Mr. Soto was searched incident to arrest and placed into marked vehicle #60. Officer Carlos transported Mr. Soto to Kearny Police Headquarters to be processed and fingerprinted.

5. Due to injuries [redacted] I requested EMS to respond to the scene. RWJ 3B7 responded to provide medical treatment. [redacted] and signed the appropriate forms. I explained [redacted] to which [redacted] stated [redacted] understood. [redacted] signed the appropriate forms stating such and was given a copy. At this time, [redacted] did not wish to apply for a temporary restraining order (TRO). It was explained to [redacted] that [redacted] could seek a TRO against Mr. Soto at any in the future. [redacted] denied all assistance and refused DVRT. I completed an [redacted] form with [redacted] I photographed the injuries on the TCU phone which were uploaded to evidence.com. I contacted DCP&P and left a voicemail with details of the incident.

6. While in holding Officer Carlos requested EMS to Headquarters to check Mr. Soto's injuries. Mr. Soto was bleeding from his nose, had a laceration on his lip, and several scratches on his abdomen. North Arlington EMS responded to headquarters to provide medical assistance. Mr. Soto denied any medical attention and signed the appropriate forms. The complaint was placed on a warrant #0907 W 2026 000081. Mr. Soto was placed in cell #8 and is waiting to be transported to Hudson County correctional facility.

END OF REPORT.

COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
AND REHABILITATION

30 Hackensack Avenue
Kearny, NJ 07032

INMATE DISCHARGE VERIFICATION FORM

****

Soto Hernandez, Mario — Inmate's Name

386157 — Inmate's ID #

Inmate's record has been checked and verified for discharge by:

[redacted]

Record Room Supervisor

Inmate's identification has been checked and verified for discharged by:

[redacted]

Record Room Supervisor

TBT

ICE

Final verification of inmate to be discharged was done by:

[redacted]

Receiving/Intake Supervisor

Inmate was discharged by:

[redacted]

Receiving/Intake Supervisor

Lieutenant's Signature: _____

Date of Discharge: 2-2-26

Time of Discharge: _____

FORM#: INM. 009

REVISED: 09/13/2023

COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
AND REHABILITATION

30 Hackensack Avenue
Kearny, NJ 07032

PROPERTY ROOM
RELEASE AUTHORIZATION FORM

Soto Hernandez, Martin — Inmate Name (Print)

[redacted] — ID Number

The above inmate is authorized to change from their correctional-issued uniform into their civilian clothing.

SGT [redacted] — Supervisor Name (Print)

[redacted] — Supervis

2/2/26 — Date

White: Inmate's File

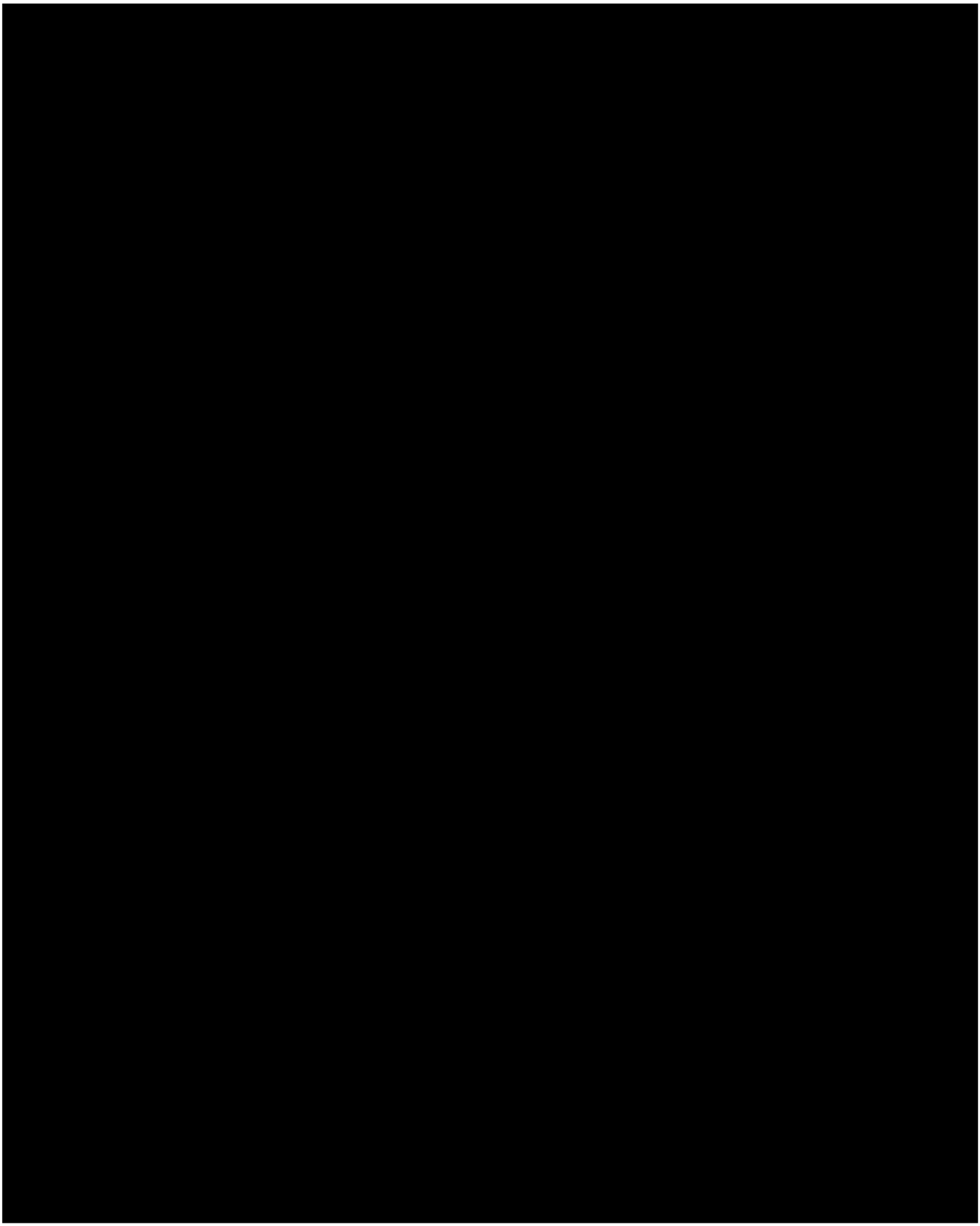
Yellow: Property Room

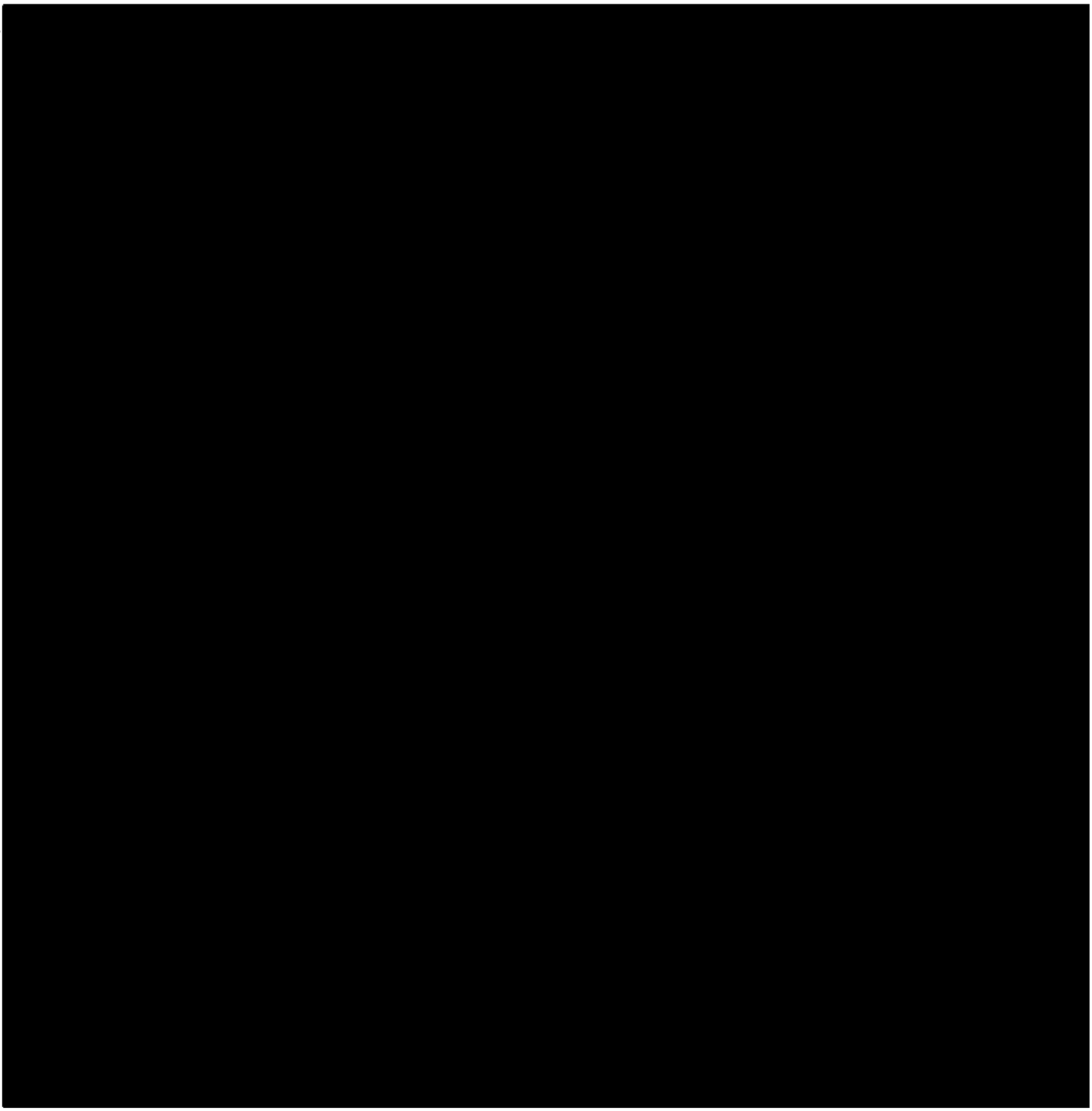
FORM #: INM.008

REVISED 09/01/2023

DEPARTMENT OF HOMELAND SECURITY

IMMIGRATION DETAINER - NOTICE OF ACTION





[redacted]

PREPARED BY COURT

State of New Jersey,

v.

Martin A Soto-Hernandez,
Defendant.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: CRIMINAL PART
HUDSON COUNTY

Complaint #: W-2026-000081-0907

Criminal Action

PRETRIAL RELEASE ORDER

FINDINGS FOR PRETRIAL RELEASE:

THE COURT FINDS that releasing the defendant on personal recognizance or on an execution of an unsecured appearance bond is sufficient to reasonably assure the defendant's appearance in court when required, the protection of the safety of any other person or the community and that the defendant will not obstruct or attempt to obstruct the criminal justice process and therefore is **ORDERING THE DEFENDANT RELEASED SUBJECT TO PERSONAL RECOGNIZANCE.**

FURTHER, AS PER REASONS SET FORTH ON THE RECORD, THE DEFENDANT IS RELEASED ON OWN RECOGNIZANCE/NVC.

State v. Martin A Soto-Hernandez W-2026-000081-0907

CONDITIONS OF RELEASE

IT IS ORDERED, on this date, February 02, 2026, that the defendant be released on personal recognizance.

FURTHER, the court ORDERS that the defendant:

- shall appear for all scheduled court proceedings.
- shall immediately notify Pretrial Services of any change of address, telephone number or other contact information.
- shall not commit any offense during the period of release.
- shall avoid all contact with an alleged victim of the offense.
    - A violation of this no contact condition shall result in one or more of the penalties and consequences listed on this release order under the Notice to the Defendant. If you are also subject to an existing domestic violence restraining order (temporary or final) from the Family Part, a violation of a no contact provision or any other provisions of that domestic violence restraining order, may constitute either civil or criminal contempt and may result in your arrest, prosecution, and possible incarceration, as well as an imposition of a fine or jail sentence.

State v. Martin A Soto-Hernandez W-2026-000081-0907

NOTICE TO THE DEFENDANT

FURTHER, the following shall serve as NOTICE of additional responsibilities of the defendant while on pretrial release, and the PENALTIES for noncompliance:

- You must notify the court immediately in writing if you are detained in jail or prison or otherwise cannot appear at a court proceeding.
- You must provide Pretrial Services with a valid cellular phone number or email address, to which you have access, to receive reminders for your scheduled court appearances.
- If you fail to appear at a court proceeding and are arrested in another state or jurisdiction, you agree to waive all rights to extradition proceedings under the New Jersey statutes and the demanding state's or jurisdiction's statutes in regard to extradition law.
- Failure to appear, failing to report to Pretrial Services or Probation as ordered, violation of any condition(s) of release or a restraining order or the commission of a new offense shall result in one or more of the following penalties and consequences:
    - Issuance of a warrant for your arrest,
    - Increasingly restrictive conditions,
    - A revocation of your release,
    - Forfeiture of any monetary bail,
    - Possible detention.

State v. Martin A Soto-Hernandez W-2026-000081-0907

NEXT COURT DATE:

You are hereby ORDERED to return to court on 03/19/2026, at 09:00 AM, at KEARNY TOWN - KEARNY-404 KEARNY AVENUE, KEARNY NJ 07032

PRETRIAL MONITORING DETAILS:

You are hereby ORDERED to report to Pretrial Services at HUDSON COUNTY SUPERIOR COURT, ROOM 711 595 NEWARK AVE., ROOM 711, JERSEY CITY NJ 07306. You will receive a notice of your appointment from Pretrial Services.

Date:02/02/2026 /s/ JUDGE RAMY A EID

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0907	W	2026	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

KEARNY MUNICIPAL COURT
404 KEARNY AVENUE
KEARNY NJ 07032-0000
201-955-7410 COUNTY OF: HUDSON

THE STATE OF NEW JERSEY
VS.
MARTIN A SOTO-HERNANDEZ

ADDRESS: [redacted]
KEARNY NJ 07032-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		26-04570

COMPLAINANT NAME: DEAGLAN WALSH
237 LAUREL AVENUE
ATTN: RECORD BUREAU
KEARNY NJ 07032

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: [redacted]1995
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: SBI #: [redacted]
TELEPHONE #: 201-273-7506 (C)
LIVESCAN PCN #: 090703009656

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 02/01/2026 in KEARNY TOWN, HUDSON County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT DID COMMIT SIMPLE ASSAULT BY PURPOSELY CAUSING BODILY INJURY TO [redacted] SPECIFICALLY BY USING HIS [redacted]

in violation of:

Original Charge	1) 2C:12-1A(1)	2)	3)
AmendedCharge			

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: DEAGLAN WALSH Date: 02/01/2026

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of HUDSON
at the following address: HUDSON COUNTY COURT
ADMINISTRATION BUILDING 595 NEWARK AVENUE JERSEY CITY NJ 07306-0000
Date of Arrest: 02/01/2026 Appearance Date: Time: Phone: 201-795-6000

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. ANAMARIA MATOS JUDICIAL OFFICER 02/01/2026
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)

COMPLAINT NUMBER				STATE V.
0907	W	2026	000081	MARTIN A SOTO-HERNANDEZ
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

FTA Bail Information	Date Bail Set:	Amount Bail Set: $_____ by:_____	☐ 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:	☐ 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:12-1A(1)	2)	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
9 - No Bill
C - Conditional Dismissal
D - Dismissed - Prosecutor Discretion
F - Disposed At Family Court
M - Dismissed - Mediation
P - Dismissed - Plea Agreement
R - Disposed in Remand Court
S - Disposed at Superior
V - Veteran Diversionary Program
W - Dismissed - False ID

JUDGE'S SIGNATURE _____ DATE _____

COMPLAINT - WARRANT

COMPLAINT NUMBER			
0907	W	2026	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

KEARNY MUNICIPAL COURT
404 KEARNY AVENUE
KEARNY NJ 07032-0000
201-955-7410 COUNTY OF: HUDSON

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		26-04570

COMPLAINANT
NAME: DEAGLAN WALSH

THE STATE OF NEW JERSEY
VS.
MARTIN A SOTO-HERNANDEZ

ADDRESS: 169 BEECH STREET
KEARNY NJ 07032-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: [redacted]1995
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: SBI #: 361580J
TELEPHONE #: 201-273-7506 (C)
LIVESCAN PCN #: 090703009656

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 02/01/2026 in KEARNY TOWN, HUDSON County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT, THE DEFENDANT DID COMMIT SIMPLE ASSAULT BY PURPOSELY CAUSING BODILY INJURY [redacted] SPECIFICALLY BY USING HIS [redacted]
MS. SOTO'S MOUTH SO SHE COULD NOT SCREAM FOR HELP.

in violation of:

Original Charge	1) 2C:12-1A(1)	2)	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: DEAGLAN WALSH Date: 02/01/2026

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of HUDSON
at the following address: HUDSON COUNTY COURT
ADMINISTRATION BUILDING 595 NEWARK AVENUE JERSEY CITY NJ 07306-0000
Date of Arrest: 02/01/2026 Appearance Date: Time: Phone: 201-795-6000

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. ANAMARIA MATOS JUDICIAL OFFICER 02/01/2026
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):

COMPLAINT - WARRANT (DEFENDANT'S COPY)

COMMITMENT

COMPLAINT NUMBER			
0907	W	2026	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

KEARNY MUNICIPAL COURT
404 KEARNY AVENUE
KEARNY NJ 07032-0000
201-955-7410 COUNTY OF: HUDSON

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		26-04570

COMPLAINANT NAME: DEAGLAN WALSH
237 LAUREL AVENUE
ATTN: RECORD BUREAU
KEARNY NJ 07032

THE STATE OF NEW JERSEY
VS.
MARTIN A SOTO-HERNANDEZ

ADDRESS: 169 BEECH STREET
KEARNY NJ 07032-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: [redacted]1995
DRIVER'S LIC. #: DL STATE:
SOCIAL SECURITY #: SBI #: [redacted]
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 090703009656

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.	2C:12-1A(1)			D	SIMPLE ASSAULT-
2.					
3.					
4.					

Commitment Reason: Criminal Justice Reform

You will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of HUDSON
at the following address: HUDSON COUNTY COURT
ADMINISTRATION BUILDING 595 NEWARK AVENUE JERSEY CITY NJ 07306-0000

Date of Arrest: 02/01/2026 Phone: 201-795-6000

ANAMARIA MATOS JUDICIAL OFFICER 02/01/2026

Signature and Title of Judicial Officer Issuing Warrant Date

Affidavit of Probable Cause

COMPLAINT NUMBER			
0907	W	2026	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

KEARNY MUNICIPAL COURT
404 KEARNY AVENUE
KEARNY NJ 07032-0000
201-955-7410 COUNTY OF: HUDSON

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		26-04570

COMPLAINANT NAME: DEAGLAN WALSH
237 LAUREL AVENUE
ATTN: RECORD BUREAU
KEARNY NJ 07032

THE STATE OF NEW JERSEY
VS.
MARTIN A SOTO-HERNANDEZ

ADDRESS: 169 BEECH STREET
KEARNY NJ 07032-0000

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: [redacted]/1995
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: SBI #: 361580J
TELEPHONE #: 201-273-7506 (C)
LIVESCAN PCN #: 090703009656

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 Sunday 02/01/2026, at approximately 0205 hours, Officer Carlos and I, Officer Walsh responded to [redacted] to investigate a report of domestic violence. Upon arrival officers met with the victim, [redacted] and the defendant, Mr. Soto, who had been involved in a [redacted] The victim stated that the defendant had [redacted] The victim's father, Mr. Gabriel Osores entered the room and [redacted] The defendant tried to push Mr. Osores off of him, Mr. Osores then told the defendant he must leave the house. The victim then contacted the police, while on the phone the defendant [redacted] causing Mr. Osores to pull him away. The defendant was then placed under arrest. The defendant was transported to Kearny Police Headquarters to be processed and fingerprinted.

Affidavit of Probable Cause

COMPLAINT NUMBER			
0907	W	2026	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
MARTIN A SOTO-HERNANDEZ

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

I am aware of the facts above because of the statements given to officers on scene and observations of the victim's injuries.

3. If victim was injured, provide the extent of the injury:

[redacted]

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: DEAGLAN WALSH LAW ENFORCEMENT OFFICER Date: 02/01/2026

Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER			
0907	W	2026	000081
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

THE STATE OF NEW JERSEY
VS.
MARTIN A SOTO-HERNANDEZ

KEARNY MUNICIPAL COURT
404 KEARNY AVENUE
KEARNY NJ 07032-0000
201-955-7410 COUNTY OF: HUDSON

ADDRESS: [redacted]
KEARNY NJ 07032-0000

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		26-04570

COMPLAINANT NAME: DEAGLAN WALSH
237 LAUREL AVENUE
ATTN: RECORD BUREAU
KEARNY NJ 07032

DEFENDANT INFORMATION
SEX: M EYE COLOR: BROWN DOB: [redacted]/1995
DRIVER'S LIC. #: DL STATE:
SOCIAL SECURITY #: SBI #: [redacted]
TELEPHONE #: [redacted] (C)
LIVESCAN PCN #: 090703009656

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 offense Involved domestic violence.
•DVCR was checked.

[redacted]

-The charge was based on the observations/statements made by an eyewitness(es).
•The witness statement(s) were recorded via:
*Body-Worn Camera

-The defendant was known to the victim as:
[redacted]

[redacted]

-Child(ren) were present at the time of the offense and:
•Other/Explain Children were in the room

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: DEAGLAN WALSH LAW ENFORCEMENT OFFICER Date: 02/01/2026

QWA SOTO HERNANDEZ, MARTIN 19950426 7R8V3606E M (2031404009) 2/2/2026 16:30:40

```
MNE-HDR: 25525
    MKE: QWA
    ORI: NJ009013C
    NAM: SOTO HERNANDEZ, MARTIN
    DOB: 1995[redacted]
    SEX: M
    FBI: [redacted]
    IND: Y
```

RESP NCIC(QWA) (2031404009) 2/2/2026 16:30:40

NO NCIC WANT FBI/7R8V3606E

```
1L0100000NJ09BYGUW7
NJ009013C

NO NCIC WANT FBI/[redacted]
NO NCIC WANT NAM/S0T0 HERNANDEZ, MARTIN D0B/1995[redacted]SEX/M
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
```

HUDSON COUNTY DEPARTMENT CORRECTIONS
& REHABILITATION

Name: SOTOHERNANDEZ, MARTIN A

Booking #: 386158
FBI #: [redacted]
State ID:
Book Date: 02/01/2026 09:44
Birth Date: [redacted]995
Hair Color: BLACK

Sex: Male
Height: 5'5
Weight: 135
Age: 30
Eye Color: BROWN

Keep Separates: No Enemies on File

HUDSON COUNTY DEPARTMENT CORRECTIONS
& REHABILITATION

116

Name: SOTOHERNANDEZ, MARTIN A

Booking #: 386158
FBI #: [redacted]
State ID: [redacted]
Book Date: 02/01/2026 09:44
Birth Date: [redacted]1995
Hair Color: BLACK

Sex: Male
Height: 5'5
Weight: 135
Age: 30
Eye Color: BROWN

Keep Separates: No Enemies on File