

# OFFICE OF THE COUNTY PROSECUTOR JENNIFER WEBB-MCRAE CUMBERLAND COUNTY PROSECUTOR

Harold B. Shapiro First Assistant Prosecutor

Mach Jackson Chief of Investigators

115 Vine Street Bridgeton, New Jersey 08302 Telephone (856)453-0486 Fax (856)451-1507

November 3, 2023

FOR IMMEDIATE RELEASE

# PRESS RELEASE

### STATE V. GIOVANNI A. IMPELLIZZERI

Prosecutor Jennifer Webb-McRae announces:

On 10/31/23, as a result of an investigation by the New Jersey State Police, Bridgeton Barracks, Giovanni Impellizzari (photograph below), age 25, of East Chestnut Ave., Vineland was arrested and charged with the following: Aggravated Assault (3<sup>rd</sup> degree), Tampering with Food Products (2 Counts, 3<sup>rd</sup> degree), Endangering the Welfare of a Child (3<sup>rd</sup> degree) and Attempted Endangering the Welfare of a Child (3<sup>rd</sup> degree). On 11/2/23, an additional charge of Official Misconduct (2<sup>nd</sup> degree) was authorized by the Court. The defendant is currently lodged in the Cumberland County Jail pending a detention hearing that has been filed by the State.

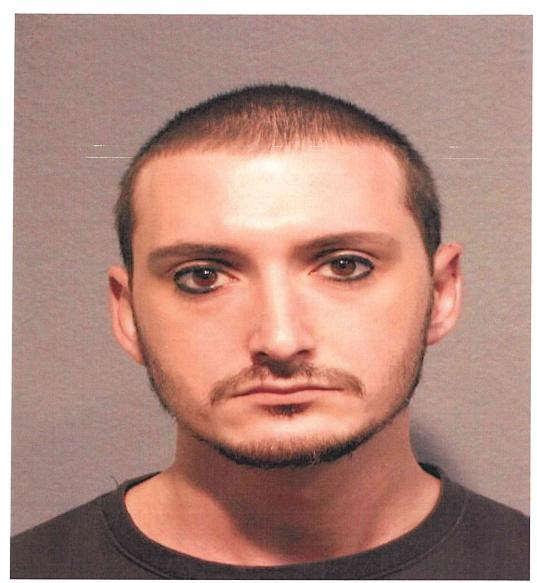
This arrest is related to alleged conduct committed by the defendant while employed as a custodian at the Elizabeth Moore School located in Upper Deerfield Township.

On 10/30/23, the NJSP was contacted by school authorities who had received multiple anonymous tips in reference to posts listed on a social media platform. Authorities retrieved multiple screenshots and video postings of defendant in a school setting performing sexual acts with inanimate objects at the school. The defendant is alleged to have tampered with or otherwise contaminated food products and utensils located within the school cafeteria with bleach and personal bodily fluids (including saliva, urine and feces) that were allegedly offered for consumption to school students and/or staff. The defendant is further alleged to have subjected items located at another area within the school to personal bodily fluids. During the investigation, NJSP Detectives recovered items matching or resembling items that were depicted in the videos.

Authorities have confirmed that the underlying conduct occurred while the defendant was engaged in employment activities located within the school during his term of employment. The defendant was employed with the Upper Deerfield Township school district since September of 2019. Authorities are currently attempting to pinpoint whether these alleged acts occurred recently or sometime in the past.

The Upper Deerfield Township School District has fully cooperated with authorities. The school district is working closely with the Cumberland County Department of Health to ensure food preparation, serving utensils and surfaces have been properly sanitized and any food products in question have been discarded. In addition, authorities are taking steps to collect bodily fluid specimens from the defendant to determine if there is any potential for infectious disease transmission to those that consumed food at the school. Once a determination is made, notification and next steps will be provided by the health department to ensure the health and safety of those involved. The CCHD recommends individuals contact their healthcare provider if they suspect any illness.

The investigation remains open and ongoing. Any member of the public with information related to the allegations may contact New Jersey State Police Detective Alex Angerman at 856-451-0101. Members of the public may also submit a tip from any smartphone, tablet or computer to CCPO.TIPS.



GIOVANNI IMPELLIZZERI

| COMPLAINT - WARRANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                           |                                                                                           |                                                           |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|--|--|--|
| COMPLAINT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                           | THE STATE OF NEW JERSEY                                                                   |                                                           |  |  |  |  |
| 0613 W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2023                         | 000791                    | VS.                                                                                       |                                                           |  |  |  |  |
| COURT CODE PREFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YEAR                         | SEQUENCE NO.              |                                                                                           | NI A IMPELLIZZERI                                         |  |  |  |  |
| CS REGIONAL COU<br>1325 HIGHWAY 77<br>SEABROOK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | 8302-0000                 | ADDRESS EAST C                                                                            | HESTNUT AVENUE                                            |  |  |  |  |
| 856-455-8722 COU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                           | VINELAND C                                                                                | ITY NJ 08360-0000                                         |  |  |  |  |
| # of CHARGES CO-DEFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S POLICE CASE<br>A040230     |                           | DEFENDANT INFORMATION<br>SEX: <b>M</b> EYE COLOR: <b>BF</b>                               | ROWN DOB: 12/1997                                         |  |  |  |  |
| COMPLAINANT A NAME: NEW JERSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | J ANGERMAN<br>Y STATE POLICE |                           | DRIVER'S LIC. #. DL STATE: NJ SOCIAL SECURITY #: SBI #: 915166G TELEPHONE #: 406101025797 |                                                           |  |  |  |  |
| 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 10/30/2023 in UPPER DEERFIELD TWP , CUMBERLAND County,NJ did: WITHIN THE JURISDICTION OF THIS COURT, ENGAGE IN OFFICIAL MISCONDUCT AS A PUBLIC SERVANT BY COMMITTING AN ACT RELATED TO HIS OFFICE BUT CONSTITUTING AN UNAUTHORIZED EXERCISE OF HIS OFFICIAL FUNCTIONS WITH PURPOSE TO INJURE ANOTHER PERSON, KNOWING THAT SUCH ACT WAS UNAUTHORIZED, SPECIFICALLY BY SPRAYING BLEACH INTO A CONTAINER OF CUCUMBERS, THAT WERE LIKELY TO HAVE BEEN SERVED TO CHILDREN AT HIS PLACE OF EMPLOYMENT (SCHOOL), WITH THE INTENTION OF HARMING THE CHILDREN. ALSO WIPING HIS ANUS, PENIS, AND TESTICLES, AND SPITTING SALIVA ON KITCHEN UTENSILS, AND BREAD WHICH WAS LIKELY USED TO PREPARE FOOD AND SERVED TO CHILDREN AT HIS PLACE OF EMPLOYMENT (SCHOOL).  IN VIOLATION OF N.J.S. 2C:30-2A (A SECOND DEGREE CRIME). |                              |                           |                                                                                           |                                                           |  |  |  |  |
| in violation of: Original Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1) 2C:30-22                  | A                         | 2)                                                                                        | 3)                                                        |  |  |  |  |
| AmendedCharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                           |                                                                                           |                                                           |  |  |  |  |
| CERTIFICATION: I certify that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | foregoing statements r       | nade by me are true. I am | aware that if any of the foregoing                                                        | g statements made by me are willfully false, I am subject |  |  |  |  |
| to punishment.<br>Signed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | A J ANGERMA               | N                                                                                         | Date: 11/02/2023                                          |  |  |  |  |
| ou will be notified of your Central First Appearance/CJP date to be held at the Superior Court in the county of CUMBERLAND at the following address: CUMBERLAND CRIMINAL DIV  O WEST BROAD STREET  Date of Arrest: 10/31/2023 Appearance Date: Time: Phone: 856-878-5050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                           |                                                                                           |                                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PROBABLE C                   | AUSE DETERMIN             | ATION AND ISSUANCE                                                                        | OF WARRANT                                                |  |  |  |  |
| Probable cause IS NOT found for the issuance of this complaint.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                           |                                                                                           |                                                           |  |  |  |  |
| Signature of Court Administrator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or Deputy Court Admini       | strator Date              | Signature of                                                                              | f Judge Date                                              |  |  |  |  |
| Probable cause IS found for the issuance of this complaint. LAUREN VANEMBDEN JUDICIAL OFFICER 11/02/2023  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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                           |                                                                                           |                                                           |  |  |  |  |
| □ Domestic Violence -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Confidential               |                           | elated Traffic Tickets<br>Other Complaints                                                | ☐ Serious Personal Injury/ Death Involved                 |  |  |  |  |
| Special conditions of re  ☐ No phone, mail or of ☐ No possession firea ☐ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ther personal co             | ntact w/victim            |                                                                                           | ORIGINAL                                                  |  |  |  |  |

#### **Affidavit of Probable Cause COMPLAINT NUMBER** THE STATE OF NEW JERSEY 0613 000791 2023 VS. COURT CODE PREFIX YEAR SEQUENCE NO. GIOVANNI A IMPELLIZZERI ADDRESS: 729 EAST CHESTNUT AVENUE APT 7B CS REGIONAL COURT 1325 HIGHWAY 77 08302-0000 SEABROOK NJ NJ 08360-0000 856-455-8722 COUNTY OF: CUMBERLAND VINELAND CITY POLICE CASE #: DEFENDANT INFORMATION # of CHARGES CO-DEFTS DOB: 12/09/1997 A040230037 SEX: M EYE COLOR: BROWN DRIVER'S LIC. #. 158272906112972 COMPLAINANT A DL STATE: NJ J ANGERMAN NAME: NEW JERSEY STATE POLICE SOCIAL SECURITY #: xxx-xx-x013 SBI#: 915166G TELEPHONE #: 609-579-0209 (C) LIVESCAN PCN #: 406101025797

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 (1) the offense(s) was committed <u>and</u> (2) the defendant is the one who committed it: On 10/30/2023 the Elizabeth F. Moore School received multiple anonymous tips in reference to alarming posts seen on the telephone encrypted texting application "Telegram". The anonymous reporting parties stated that an individual, identified as Giovanni Impellizzeri, who claimed to work at the Upper Deerfield Township Public School district, was posting extremely disturbing video's of himself while at work. The reporting party stated that while on Telegram group thread, he observed Giovanni Impellizzeri texting and posting videos of himself at what appeared to be a school setting, performing sexual acts with items from the school, as well as doing things that would endanger the well-being of the students at the school. The anonymous reporting party further advised that he saved multiple videos and posts that Giovanni Impellizzeri posted to Telegram. These saved post were obtained from the reporting party and reviewed. Upon review of the post and videos, various videos of Giovanni Impellizzeri were located in which he utilized various utensils and items from the school to wipe his penis, testicles, and anus. Giovanni Impellizzeri was seen masturbating and urinating on pillows and kitchen bowls. Video showed Giovanni Impellizzeri spraying bleach into a container of cucumbers, that was later served to children at the school, with the intention of harming the students. Video showed Giovanni Impellizzeri utilized multiple pieces of bread to wipe his penis, testicles, and anus, as well as spitting on the bread, before putting the bread back into the container to be later served to children at the school. It was confirmed that Giovanni Impellizzeri was employed by the Upper Deerfield Township Board of Education as a

custodian, since September 1, 2019.

**Affidavit of Probable Cause** 

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1/1/2017

| COMPLAINT - WARRANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                               |                |                                          |  |
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| COME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLAINT NUMBER                                                                                                 | 0.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TI                               | IE STATE                      | $OE^{\lambda}$ | IEW JERSEY                               |  |
| 0613 W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2023                                                                                                          | 000785                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | IL STATE                      |                | EW JEROEI                                |  |
| COURT CODE PREFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | SEQUENCE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | GTOVANNT                      | VS.            | PELLIZZERI                               |  |
| CS REGIONAL COU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ADDRESS :                        |                               |                |                                          |  |
| 1325 HIGHWAY 77<br>SEABROOK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N.T.O                                                                                                         | 8302-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | EAST CHES                     | TNUT           | AVENUE APT 73                            |  |
| 856-455-8722 <sub>CO</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | The Control of the Co | VINE                             | LAND CITY                     | •              | NJ 08360-0000                            |  |
| # of CHARGES CO-DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               | #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DEFENDANT INFO                   |                               |                | DOB: 12/1997                             |  |
| COMPLAINANT A NAME: NEW JERS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DRIVER'S LIC. #. DL STATE: NJ SOCIAL SECURITY #: SBI #: 915166G TELEPHONE #: (C) LIVESCAN PCN #: 406101025797 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                               |                |                                          |  |
| 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 10/30/2023 in UPPER DEERFIELD TWP, CUMBERLAND County,NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT AGGRAVATED ASSAULT BY ATTEMPTING TO CAUSE SIGNIFICANT BODILY INJURY TO MULTIPLE CHILDREN, SPECIFICALLY NY SPRAYING BLEACH INTO A CONTAINER OF CUCUMBERS, THAT WAS LATER SERVED TO CHILDEN AT HIS PLACE OF EMPLOYMENT, WITH THE INTENTION OF HARMING THE CHILDREN.  IN VIOLATION OF N.J.S. 2C:12-1B(7) (A THIRD DEGREE CRIME).  WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TAMPER WITH A FOOD PRODUCT (CUCUMBERS), SPECIFICALLY BY SPRAYING BLEACH INTO A CONTAINER OF CUCUMBERS.  IN VIOLATION OF N.J.S. 2C:40-17A (A THIRD DEGREE CRIME).  WITHIN THE JURISDICTION OF THIS COURT, CAUSE MULTIPLE CHILDREN HARM THEREBY MAKING THOSE CHILDREN AN ABUSED OR NEGLECTED CHILD AS DEFINED IN CHAPTER 6 OF in violation of: |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                               |                |                                          |  |
| Original Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1) 2C:12-1I                                                                                                   | 3 (7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2) 2C:4                          | 10-17A                        |                | 3) 2C:24-4A(2)                           |  |
| AmendedCharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                               |                |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e foregoing statements r                                                                                      | nade by me are true. I a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | am aware that if any o           | f the foregoing state         | ements ma      | de by me are willfully false, I am subje |  |
| to punishment.<br>Signed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | A J ANGERM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IAN                              |                               |                | Date: 10/31/2023                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                               |                | 2000-200-200                             |  |
| You will be notified of your Cer<br>at the following address: CUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | be neid at the Supe              | erior Court                   | in the co      | unty of CUMBERLAND                       |  |
| 60 WEST BROAD STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VIDEREAL OF CHIMINA                                                                                           | LBIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                               | DGETON         | NJ 08302-0000                            |  |
| Date of Arrest: 10/31/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2023 Appearance                                                                                               | e Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Time:                            | PI                            | hone: 8        | 56-878-5050                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PROBABLE C                                                                                                    | AUSE DETERM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INATION AND I                    | SSUANCE OF                    | WARR           | ANT                                      |  |
| 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. LAUREN VANEMBDEN JUDICIAL OFFICER  Signature and Title of Judicial Officer Issuing Warrant  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<br>or Other Comp | Tickets [                     |                | ious Personal Injury/ Death<br>Involved  |  |
| Special conditions of release:  No phone, mail or other personal contact w/victim No possession firearms/weapons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                               | OF             | RIGINAL                                  |  |
| Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | Page 1 of 10 NJ/CDR2 1/1/2017 |                |                                          |  |

## **COMPLAINT - WARRANT**

 COMPLAINT NUMBER

 0613
 W
 2023
 000785

 COURT CODE
 PREFIX
 YEAR
 SEQUENCE NO.

STATE V.

GIOVANNI A IMPELLIZZERI

TITLE 9 OF THE NEW JERSEY STATUTES, SPECIFICALLY BY WIPING HIS ANUS, PENIS, AND TESTICLES, AND SPITTING SALIVA ON UTENSILS UTLIZED TO SERVE FOOD TO CHILDREN AT HIS PLACE OF EMPLOYMENT. AS WELL AS WIPING HIS ANUS, PENIS, AND TESTICLES, AND SPITTING SALIVA ON BREAD WHICH WAS LATER SERVED TO CHILDREN AT HIS PLACE OF EMPLOYMENT, AS WELL AS SPRAYING BLEACH INTO A CONTAINER OF CUCUMBERS, THAT WERE LATER SERVED TO STUDENTS AT HIS PLACE OF EMPLOYMENT, WITH THE INTENTION OF HARMING THE STUDENTS.

IN VIOLATION OF N.J.S. 2C:24-4A(2) (A THIRD DEGREE CRIME).

WITHIN THE JURISDICTION OF THIS COURT, ATTEMPT TO COMMIT THE CRIME OF ENDANGERING THE WELFARE OF CHILDREN, BY PURPOSELY ENGAGING IN CONDUCT WHICH WOULD CONSTITUTE THE CRIME IF THE ATTTENDANT CIRCUMSTANCES WERE AS A REASONABLE PERSON WOULD BELIEVE THEM TO BE, SPECIFICALLY BY WIPING HIS ANUS, PENIS, AND TESTICLES, AND SPITTING SALIVA ON UTENSILS UTLIZED TO SERVE FOOD TO CHILDREN AT HIS PLACE OF EMPLOYMENT. AS WELL AS WIPING HIS ANUS, PENIS, AND TESTICLES, AND SPITTING SALIVA ON BREAD WHICH WAS LATER SERVED TO CHILDREN AT HIS PLACE OF EMPLOYMENT, AS WELL AS SPRAYING BLEACH INTO A CONTAINER OF CUCUMBERS, THAT WERE LATER SERVED TO STUDENTS AT HIS PLACE OF EMPLOYMENT, WITH THE INTENTION OF HARMING THE STUDENTS.

IN VIOLATION OF N.J.S. 2C:5-1A(1) (A THIRD DEGREE CRIME).

WITHIN THE JURISDICTION OF THIS COURT, KNOWINGLY TAMPER WITH A FOOD PRODUCT, SPECIFICALLY BY WIPING HIS ANUS, PENIS, AND TESTICLES, AND SPITTING SALIVA ON BREAD WHICH WAS LATER SERVED TO CHILDREN AT HIS PLACE OF EMPLOYMENT.

IN VIOLATION OF N.J.S. 2C:40-17A (A THIRD DEGREE CRIME).

| Original Charge | 4) 2C:5-1A(1)<br>2C:24-4A(2) | 5) 2C:40-17A |  |
|-----------------|------------------------------|--------------|--|
| Amended Charge  |                              |              |  |

**COMPLAINT - WARRANT** 

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#### **Affidavit of Probable Cause COMPLAINT NUMBER** THE STATE OF NEW JERSEY 0613 W 2023 000785 VS. COURT CODE SEQUENCE NO. PRFFIX YEAR GIOVANNI A IMPELLIZZERI CS REGIONAL COURT ADDRESS: 729 EAST CHESTNUT AVENUE APT 7B 1325 HIGHWAY 77 **SEABROOK** NJ 08302-0000 COUNTY OF: CUMBERLAND 856-455-8722 VINELAND CITY NJ 08360-0000 # of CHARGES 5 POLICE CASE #: CO-DEFTS DEFENDANT INFORMATION A040230037 SEX: M EYE COLOR: BROWN DOB: 12/09/1997 DRIVER'S LIC. #. 158272906112972 COMPLAINANT A DL STATE: NJ J ANGERMAN SBI#: 915166G NAME: NEW JERSEY STATE POLICE SOCIAL SECURITY #: xxx-xx-x013 TELEPHONE #: 609-579-0209 (C) LIVESCAN PCN #: 406101025797

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 <u>and</u> (2) the defendant is the one who committed it:

On 10/30/2023 the Elizabeth F. Moore School received multiple anonymous tips in reference to alarming posts seen on the telephone encrypted texting application "Telegram". The anonymous reporting parties stated that an individual, identified as Giovanni Impellizzeri, who claimed to work at the Upper Deerfield Township Public School district, was posting extremely disturbing video's of himself while at work. The reporting party stated that while on Telegram group thread, he observed Giovanni Impellizzeri texting and posting videos of himself at what appeared to be a school setting, performing sexual acts with items from the school, as well as doing things that would endanger the well-being of the students at the school. The anonymous reporting party further advised that he saved multiple videos and posts that Giovanni Impellizzeri posted to Telegram. These saved post were obtained from the reporting party and reviewed. Upon review of the post and videos, various videos of Giovanni Impellizzeri were located in which he utilized various utensils and items from the school to wipe his penis, testicles, and anus. Giovanni Impellizzeri was seen masturbating and urinating on pillows and kitchen bowls. Video showed Giovanni Impellizzeri spraying bleach into a container of cucumbers, that was later served to children at the school, with the intention of harming the students. Video showed Giovanni Impellizzeri utilized multiple pieces of bread to wipe his penis, testicles, and anus, as well as spitting on the bread, before putting the bread back into the container to be later served to children at the school.

**Affidavit of Probable Cause** 

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1/1/2017