

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: June 14, 2017

Marc Hildebrand, 46, of 345 Sassafras Terrace, Mount Joy, PA, was charged on June 11, 2017 with Disorderly Conduct when the defendant did with the intent to harass, annoy, or alarm another at 345 Sassafras Terrace, Mount Joy, PA.

Zachary Scott Jones, 23, of 824 Colony Lane, Mount Joy, PA, was charged on June 11, 2017 with Disorderly Conduct when the defendant did with the intent to harass, annoy, or alarm another at 824 Colony Lane, Mount Joy, PA.

Laurie Jean Burkhart, 58, of 109 N Second Street, Columbia, PA, was charged on June 3, 2017 with Criminal Trespass and Criminal Mischief when the defendant did enter a property and damaged a metal storm door at 233 Marietta Avenue. 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:

(NAME and ADDRESS)

WESLEY ROBERT ANDERSON
4811 MARIETTA AVE
EAST DONEGAL TOWNSHIP
COLUMBIA, PA 17512

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 checked="" 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?
	6/9/2017		1705019619	296-86-32-7	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER	DOB 4/9/1979	POB PA	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.
RACE	AKA				
<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 checked="" type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input 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 checked="" 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 25032078	Expires: 4/10/2017	WEIGHT (lbs.)	
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location		160	
FBI Number	679928RBO	MNU Number		Ft.	In.
Defendant Fingerprinted	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			5	6
Fingerprint Classification	SINGLE STATE OFFENDER				

DEFENDANT VEHICLE INFORMATION

Plate # GKG8379	State PA	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY) 09/17	Comm'l Veh. Ind. <input type="checkbox"/>	School Vehicle <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input checked="" type="checkbox"/>
VIN 1G1NES2J62M682784	Year 2002	Make CHEVROLET	Model MALIBU	Style SEDAN, 4-DOOR,	Color GREEN		

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)

(Name of the affiant)

31251

(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)

- 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]
(County Code)

on or about 5/16/2017 AT APPROX. 2200 HOURS
(Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 6/9/2017	OTN/LiveScan Number	Complaint/Incident Number 1705019619
Defendant Name	First: WESLEY	Middle: ROBERT	Last: ANDERSON

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
-------------------------	--	---	---

<input checked="" type="checkbox"/>	1	3929	A1	of the	TITLE 18, PA CRIMES CODE	1	F3		06a
-------------------------------------	---	------	----	--------	--------------------------	---	----	--	-----

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): 3929 A1 - RETAIL THEFT-TAKE MERCHANDISE

Acts of the accused associated with this Offense: A PERSON IS GUILTY OF A RETAIL THEFT IF HE TAKES POSSESSION OF, CARRIES AWAY, TRANSFERS OR CAUSES TO BE CARRIED AWAY OR TRANSFERRED, ANY MERCHANDISE DISPLAYED, HELD, STORED OR OFFERED FOR SALE BY ANY STORE OR OTHER RETAIL MERCANTILE ESTABLISHMENT WITH THE INTENTION OF DEPRIVING THE MERCHANT OF THE POSSESSION, USE OR BENEFIT OF SUCH MERCHANDISE WITHOUT PAYING THE FULL RETAIL VALUE THEREOF. TO WIT: WESLEY ANDERSON WAS OBSERVED ENTERING THE GIANT GROCERY STORE ON THE AFOREMENTIONED DATE AND TIME; AND DID TAKE 3 PRE-PACKAGED MEAT ITEMS DESCRIBED AS "TAVERN BURGERS." ANDERSON DID PLACE THESE ITEMS INSIDE OF PLASTIC BAGS AND LEFT THE STORE WITHOUT PAYING FOR THESE ITEMS.

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					
--------------------------	--	--	--	--------	--	--	--	--	--

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
-------------------------	--	---	---

<input type="checkbox"/>				of the					
--------------------------	--	--	--	--------	--	--	--	--	--

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: 6/9/2017	OTN/LiveScan Number	Complaint/Incident Number 1705019619
Defendant Name	First: WESLEY	Middle: ROBERT	Last: ANDERSON

- 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):
SHAWN R TURZAI
42 EAST MAIN STREET
APT. B
MOUNT JOY, PA 17552

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?	
	6/16/2017		1703014511	358-37-98-1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
GENDER	DOB 5/8/1989	POB	Add'l DOB	Co-Defendant(s) <input type="checkbox"/>		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	First Name 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"/> BLK (Black) <input checked="" type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> PLE (Purple) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)	
EYE COLOR	<input type="checkbox"/> BLK (Black) <input type="checkbox"/> HAZ (Hazel)	<input checked="" type="checkbox"/> BLU (Blue) <input type="checkbox"/> MAR (Maroon)	<input type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)	<input type="checkbox"/> GRN (Green) <input type="checkbox"/> MUL (Multicolored)	<input type="checkbox"/> GRY (Gray) <input type="checkbox"/> XXX (Unknown)	
Driver License	State PA	License Number 28549244	Expires: 5/9/2017	WEIGHT (lbs.)		
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	130			
FBI Number	349843AD0	MNU Number	Ft.	HEIGHT	In.	
Defendant Fingerprinted	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				5	8
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"/>	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).

FRITZ HAVERSTICK

(Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, KYLE D HOSKING (33613) 36458 / 13
(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] 42 EAST MAIN STREET APT. B MOUNT JOY, PA 17552
(Subdivision Code) (Place/Political Subdivision)

in Lancaster County [36] on or about MARCH 12, 2017 AT APPROXIMATELY 0430 HOURS.
(County Code) (Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 6/16/2017	OTN/LiveScan Number	Complaint/Incident Number 1703014511
Defendant Name	First: SHAWN	Middle: R	Last: TURZAI

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

<input checked="" type="checkbox"/>	1	3124.1		of the	TITLE 18, PA CRIMES CODE	1	F2		02b
-------------------------------------	---	--------	--	--------	--------------------------	---	----	--	-----

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): 3124.1 - SEXUAL ASSAULT - ATTEMPT

Acts of the accused associated with this Offense: IN THAT THE ABOVE DEFENDANT DID ON OR ABOUT THE ABOVE MENTIONED DATE, TIME AND LOCATION DID ATTEMPT TO ENGAGE IN SEXUAL INTERCOURSE OR DEVIATE SEXUAL INTERCOURSE WITH THE COMPLAINANT WITHOUT HER CONSENT. TO WIT: ACTOR DID ATTEMPT TO HAVE SEXUAL INTERCOURSE WITH B. M. WHILE SHE WAS ASLEEP.

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"/>	2	3126	A1	of the	TITLE 18, PA CRIMES CODE	1	M2		17a
--------------------------	---	------	----	--------	--------------------------	---	----	--	-----

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): 3126 A1 - INDEC ASSLT-W/O CONS OF OTHER - SEX OFFENSES

Acts of the accused associated with this Offense: IN THAT THE ABOVE DEFENDANT DID ON OR ABOUT THE ABOVE MENTIONED DATE, TIME AND LOCATION CAUSE THE COMPLAINANT TO HAVE INDECENT CONTACT WITH THE PERSON FOR THE PURPOSE OF AROUSING SEXUAL DESIRE IN THE PERSON OR THE COMPLAINANT. TO WIT: ACTOR TOUCHED THE BREASTS AND VAGINA OF B.M. WITHOUT HER CONSENT WHILE SHE WAS SLEEPING.

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"/>	3	3126	A4	of the	TITLE 18, PA CRIMES CODE	1	M1		17a
--------------------------	---	------	----	--------	--------------------------	---	----	--	-----

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): 3126 A4 - INDEC ASSLT-UNCONSCIOUS - SEX OFFENSES

Acts of the accused associated with this Offense: IN THAT THE ABOVE DEFENDANT DID ON OR ABOUT THE ABOVE MENTIONED DATE, TIME AND LOCATION HAVE INDECENT CONTACT WITH THE COMPLAINANT, CAUSE THE COMPLAINANT TO HAVE INDECENT CONTACT WITH THE PERSON FOR THE PURPOSE OF AROUSING SEXUAL DESIRE IN THE PERSON OR COMPLAINANT. TO WIT: ACTOR DID TOUCH THE BREASTS AND VAGINA OF THE VICTIM WHILE SHE WAS ASLEEP AND UNAWARE THE ASSAULT WAS HAPPENING.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 6/16/2017	OTN/LiveScan Number	Complaint/Incident Number 1703014511
Defendant Name	First: SHAWN	Middle: R	Last: TURZAI

- 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.)

KYLE D HOSKING (33613)

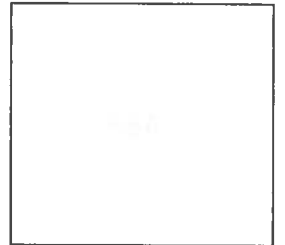
(Date)

(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:

DANIEL ROY WEIBLEY
313 SOUTH CHARLOTTE ST
MANHEIM, PA 17545

(NAME and ADDRESS):

COPY

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?
	6/13/2017		1706014772	348-43-86-4	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER	DOB 11/26/1988	POB PA	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.
RACE	AKA				
<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"/> 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 checked="" type="checkbox"/> BLN (Blonde / Strawberry)					
EYE COLOR					
<input type="checkbox"/> BLK (Black) <input checked="" type="checkbox"/> BLU (Blue) <input 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 28655344	Expires: 11/27/2018	WEIGHT (lbs.)	
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	130		
FBI Number	MNU Number		Ft.	HEIGHT	In.
Defendant Fingerprinted	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5	6	
Fingerprint Classification					

DEFENDANT VEHICLE INFORMATION

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

(Name of the affiant)

31251

(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] MOUNT JOY BOROUGH
(Subdivision Code) (Place/Political Subdivision)

in Lancaster County

[36]
(County Code)

on or about 6/03/17 @ 0044 HRS & VARIOUS DATES/TIMES
(Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 6/13/2017	OTN/LiveScan Number	Complaint/Incident Number 1706014772
Defendant Name	First: DANIEL	Middle: ROY	Last: WEIBLEY

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
-------------------------	--	---	---

<input checked="" type="checkbox"/>	1	6113	A	of the	TITLE 23, PA DOMESTIC RELATIONS CODE	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	

Statute Description (Include the name of statute or ordinance): 6113 A - PFA-ARREST FOR VIOLATION OF ORDER

Acts of the accused associated with this Offense: IN THAT THE ACTOR HAS VIOLATED SPECIFIC PROVISIONS OF PROTECTION FROM ABUSE ORDER CI-16-05832 ISSUED BY THE HONORABLE JUDGE JEFFREY REICH OF THE LANCASTER COUNTY COURT OF COMMON PLEAS; ISSUED ON 8-09-2016. SAID PROTECTION ORDER, BEING CONSISTENT WITH 23 PA CS 6108 (A) 1,9. TO WIT: THE DEFENDANT: DANIEL ROY WEIBLEY DID VIOLATE THE AFOREMENTIONED ORDER BY SENDING MULTIPLE TEXT AND VOICEMAILS OF A THREATENING NATURE TO THE PLAINTIFF.

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:

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: 6/13/2017	OTN/LiveScan Number	Complaint/Incident Number 1706014772
Defendant Name	First: DANIEL	Middle: ROY	Last: WEIBLEY

- 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)

6/13/2017

(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)

