

BOROUGH OF MOUNT JOY POLICE DEPARTMENT

21 EAST MAIN STREET/ MOUNT JOY, PA 17552

24 HOUR DISPATCH 717-664-1180 ADMINISTRATION OFFICE 717-653-1650 FAX 717-653-0052

DAILY PRESS RELEASE: January 25, 2018

Michael E Biechler, 24, of 220 East Donegal Street, Mount Joy, PA, was charged on January 14, 2018 with Disorderly Conduct when the defendant did with the intent to harass, annoy, or alarm another at 220 East Donegal Street, Mount Joy, PA.

Jasmine A Hartman, 31, of 220 East Donegal Street, Mount Joy, PA, was charged on January 14, 2018 with Disorderly Conduct when the defendant did with the intent to harass, annoy, or alarm another at 220 East Donegal Street, Mount Joy, PA.

Patrick Mullikin, 33, of 6070 Bayberry Ave, Manheim PA was charged on January 12, 2018 with Public Drunkenness when the defendant did appear in a public place while visibly intoxicated at the 300 block of West Main Street, Mount Joy, PA.

See attached for copies of Criminal Complaints for additional Arrests.

The information contained in this e-mail, including any attachments, is intended solely for use by the named addressee. If you are not the intended recipient, or a person designated as responsible for delivering such messages to the intended recipient, you are not authorized to disclose, copy, distribute or retain this message, in whole or in part, without written authorization from the Mount Joy Borough Police Department. This e-mail may contain proprietary, confidential or privileged information. If you have received this message in error, please notify the sender immediately. Thank you for your cooperation.

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: LANCASTER



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

Magisterial District Number: 02-3-01
MDJ: Hon. SCOTT E ALBERT
Address: 424 S ANGLE ST, MOUNT JOY PA 17552-2002
Telephone: (717) 653-4575

DEFENDANT:
ALBERTO R ALVAREZ-FERIA
359 DEERFIELD DR
MOUNT JOY TOWNSHIP
MOUNT JOY, PA 17552

(NAME and ADDRESS):

COPY

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Ltd. | <input type="checkbox"/> 6-Felony Pend. Extradition Determ. | <input type="checkbox"/> D-Misdemeanor No Extradition | |
| <input type="checkbox"/> 3-Felony Surrounding States | <input type="checkbox"/> A-Misdemeanor Full | <input type="checkbox"/> E-Misdemeanor Pending | |
| <input type="checkbox"/> 4-Felony No Ext. | <input checked="" type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition Determ. | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint/Incident Number	SID:	Request Lab Services?
	1/12/2018		1712033901		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER	DOB 8/30/1988	POB CUBA	Add'l DOB	Co-Defendant(s) <input type="checkbox"/>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	First Name	Middle Name	Last Name	Gen.	
AKA					
RACE	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown
ETHNICITY	<input checked="" type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unknown		
HAIR COLOR	<input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)	<input type="checkbox"/> PLE (Purple)
	<input checked="" type="checkbox"/> BLK (Black)	<input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> WHI (White)	<input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> GRN (Green)
	<input type="checkbox"/> BLN (Blonde / Strawberry)				
EYE COLOR	<input type="checkbox"/> BLK (Black)	<input type="checkbox"/> BLU (Blue)	<input checked="" type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray)
	<input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> MAR (Maroon)	<input type="checkbox"/> PNK (Pink)	<input type="checkbox"/> MUL (Multicolored)	<input type="checkbox"/> XXX (Unknown)
Driver License	State PA	License Number 32572094	Expires: 8/31/2021	WEIGHT (lbs.)	
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	150		
FBI Number		MNU Number		FT.	HEIGHT
Defendant Fingerprinted	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			5	5
Fingerprint Classification					

DEFENDANT VEHICLE INFORMATION

Plate # KLD3530	State PA	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY) 06/18	Comm'l Veh. Ind. <input type="checkbox"/>	School Vehicle <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def.
VIN KMHTC6AE5GV273239	Year 2016	Make HYUNDAI	Model VELOSTER T	Style SEDAN, 2-DOOR,	Color COPPER		<input checked="" type="checkbox"/>

Office of the Attorney for the Commonwealth Approved Disapproved because:

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, JASON A SMITH (33604) 31251
(Name of the affiant) (PSP/MPOETC - Assigned Affiant ID Number & Badge #)

of MOUNT JOY BOROUGH POLICE DEPARTMENT PA0361000
(Identify Department or Agency Represented and Political Subdivision) (Police Agency ORI Number)

do hereby state: (check appropriate box)

1. I accuse the above named defendant who lives at the address set forth above
 I accuse the defendant whose name is unknown to me but who is described as

I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe with violating the penal laws of the Commonwealth of Pennsylvania at [413] MOUNT JOY BOROUGH
(Subdivision Code) (Place/Political Subdivision)

in Lancaster County [36] on or about 12/31/17 AT APPROX. 2040 HOURS
(County Code) (Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/12/2018	OTN/LiveScan Number	Complaint/Incident Number 1712033901
Defendant Name	First: ALBERTO	Middle: R	Last: ALVAREZ-FERIA

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate. When there is more than one offense, each offense should be number chronologically:

(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offenses(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 - 213.7.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>	1	3802	A1	of the	TITLE 75, PA VEHICLE CODE	1	M		21a
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PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): 3802 A1 - PERSON TO DRIVE/OPERATE OR BE IN ACTUAL PHYSICAL CONTROL OF VEHICLE AFTER IMBIBING ALCOHOL RENDERING THEM INCAPABLE OF SAFE DRIVING

Acts of the accused associated with this Offense: TO WIT; THE DEFENDANT; ALBERTO ALVAREZ-FERIA WAS IN PHYSICAL CONTROL OF A MOTOR VEHICLE AT A TIME WHEN HE HAD IMBIBED SUFFICIENT ALCOHOL TO RENDER HIM INCAPABLE OF SAFE DRIVING. HE WAS FOUND SEMI-CONSCIOUS AND UNRESPONSIVE BEHIND THE WHEEL OF HIS CAR AND HE WAS COVERED IN VOMIT.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input checked="" type="checkbox"/>	2	3802	C	of the	TITLE 75, PA VEHICLE CODE	1	M		21a
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PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): 3802 C - PERSON TO DRIVE/OPERATE OR BE IN ACTUAL PHYSICAL CONTROL OF VEHICLE WITH A BAC OF .16 PERCENT OR HIGHER

Acts of the accused associated with this Offense: TO WIT: THE DEFENDANT, ALBERTO ALVAREZ-FERIA WAS TAKEN TO LGH FOR A LEGAL BLOOD DRAW WITHIN 2 HOURS OF BEING SEEN BEHIND THE WHEEL OF A RUNNING AUTOMOBILE. HIS BAC WAS TESTED AND FOUND TO BE .224%.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>				of the					
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PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): -

Acts of the accused associated with this Offense:



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/12/2018	OTN/LiveScan Number	Complaint/Incident Number 1712033901
Defendant Name	First: ALBERTO	Middle: R	Last: ALVAREZ-FERIA

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 PA.C.S. § 4904) relating to unsworn falsification to authorities.
- This complaint consists of the preceding page numbered 1 through 3.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

JASON A SMITH (33604)

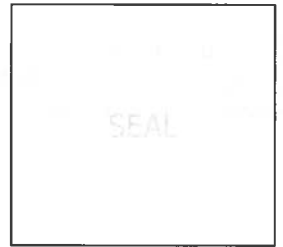
(Date)

(Signature of Affiant)

AND NOW, on this date _____ I certify that the complaint has been properly completed and verified.
 An affidavit of probable cause must be completed before a warrant can be issued.

(Magisterial District Court Number)

(Issuing Authority)



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: LANCASTER



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

Magisterial District Number: 02-3-01
MDJ: Hon. SCOTT E ALBERT
Address: 424 S ANGLE ST, MOUNT JOY PA 17552-2002
Telephone: (717) 653-4575

DEFENDANT:
(NAME and ADDRESS):
ALYSSA DIANNA DERACO
202 EAST MAIN ST APT 4
MOUNT JOY BOROUGH
MOUNT JOY, PA 17552

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending | <input checked="" type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Ltd. | <input type="checkbox"/> 6-Felony Pend. Extradition Determ. | <input type="checkbox"/> D-Misdemeanor No Extradition | |
| <input type="checkbox"/> 3-Felony Surrounding States | <input type="checkbox"/> A-Misdemeanor Full | <input type="checkbox"/> E-Misdemeanor Pending | |
| <input type="checkbox"/> 4-Felony No Ext. | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition Determ. | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint/Incident Number	SID:	Request Lab Services?
	1/23/2018		1801025883		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER	DOB 6/19/1998	POB	Add'l DOB		Co-Defendant(s) <input type="checkbox"/>
<input type="checkbox"/> Male	First Name	Middle Name	Last Name		Gen.
<input checked="" type="checkbox"/> Female	AKA				
RACE	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown
ETHNICITY	<input type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Unknown	
HAIR COLOR	<input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)	<input type="checkbox"/> PLE (Purple)
	<input type="checkbox"/> BLK (Black)	<input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> WHI (White)	<input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> GRN (Green)
	<input type="checkbox"/> BLN (Blonde / Strawberry)				<input checked="" type="checkbox"/> BRO (Brown)
					<input type="checkbox"/> PNK (Pink)
EYE COLOR	<input type="checkbox"/> BLK (Black)	<input type="checkbox"/> BLU (Blue)	<input checked="" type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray)
	<input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> MAR (Maroon)	<input type="checkbox"/> PNK (Pink)	<input type="checkbox"/> MUL (Multicolored)	<input type="checkbox"/> XXX (Unknown)
Driver License	State PA	License Number 31759054	Expires: 6/20/2018		WEIGHT (lbs.)
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location			170
FBI Number		MNU Number		Ft.	HEIGHT
Defendant Fingerprinted	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			5	In. 0
Fingerprint Classification					

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat	Registration Sticker (MM/YY)	Comm'l Veh. Ind.	School Vehicle	Oth. NCIC Veh. Code	Reg. same as Def.
VIN		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		Year	Make	Model	Style	Color	

Office of the Attorney for the Commonwealth Approved Disapproved because:

The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, MASON M SHELLY (33608)
(Name of the affiant)

08 144405
(PSP/MPOETC - Assigned Affiant ID Number & Badge #)

of MOUNT JOY BOROUGH POLICE DEPARTMENT
(Identify Department or Agency Represented and Political Subdivision)

PA0361000
(Police Agency ORI Number)

do hereby state: (check appropriate box)

1. I accuse the above named defendant who lives at the address set forth above
 I accuse the defendant whose name is unknown to me but who is described as

I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe

with violating the penal laws of the Commonwealth of Pennsylvania at [413] 202 EAST MAIN STREET, APARTMENT 4, MOUNT JOY PA 17552
(Subdivision Code) (Place Political Subdivision)

in Lancaster County

[36]
(County Code)

on or about JANUARY 23, 2018 AT 08:25 HOURS
(Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/23/2018	OTN/LiveScan Number	Complaint/Incident Number 1801025883
Defendant Name	First: ALYSSA	Middle: DIANNA	Last: DERACO

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate. When there is more than one offense, each offense should be number chronologically:

(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offenses(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 - 213.7.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input checked="" type="checkbox"/>	1	4304	A1	of the	TITLE 18, PA CRIMES CODE	1	M1		20A
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): 4304 A1 - ENDANGERING WELFARE OF CHILDREN - PARENT, GUARDIAN OR OTHER PERSON SUPERVISING

Acts of the accused associated with this Offense: §4304 ENDANGERING WELFARE OF CHILDREN (M-1): A PARENT, GUARDIAN OR OTHER PERSON SUPERVISING THE WELFARE OF A CHILD UNDER 18 YEARS OF AGE, OR A PERSON THAT EMPLOYS OR SUPERVISES SUCH A PERSON, COMMITS AN OFFENSE IF HE KNOWINGLY ENDANGERS THE WELFARE OF THE CHILD BY VIOLATING A DUTY OF CARE, PROTECTION OR SUPPORT. TO WIT: THE DEFENDANT DID NOT SUPERVISE HER TWO YEAR OLD TODDLER, TO WHICH THE TODDLER UNLOCKED THE APARTMENT FRONT DOOR AND WALKED OUT ONTO EAST MAIN STREET UNSUPERVISED. A WITNESS SAW THE TODDLER STANDING ON THE SIDEWALK UNSUPERVISED WEARING ONLY A DIAPER IN THE RAIN, AND CRYING.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
-------------------------	--	---	---

<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): -

Acts of the accused associated with this Offense:

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
-------------------------	--	---	---

<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
--	-----------------	-------------------------------------	--------------------------------------	------------------------------------

Statute Description (include the name of statute or ordinance): -

Acts of the accused associated with this Offense:



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/23/2018	OTN/LiveScan Number	Complaint/Incident Number 1801025883
Defendant Name	First: ALYSSA	Middle: DIANNA	Last: DERACO

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 PA.C.S. § 4904) relating to unsworn falsification to authorities.
- This complaint consists of the preceding page numbered 1 through 3.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.

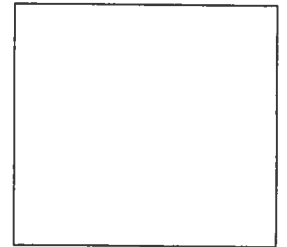
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

MASON M SHELLY (33608) 1-23-2018 [Signature] #8
(Date) (Signature of Affiant)

AND NOW, on this date _____ I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed before a warrant can be issued.

(Magisterial District Court Number)

(Issuing Authority)



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: LANCASTER



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 02-3-01
MDJ: Hon. SCOTT E ALBERT
Address: 424 S ANGLE ST, MOUNT JOY PA 17552-2002
Telephone: (717) 653-4575

DEFENDANT: (NAME and ADDRESS):

SHANE HUYETT
17 FRANK STREET
MOUNT JOY, PA 17552

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Ltd. | <input type="checkbox"/> 6-Felony Pend. Extradition Determ. | <input type="checkbox"/> D-Misdemeanor No Extradition | |
| <input type="checkbox"/> 3-Felony Surrounding States | <input type="checkbox"/> A-Misdemeanor Full | <input type="checkbox"/> E-Misdemeanor Pending | |
| <input type="checkbox"/> 4-Felony No Ext. | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition Determ. | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint/Incident Number	SID:	Request Lab Services?
	1/13/2018		1801014498	263-94-10-4	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
GENDER	DOB	POB	Add'l DOB		Co-Defendant(s)
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	12/14/1983				<input type="checkbox"/>
	First Name	Middle Name	Last Name		Gen.
	AKA				
RACE	<input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown				
ETHNICITY	<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				
HAIR COLOR	<input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> BLN (Blonde / Strawberry)				
EYE COLOR	<input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input checked="" type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)				
Driver License	State	License Number	Expires:	WEIGHT (lbs.)	
	PA	26883323	12/15/2019	160	
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DNA Location		
FBI Number	460056WB0	MNU Number		FL	HEIGHT
Defendant Fingerprinted	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			5	10
Fingerprint Classification					

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat	Registration Sticker (MM/YY)	Comm'l Veh. Ind.	School Vehicle	Oth. NCIC Veh. Code	Reg. same as Def.
VIN		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Year	Make	Model	Style	Color		

Office of the Attorney for the Commonwealth Approved Disapproved because:

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

DEB GREATHOUSE, SUE ELLISON

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, <u>KYLE D HOSKING (33413)</u>	<u>36458 / 13</u>
(Name of the affiant)	(PSP/MPOETC - Assigned Affiant ID Number & Badge #)
of <u>MOUNT JOY BOROUGH POLICE DEPARTMENT</u>	<u>PA0361000</u>
(Identify Department or Agency Represented and Political Subdivision)	(Police Agency ORI Number)
do hereby state: (check appropriate box)	
1. <input checked="" type="checkbox"/> I accuse the above named defendant who lives at the address set forth above	
<input type="checkbox"/> I accuse the defendant whose name is unknown to me but who is described as	
<input type="checkbox"/> I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe	
with violating the penal laws of the Commonwealth of Pennsylvania at <u>[413]</u> <u>17 FRANK STREET MOUNT JOY, PA 17552</u>	
(Subdivision Code)	(Place Political Subdivision)

in Lancaster County

[36]
(County Code)

on or about JANUARY 13, 2018 AT 0421 HOURS.
(Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/13/2018	OTN/LiveScan Number	Complaint/Incident Number 1801014498
Defendant Name	First: SHANE	Middle:	Last: HUYETT

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate. When there is more than one offense, each offense should be number chronologically:

(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offenses(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 - 213.7.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input checked="" type="checkbox"/>	1	780-113	A30	of the	TITLE 35, PA HEALTH AND SAFETY	4	F		18b
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): 780-113 A30 - CSDDCA-MAN/DEL/POSS W INT TO DEL SUB, BEING UNREG - DRUG SALE/MFG - MARIJUANA

Acts of the accused associated with this Offense: THE FOLLOWING ACTS AND THE CAUSING THEROF WITHIN THE COMMONWEALTH ARE HERBY PROHIBITED: EXCEPT AS AUTHORIZED BY THIS ACT, THE MANUFACTURE, DELIVERY, OR POSSESSION WITH INTENT TO MANUFACTURE OR DELIVER, A CONTROLLED SUBSTANCE BY A PERSON NOT REGISTERED UNDER THIS ACT, OR A PRACTITIONER NOT REGISTERED OR LICENSED BY THE APPROPRIATE STATE BOARD, OR KNOWINGLY CREATING, DELIVERING OR POSSESSING WITH INTENT TO DELIVER, A COUNTERFEIT CONTROLLED SUBSTANCE. TO WIT: ACTOR WAS IN POSSESSION OF 4 MARIJUANA PLANTS.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>	2	2701	A3	of the	TITLE 18, PA CRIMES CODE	1	M2		04c
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): 2701 A3 - SIMPLE ASSAULT-FEAR OF SERIOUS INJ - ASSAULT OTHER DANGEROUS WEAPON

Acts of the accused associated with this Offense: IN THAT THE ABOVE DEFENDANT DID ON OR ABOUT THE ABOVE MENTIONED DATE, TIME, AND LOCATION ATTEMPT BY PHYSICAL MENACE TO PUT ANOTHER IN FEAR OF IMMINENT SERIOUS BODILY INJURY. TO WIT: ACTOR DID HOLD A BASEBALL BAT WHILE THREATENING HIS GIRLFRIEND AND HER FRIEND DURING A DOMESTIC VIOLENCE SITUATION.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>	3	780-113	A31I	of the	TITLE 35, PA HEALTH AND SAFETY	1	M		18f
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): 780-113 A31I - CSDDCA-POSS SM AMT MARIJUANA FOR PERSONAL USE

Acts of the accused associated with this Offense: THE DEFENDANT WAS IN POSSESSION OF A SMALL AMOUNT OF MARIJUANA, A SCHEDULE I SUBSTANCE IN THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT OF 1972. TO WIT: ACTOR DID POSSESS A BAG CONTAINING A GREEN LEAFY SUBSTANCE IDENTIFIED AS MARIJUANA.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/13/2018	OTN/LiveScan Number	Complaint/Incident Number 1801014498
Defendant Name	First: SHANE	Middle:	Last: HUYETT

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate. When there is more than one offense, each offense should be number chronologically:

(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offenses(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 - 213.7.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>	4	780-113	A32	of the	TITLE 35, PA HEALTH AND SAFETY	1	M		26a
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): 780-113 A32 - CSDDCA-USE/POSS W INT USE DRUG PARAPHERNALIA

Acts of the accused associated with this Offense: IN THAT THE ABOVE NAMED DEFENDANT DID USE, OR POSSESS WITH INTENT TO USE, DRUG PARAPHERNALIA FOR THE PURPOSE OF PLANTING, PROPAGATING, CULTIVATING, GROWING, HARVESTING, MANUFACTURING, COMPOUNDING, CONVERTING, PRODUCING, PROCESSING, PREPARING, TESTING, ANALYZING, PACKING, REPACKING, STORING, CONTAINING, CONCEALING, INJECTING, INGESTING, INHALING OR OTHERWISE INTRODUCING INTO THE HUMAN BODY A CONTROLLED SUBSTANCE IN VIOLATION OF THIS ACT. TO WIT: THE DEFENDANT DID POSSESS A PIPE (BOWL) CONTAINING MARIJUANA RESIDUE.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): -

Acts of the accused associated with this Offense:

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance): -

Acts of the accused associated with this Offense:



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/13/2018	OTN/LiveScan Number	Complaint/Incident Number 1801014498
Defendant Name	First: SHANE	Middle:	Last: HUYETT

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 PA.C.S. § 4904) relating to unsworn falsification to authorities.
- This complaint consists of the preceding page numbered 1 through 4.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.

(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

KYLE D HOSKING (33413)

(Date)

(Signature of Affiant)

AND NOW, on this date _____ I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed before a warrant can be issued.

(Magisterial District Court Number)

(Issuing Authority)



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: LANCASTER



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 02-3-01
MDJ: Hon. SCOTT E ALBERT
Address: 424 S ANGLE ST, MOUNT JOY PA 17552-2002
Telephone: (717) 653-4575

DEFENDANT: (NAME and ADDRESS):

SHANE HUYETT
625 EAST KING STREET
LANCASTER, PA 17602

NCIC Extradition Code Type

- 1-Felony Full 5-Felony Pending C-Misdemeanor Surrounding States Distance: _____
 2-Felony Ltd. 6-Felony Pend. Extradition Determ. D-Misdemeanor No Extradition
 3-Felony Surrounding States A-Misdemeanor Full E-Misdemeanor Pending
 4-Felony No Ext. B-Misdemeanor Limited F-Misdemeanor Pending Extradition Determ.

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint/Incident Number	SID:	Request Lab Services?
	1/18/2018		1801016258	263-94-10-4	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER	DOB	POB	Add'l DOB		Co-Defendant(s)
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	12/14/1983				<input type="checkbox"/>
AKA		Middle Name		Last Name	Gen.
RACE	<input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown				
ETHNICITY	<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				
HAIR COLOR	<input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> BLN (Blonde / Strawberry)				
EYE COLOR	<input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input checked="" type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)				
Driver License	State	PA	License Number	Expires:	WEIGHT (lbs.)
			26883323	12/15/2019	160
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DNA Location		
FBI Number	460056WB0		MNU Number		FL. HEIGHT In.
					5 10
Defendant Fingerprinted	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Fingerprint Classification					

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat	Registration Sticker (MM/YY)	Comm'l Veh. Ind.	School Vehicle	Oth. NCIC Veh. Code	Reg. same as Def.
VIN		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Year	Make	Model	Style	Color		

Office of the Attorney for the Commonwealth Approved Disapproved because:

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

MARK FETTERMAN

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, KYLE D HOSKING (33413)

(Name of the affiant)

36458 / 13

(PSP/MPOETC - Assigned Affiant ID Number & Badge #)

of MOUNT JOY BOROUGH POLICE DEPARTMENT

(Identify Department or Agency Represented and Political Subdivision)

PA0361000

(Police Agency ORI Number)

do hereby state: (check appropriate box)

1. I accuse the above named defendant who lives at the address set forth above
 I accuse the defendant whose name is unknown to me but who is described as

I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe with violating the penal laws of the Commonwealth of Pennsylvania at [413] 17 FRANK STREET MOUNT JOY, PA 17552
(Subdivision Code) (Place-Political Subdivision)

in Lancaster County

[36]
(County Code)

on or about NUMEROUS TIMES BETWEEN JANUARY 14 AND JANUARY 16,
(Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/18/2018	OTN/LiveScan Number	Complaint/Incident Number 1801016258
Defendant Name	First: SHANE	Middle:	Last: HUYETT

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate. When there is more than one offense, each offense should be number chronologically:

(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offenses(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 - 213.7.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input checked="" type="checkbox"/>	1	4952	A3	of the	TITLE 18, PA CRIMES CODE	1	M2		04e
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number					<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Statute Description (Include the name of statute or ordinance): 4952 A3 - INTIM WIT/VICTM-WITHOLD INFORMATION

Acts of the accused associated with this Offense: IN THAT THE ABOVE DEFENDANT DID ON OR ABOUT THE ABOVE MENTIONED DATES, TIMES, AND LOCATIONS WITH THE KNOWLEDGE THAT HIS CONDUCT WILL OBSTRUCT, IMPEDE, IMPAIR, PREVENT OR INTERFERE WITH THE ADMINISTRATION OF CRIMINAL JUSTICE INTIMIDATE OR ATTEMPT TO INTIMIDATE A WITNESS OR VICTIM TO WITHHOLD ANY TESTIMONY, INFORMATION, DOCUMENT OR THING RELATING TO THE COMMISSION OF A CRIME FROM ANY LAW ENFORCEMENT OFFICER, PROSECUTING OFFICIAL OR JUDGE. TO WIT: ACTOR DID CALL THE VICTIM FROM A DOMESTIC DISPUTE ASKING HER TO BAIL HIM OUT. ACTOR STATED HE LOVED HER NUMEROUS TIMES AND WOULD DO ANYTHING IF SHE HELPED HIM. ACTOR REQUESTED THAT THE VICTIM HELP HIM WITH CHARGES.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number					<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Statute Description (Include the name of statute or ordinance): -

Acts of the accused associated with this Offense:

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)	Accident Number					<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Statute Description (Include the name of statute or ordinance): -

Acts of the accused associated with this Offense:



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 1/18/2018	OTN/LiveScan Number	Complaint/Incident Number 1801016258
Defendant Name	First: SHANE	Middle:	Last: HUYETT

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 PA.C.S. § 4904) relating to unsworn falsification to authorities.
- This complaint consists of the preceding page numbered 1 through 3.

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(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

KYLE D HOSKING (33413)

(Date)

(Signature of Affiant)

AND NOW, on this date _____ I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed before a warrant can be issued.

(Magisterial District Court Number)

(Issuing Authority)

