

**COMPLAINT - SUMMONS**

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i>	
<b>1712</b>	<b>S</b>	<b>2021</b>	<b>000327</b>		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.		
SALEM CITY MUNICIPAL COURT 129 WEST BROADWAY SALEM NJ 08079-0000 856-935-1734 COUNTY OF: SALEM					
# of CHARGES 3	CO-DEFTS	POLICE CASE #: I340202101		DEFENDANT INFORMATION	
COMPLAINANT NAME: <b>M D CRESCI</b> <b>NEW JERSEY STATE POLICE</b>			SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: [REDACTED]		DL STATE:
			DRIVER'S LIC. #:		SBI #: [REDACTED]
			SOCIAL SECURITY #:		( )
			TELEPHONE #:		
			LIVESCAN PCN #:		[REDACTED]

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 10/08/2021 in SALEM CITY, SALEM County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT HEROIN. THIS BEING IN VIOLATION OF N.J.S. 2C:35-10A(1). A CRIME OF THE THIRD DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT HEROIN WITH THE INTENT OF DISTRIBUTING HEROIN. THIS BEING IN VIOLATION OF N.J.S. 2C:35-5B(3). A CRIME OF THE THIRD DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID HAVE A BLACK CR DIGITAL SCALE, MODEL NUMBER JDS-J100B. THIS BEING IN VIOLATION OF N.J.S. 2C:36-2. A DISORDERLY PERSONS OFFENSE.

**in violation of:**

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3) 2C:36-2A
Amended Charge			

**CERTIFICATION:**

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: M D CRESCI Date: 10/08/2021

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

**SUMMONS**

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: SALEM at the following address: SALEM COUNTY COURT  
92 MARKET STREET SALEM NJ 08079-0000  
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.  
Date of Arrest: 10/08/2021 Appearance Date: 10/21/2021 Time: 09:00AM Phone: 856-878-5050  
Signature of Person Issuing Summons: M D CRESCI Date: 10/08/2021

 Domestic Violence – Confidential

 Related Traffic Tickets or Other Complaints

 Serious Personal Injury/ Death Involved
**Special conditions of release:**

- No phone, mail or other personal contact w/victim  
 No possession firearms/weapons  
 Other (specify):

**ORIGINAL**

# COMPLAINT – SUMMONS (Court Action)

<b>COMPLAINT NUMBER</b>				<b>STATE V.</b>
<b>1712</b>	<b>S</b>	<b>2021</b>	<b>000327</b>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

**JAMES E BOOKER**

<b>FTA Bail Information</b>		Date Bail Set: _____	Amount Bail Set: \$ _____ by: _____	<input type="checkbox"/> Bail Recog. Attached
Released on Bail	R.O.R.	Committed Default	Committed w/o Bail	Date Referred to County Prosecutor: _____
Place Committed: _____				Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Appearance: <b>10/21/2021</b>		<input type="checkbox"/> Advised of Rights by _____		

Prosecuting Attorney Information				Defense Counsel Information					
<b>Name:</b>				<b>Name:</b>					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3) 2C:36-2A
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: _____ Date: _____	Plea: _____ Date: _____	Plea: _____ Date: _____
Adjudication (* see code)	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____
Jail Term	Jail time credit _____ Susp. Imp _____	Jail time credit _____ Susp. Imp _____	Jail time credit _____ Susp. Imp _____
Probation Term	Susp. Imp _____	Susp. Imp _____	Susp. Imp _____
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: _____ Costs: _____	Fines: _____ Costs: _____	Fines: _____ Costs: _____
VCCB/SNSF	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____
DEDR/Lab Fee	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____
CD Fee/Drug Ed Fnd	CD: _____ DAEF: _____	CD: _____ DAEF: _____	CD: _____ DAEF: _____
DV Surch/Other Fees	DV: _____ Other: _____	DV: _____ Other: _____	DV: _____ Other: _____
Restitution	Beneficiary: _____		

<p><b>Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:</b></p>   <p><b>Related Traffic Tickets and Complaints:</b></p>	<p style="text-align: center;"><b>* Finding Codes</b></p> <p>1 – Guilty                  2 – Not Guilty                  3 – Dismissed – Other                  4 – Guilty but Merged                  5 – Dismissed-Rule                  6 – Dismissed Lack of Prosecution                  7 – Dismissed – Pros Motion/Vic Req                  8 – Conditional Discharge                  D – Dismissed- Prosecutor Discretion                  M – Dismissed- Mediation                  P – Dismissed-Plea Agreement                  S – Disposed at Superior                  W – Dismissed-False ID</p>
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# COMPLAINT - SUMMONS (DEFENDANT'S COPY)

COMPLAINT NUMBER

**1712 S 2021 000327**

COURT CODE PREFIX YEAR SEQUENCE NO.

SALEM CITY MUNICIPAL COURT  
129 WEST BROADWAY  
SALEM NJ 08079-0000  
856-935-1734 COUNTY OF: SALEM

*THE STATE OF NEW JERSEY*

*VS.*

**JAMES E BOOKER**

ADDRESS [REDACTED]

# of CHARGES: 3 CO-DEFTS: POLICE CASE #: I340202101

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

COMPLAINANT NAME: M D CRESCI

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 10/08/2021 in SALEM CITY, SALEM County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT HEROIN. THIS BEING IN VIOLATION OF N.J.S. 2C:35-10A(1). A CRIME OF THE THIRD DEGREE.

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**in violation of:**

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3) 2C:36-2A
Amended Charge			

**CERTIFICATION:**

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

Signed: M D CRESCI Date: 10/08/2021

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

**SUMMONS**

YOU ARE HEREBY SUMMONED to appear before the Superior Court in the county of: SALEM  
at the following address: SALEM COUNTY COURT  
92 MARKET STREET SALEM NJ 08079-0000  
If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.  
Date of Arrest: 10/08/2021 Appearance Date: 10/21/2021 Time: 09:00AM Phone: 856-878-5050  
Signature of Person Issuing Summons: M D CRESCI Date: 10/08/2021

- Domestic Violence – Confidential
- Related Traffic Tickets or Other Complaints
- Serious Personal Injury/ Death Involved

**Special conditions of release:**

- No phone, mail or other personal contact w/victim
- No possession firearms/weapons
- Other (specify):

COMPLAINT - SUMMONS (DEFENDANT'S COPY)

**RETURN OF SERVICE INFORMATION**

<b>COMPLAINT NUMBER</b>				<i>THE STATE OF NEW JERSEY</i> <i>VS.</i> <b>JAMES E BOOKER</b>	
<b>1712</b>	<b>S</b>	<b>2021</b>	<b>000327</b>		
<small>COURT CODE</small>	<small>PREFIX</small>	<small>YEAR</small>	<small>SEQUENCE NO.</small>	ADDRESS: [REDACTED]	
<b>SALEM CITY MUNICIPAL COURT</b> 129 WEST BROADWAY SALEM NJ 08079-0000 856-935-1734 COUNTY OF: SALEM				DEFENDANT INFORMATION SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: [REDACTED] DRIVER'S LIC. # [REDACTED] DL STATE: [REDACTED] SOCIAL SECURITY # [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] ( ) LIVESCAN PCN #: [REDACTED]	
<small># of CHARGES</small> 3	<small>CO-DEFTS</small>	<small>POLICE CASE #:</small> I340202101			
<small>COMPLAINANT M</small> D CRESCI <small>NAME:</small> NEW JERSEY STATE POLICE					

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 10/08/2021 in SALEM CITY, SALEM County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, DID KNOWINGLY POSSESS A CONTROLLED DANGEROUS SUBSTANCE TO WIT HEROIN. THIS BEING IN VIOLATION OF N.J.S. 2C:35-10A(1). A CRIME OF THE THIRD DEGREE.

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**in violation of:**

Original Charge	1) 2C:35-10A(1)	2) 2C:35-5B(3)	3) 2C:36-2A
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Check ✓	<b>Certification by Police Regarding Complaint-Summons</b>
✓	I certify that I served the complaint-summons by delivering a copy to the defendant personally.
	I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age
	I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address. _____ Defendant's last known address
	I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person
	Other manner of service: I certify that I served the complaint-summons in the following manner: _____
	I certify that I was unable to serve the complaint-summons.

Signed: M D CRESCI NEW JERSEY STATE POLICE Date of Action: 10/08/2021  
Name, Title and Department of Officer

**RETURN OF SERVICE  
INFORMATION**

## Affidavit of Probable Cause

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i> VS. <b>JAMES E BOOKER</b>	
<b>1712</b>	<b>S</b>	<b>2021</b>	<b>000327</b>		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	[REDACTED]	
<b>SALEM CITY MUNICIPAL COURT</b> <b>129 WEST BROADWAY</b> <b>SALEM NJ 08079-0000</b> <b>856-935-1734</b> COUNTY OF: <b>SALEM</b>				[REDACTED]	
# of CHARGES 3	CO-DEFTS	POLICE CASE #: I340202101		DEFENDANT INFORMATION	
COMPLAINANT <b>M</b> D CRESCI NAME: <b>NEW JERSEY STATE POLICE</b>			SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: [REDACTED]		DL STATE:
			DRIVER'S LIC. #:		SBI #: [REDACTED]
			SOCIAL SECURITY #:		( )
			TELEPHONE #:		
			LIVESCAN PCN #: [REDACTED]		

Purpose: This Affidavit/Certification is to more fully describe the facts of the alleged offense so that a judge or authorized judicial officer may determine probable cause.

1. Description of relevant facts and circumstances which support probable cause that (1) the offense(s) was committed and (2) the defendant is the one who committed it:  
**ACCUSED FOUND TO BE IN POSSESSION OF CDS HEROIN AND DRUG PARAPHERNALIA AS A RESULT OF AN EXECUTED SEARCH WARRANT.**

Affidavit of Probable Cause

## Affidavit of Probable Cause

COMPLAINT NUMBER			
<b>1712</b>	<b>S</b>	<b>2021</b>	<b>000327</b>
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

**THE STATE OF NEW JERSEY**

VS.

**JAMES E BOOKER**

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

**OBSERVATIONS**

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

**Certification:**

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: M D CRESCI LAW ENFORCEMENT OFFICER

Date: 10/08/2021

**Affidavit of Probable Cause**

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1/1/2017

# Preliminary Law Enforcement Incident Report

COMPLAINT NUMBER				<i>THE STATE OF NEW JERSEY</i>  <i>VS.</i> <b>JAMES E BOOKER</b>			
<b>1712</b>	<b>S</b>	<b>2021</b>	<b>000327</b>			ADDRESS [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.				
<b>SALEM CITY MUNICIPAL COURT</b> 129 WEST BROADWAY SALEM NJ 08079-0000 856-935-1734 COUNTY OF: SALEM				DEFENDANT INFORMATION SEX: <b>M</b> EYE COLOR: <b>BROWN</b> DOB: [REDACTED] DRIVER'S LIC. #. [REDACTED] DL STATE: [REDACTED] SOCIAL SECURITY #: [REDACTED] SBI #: [REDACTED] TELEPHONE #: [REDACTED] ( ) [REDACTED] LIVSCAN PCN #: [REDACTED]			
# of CHARGES	CO-DEFTS	POLICE CASE #:					
3		I340202101					
COMPLAINANT <b>M D CRESCI</b> NAME: <b>NEW JERSEY STATE POLICE</b>							

Purpose: The Preliminary Law Enforcement Incident Report (PLEIR) is intended to document basic information known to the officer at the time of its preparation. It is recognized that additional relevant information will emerge as an investigation continues. The PLEIR shall be in addition to, not in lieu of, any regular police arrest, incident, or investigation reports. Note that the PLEIR is specific to each defendant charged in an investigation.

-Physical evidence was seized/recovered. <b>Select all items that <u>apply</u>:</b>  
 •CDS: <b>Select all items that <u>apply</u>:</b>  
 \*Heroin

**Certification:**

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed:                     M D CRESCI LAW ENFORCEMENT OFFICER                     Date:           10/08/2021          

Preliminary Law Enforcement Incident Report

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7/20/2018