

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: MERCER

Magisterial District Number: 35-2-01
MDJ: Hon. DENNIS SONGER
Address: 1217 HALL STREET
SHARON, PA 16146

Telephone: (724)346-6541



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT:

(NAME and ADDRESS):

AMANDA M. GASSNER
First Name Middle Name Last Name Gen

809 FRUIT AVENUE, FARRELL, PA 16121

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-377-18	Date Filed 09/24/18	OTN/LiveScan Number U 630512-1	Complaint/Incident Number IF2018 0015	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
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GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 05/09/1991	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
	First Name AKA	Middle Name	Last Name	Gen.

RACE White Asian Black Native American Unknown

ETHNICITY Hispanic Non-Hispanic Unknown

Hair Color
 GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color
 BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA YES NO DNA Location WEIGHT (lbs.)

FBI Number 346905FD1 MNU Number

Defendant Fingerprinted YES NO Ft. HEIGHT In.

Fingerprint Classification: 5 5

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG KARA COTTER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, WILLIAM MCKEE

(Name of the Affiant)

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

of Pennsylvania Office of Attorney General

PA0222400

(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 [302] 815 Stambaugh, Sharon, Pa 16146
(Subdivision Code) (Place-Political Subdivision)

in MERCER County

[43]

(County Code)

on or about DECEMBER 20, 2017 AND DATES THERAFTER



POLICE CRIMINAL COMPLAINT

Docket Number: CR-377-18	Date Filed: 09 /24/ 18	OTN/LiveScan Number U 630512-1	Complaint/Incident Number
Defendant Name:	First: AMANDA	Middle: M.	Last: GASSNER

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

(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about December 20, 2017 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, AIC Insurance, present or cause to be presented to AIC Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated that her mother, Linda Gassner, was the operator of the vehicle when an accident occurred, when in fact, the Actor, who has a suspended driver's license and was listed as an excluded driver on the AIC auto insurance policy, was actually operating the vehicle at the time of the accident, in an effort to have the damages paid by AIC.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	F-3		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about December 20, 2017 and dates thereafter, the Actor did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from AIC Insurance, the Actor stated that her mother, Linda Gassner, was the operator of the vehicle when an accident occurred, when in fact, the Actor, who has a suspended driver's license and was listed as an excluded driver on the AIC auto insurance policy, was actually operating the vehicle at the time of the accident, in an effort to have the damages paid by AIC.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input type="checkbox"/>	3	4117	(a)(3)	of the	18 PA C.S.	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about December 20, 2017, and dates thereafter, the Actor did knowingly and with the intent to defraud AIC Insurance, assist, abet, solicit or conspire with another, namely, Linda Gassner, to prepare or make any statement that is intended to be presented to any insurer or self insured in connection with, or in support of, a claim that contains any false, incomplete or misleading information concerning any fact or thing material to the claim, namely, the Actor and Linda Gassner agreed to tell AIC Insurance that Linda Gassner was the operator of the vehicle when an accident occurred, when in fact, the Actor, who has a suspended driver's license and was listed as an excluded driver on the AIC auto insurance policy, was actually operating the vehicle at the time of the accident, in an effort to have the damages paid by AIC.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-377-18	Date Filed: 09 / 24 / 18	OTN/LiveScan Number U 630512-1	Complaint/Incident Number
Defendant Name:	First: AMANDA	Middle: M.	Last: GASSNER

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date) 9/24/18

Wm. M. L.
 (Signature of Affiant)

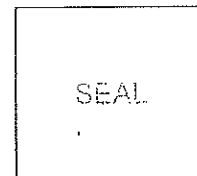
AND NOW, on this date SEPTEMBER 24, 2018 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

35-2-01

(Magisterial District Court Number)

[Signature]
 (Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number: CR-377-18	Date Filed: 09/24/18	OTN/LiveScan Number U 630512211	Complaint/Incident Number
Defendant Name:	First: AMANDA	Middle: M.	Last: GASSNER

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: December 20, 2017 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent William McKee

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place
Pittsburgh, PA

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since February 2006, is the case agent assigned to the investigation involving the Actor, Amanda M. Gassner.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Andrew Fry of AIC Insurance. The investigation revealed that the Actor was involved in an automobile accident on December 15, 2017. The Actor had a suspended driver's license at the time of the accident and was an excluded driver on her AIC auto insurance policy and should not have been operating the vehicle. The Actor and her mother, Linda Gassner, then agreed to provide false/fraudulent information to AIC Insurance during the claim process that Linda was operating the vehicle at the time the accident occurred in order to have AIC Insurance pay for the damage. The amount of the attempted theft is over \$2,000.00.
- C. Your Affiant reviewed the claim filed with AIC Insurance and found the following:
 - 1. The Actor was involved in an automobile accident on December 15, 2017 when the Actor struck another vehicle being driven by Carlie Pierce. The Actor had a suspended driver's license at the time of the accident and was an excluded driver on her AIC auto insurance policy. The Actor should not have been operating a motor vehicle.
 - 2. On December 15, 2017, a claim was filed by Linda Gassner, the Actor's mother. During the claim process Linda Gassner provided a recorded interview. Your Affiant reviewed the notes from the loss report call on December 15, 2017, and recorded call on December 15, 2017, in which Linda Gassner advised on both calls that she was the driver when the accident occurred.
 - 3. On December 20, 2017, the Actor informed AIC Insurance claims adjuster, Andrew Fry, that her mother (Linda Gassner) was driving the vehicle at the time of the accident.
 - 4. AIC Insurance would not have paid the claim because the Actor had a suspended license and was listed as an excluded driver on her insurance policy. Her mother Linda Gassner was listed as the primary driver on the policy.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-377-18	Date Filed: 09 /24/ 18	OTN/LiveScan Number U 630512-1	Complaint/Incident Number
Defendant Name:	First: AMANDA	Middle: M.	Last: GASSNER

D. Your Affiant, along with Special Agent Jason Chimile, interviewed Carlie Pierce and Daryl Babcock who provided the following information:

1. On 12/15/17 Pierce was operating Babcock's 2014 Nissan Sentra at around 9:00 AM on South Buhl Road in Hermitage, PA when she was rear-ended by the Actor operating a 1997 Dodge Ram. Both vehicles pulled to the side of the road. Pierce said that the Actor did not have a license. The Actor did provide Pierce with her name, date of birth, and home address and an insurance document with her personal information on it as well.
2. Pierce said that the Actor told her that if she wanted her damages paid for with insurance that she would have to tell the insurance company that her mother (Linda Gassner) was driving at the time of the accident.
3. Pierce felt that something was not right and telephoned Babcock about the accident. Babcock was nearby and showed up at the scene. Babcock said that the Actor provided her personal information to Pierce prior to his arrival. At the scene Babcock did view the Actor and the damages to both vehicles. Pierce took a short video of the accident scene which the Actor appeared in. Pierce took a still photo shot of the video which showed the Actor and she provided both photo and video to your Affiant.
4. Pierce and Babcock discovered later, after filing a claim with the insurer (AIC) of the Actor's vehicle, that she did not have a license and therefore was not covered by insurance. Babcock took his vehicle to Sandy's Auto Body in Youngstown, Ohio to have it looked at. His vehicle sustained \$5,979.92 in damages as a result of the accident. Babcock discovered that his insurance was lapsed at the time of the accident and the damages have not been repaired.

E. Your Affiant, along with Special Agent Jason Chimile, interviewed the Actor at her residence and she provided the following information:

1. On December 15, 2017 at around 9:00 AM the Actor was operating her 1997 Dodge Pick-up truck when she rear-ended another vehicle driven by Carlie Pierce on South Buhl Farm Road in Hermitage, PA.
2. At the time of the accident the Actor did not, and still does not, have a driver's license and was listed as an excluded driver on her truck's insurance policy. The Actor's mother, Linda Gassner, was listed as the primary driver on the policy. The Actor said that at the time she purchased her AIC policy she did not have a driver's license and she listed her mother as the primary driver. The Actor said that she has not had a driver's license for a couple years.
3. The Actor acknowledged that she and her mother both told her insurance carrier AIC that her mother (Linda Gassner) was the operator of the vehicle at the time of the accident. In an effort to have the damages to the vehicles paid for by the insurance company. The Actor said that her mother did inform AIC that she (Linda Gassner) was the driver at the time of the accident in an effort to have the damages to the vehicles paid for by the insurance company. The Actor



POLICE CRIMINAL COMPLAINT

Docket Number: CR-377-18	Date Filed: 09 /24/ 18	OTN/LiveScan Number U 630512-1	Complaint/Incident Number
Defendant Name:	First: AMANDA	Middle: M.	Last: GASSNER

said that her mother did inform AIC that she (Linda Gassner) was the driver at the time of the accident.

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Amanda M. Gassner.

I, WILLIAM MCKEE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

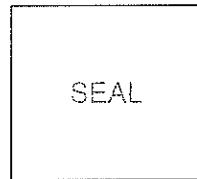
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

William McKee

(Signature of Affiant)

Sworn to me and subscribed before me this 24TH day of SEPTEMBER 2018
9-24-18 Date *[Signature]*, Magisterial District Judge

My commission expires first Monday of January, 2022



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: ERIE



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 06-1-01
MDJ: Hon. Suzanne C. Mack
Address: 824 East 6th Street
Erie, PA 16507

DEFENDANT:

(NAME and ADDRESS):

ANISSA MCKENZIE WEBER
First Name Middle Name Last Name Gen
1451 Maple Leaf Drive
Erie, PA 16508

Telephone: (814)451-6524

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <u>CR-294-18</u>	Date Filed <u>10/4/18</u>	OTN/LiveScan Number <u>U634452-0</u>	Complaint/Incident Number IF-2018-0094	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB <u>01/20/1996</u>	POB <u>Ny</u>	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name	Middle Name	Last Name	Gen.	

RACE White Asian Black Native American Unknown

ETHNICITY Hispanic Non-Hispanic Unknown

Hair Color
 GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color
 BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA YES NO DNA Location WEIGHT (lbs.)

FBI Number MNU Number 200

Defendant Fingerprinted YES NO Ft. HEIGHT in.

Fingerprint Classification: 5 3

DEFENDANT VEHICLE INFORMATION

Plate # <u>GHB5598</u>	State <u>PA</u>	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input checked="" type="checkbox"/>
VIN <u>KMHCM36C27U001430</u>	Year <u>2007</u>	Make <u>Aston Martin</u>	Model	Style <u>Cp</u>	Color <u>Grav</u>		

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).

SDAG JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /
(Date)

I, SA DAVID A DALCAMO/DET. SGT. THOMAS GRAY BCI 457/BADGE 261
(Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General PA0222400
(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 [302] 744 East 8th Street, Erie, PA 16503
(Subdivision Code) (Place-Political Subdivision)

in ERIE County [25] on or about MARCH 17, 2018 AND VARIOUS DATES THEREAFTER
(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: ANISSA	Middle: MCKENZIE	Last: WEBER

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F-3		
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
<input type="checkbox"/> 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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about March 17, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, namely, GEICO Insurance, present or cause to be presented to GEICO Insurance any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated that her vehicle was involved in an accident at a time after she and/or Richard Weber obtained insurance coverage, when in fact, the incident occurred prior to obtaining insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	F-3		
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
<input type="checkbox"/> 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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:

On or about March 17, 2018 and dates thereafter, the Actor did with the intent to commit the crime of Theft By Deception, any act that constituted a substantial step towards the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from GEICO Insurance, the Actor stated that her vehicle was involved in an accident at a time after she and/or Richard Weber obtained insurance coverage, when in fact, the incident occurred prior to obtaining insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input type="checkbox"/>	3	4117	(a)(3)	of the	18 PA C.S.	1	F-3		
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
<input type="checkbox"/> 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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about March 17, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, assist, abet, solicit or conspire with another, namely, Richard Weber, to prepare or make any statement that is intended to be presented to any insurer or self-insured in connection with, or in support of, a claim that contains false, incomplete or misleading information concerning any fact or thing material to the claim, namely, the Actor and/or Richard Weber obtained a policy following an accident and the Actor and Richard Weber then told GEICO Insurance that the accident happened at a time after insurance coverage was obtained on the vehicle, when in fact, the incident occurred prior to obtaining insurance coverage.




POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: ANISSA	Middle: MCKENZIE	Last: WEBER

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.) _____

(Date)

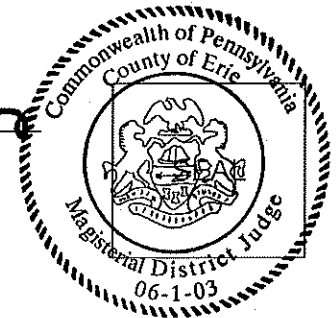

 (Signature of Affiant)

AND NOW, on this date OCTOBER 04th, 2018 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.

06-1-03
 (Magisterial District Court Number)


 (Issuing Authority)





Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: ANISSA	Middle: MCKENZIE	Last: WEBER

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: March 17, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent David A. Dalcamo
Detective Sergeant Thomas Gray

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place
Pittsburgh, PA

Erie City Police Department
Insurance Fraud Section
Erie, PA



A. Your Affiant, who has been employed as a Special Agent for the Pennsylvania Office Attorney General, Insurance Fraud Section, Western Regional Office, since February 2016, and has been a Police Officer in this Commonwealth since 1998, is the case agent assigned to the investigation involving the Actor, Richard Weber and Anissa Weber.

Your Affiant, Thomas Gray, is employed as a Detective Sergeant with the Erie City Police Department, and has been employed by said police department for almost 27 years and for the past 19 years has been assigned to the Detective Division, investigating property and fraud crimes, and is now the department Insurance Fraud investigator.

B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Tim Steel, Special Investigator with GEICO Insurance. Steel provided this office with the following information:

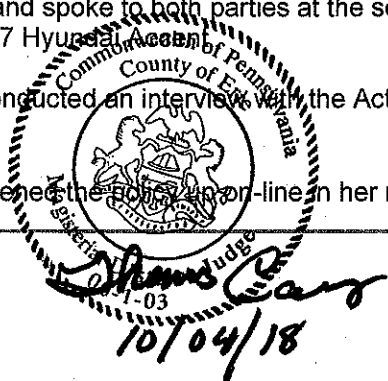
1. On March 5, 2018, a GEICO automotive policy covering the Actor and her husband's, Ford Taurus and Ford Explorer, was purchased in the Actor's name, using an online application.
2. On March 14, 2018 at 2:07 pm, a 2007 Aston Martin titled in the Actor's name was added to the recently obtained GEICO automotive policy. The policy included comprehensive and collision with a \$1,000.00 deductible.
3. On March 17, 2018 at 2:42 pm Richard Weber, the Actors husband filed a claim stating that he had parked the vehicle at the Family Dollar Store on 12th Street in Erie, and the vehicle was then damaged.
4. On March 20, 2018 GEICO Insurance inspected the Aston Martin at the Actor's residence. The Actor indicated damage from the accident was sustained to the front right and front grille of the vehicle.
5. On March 20, 2018 GEICO Insurance Investigator Tim Steel conducted a recorded interview with the Actor. The Actor indicated that she initiated the policy. The Actor stated the vehicle was undamaged prior to the policy inception and was damaged while Richard Weber had the vehicle at the Family Dollar Store.
6. On March 21, 2018 Steel conducted a recorded interview with Richard Weber, the Actor's husband. During the interview, Richard Weber stated that the vehicle was in perfect condition at the time of purchase in October 2017. Richard Weber indicated that the vehicle had not been involved in any insurance claims and was not damaged prior to the purchase of the policy on March 5, 2018. Richard Weber advised that he believes the damage occurred when the vehicle was parked in the Family Dollar parking lot while he was inside the store.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: ANISSA	Middle: MCKENZIE	Last: WEBER

7. Randy Bates of Bates Collision was interviewed and stated that the Actor's Aston Martin was towed into their shop on February 4, 2018 as a result of an accident. Bates stated that the vehicle had damage to the front right and front grille of the vehicle. Bates indicated that a claim was filed with USAA Insurance, but the vehicle was never repaired at their facility. Richard Weber drove the vehicle from their shop after it sat for about six weeks.
 8. GEICO Insurance was able to locate an Erie City Police accident report indicating Richard Weber was involved in an accident while operating the Aston Martin on February 4, 2018. The report states that Richard Weber rear-ended another vehicle.
 9. Upon a review of the USAA Insurance claim filed by Richard Weber on February 4, 2018, the current damage reported to GEICO Insurance in regards to the 2007 Aston Martin is consistent with the damage previously claimed with USAA Insurance.
 10. The total amount of the attempted theft is \$2,060.64.
- C. On July 11, 2018 your Affiants conducted an interview with Randy Bates of Bates Collision, who provided the following information:
1. Bates was advised of the investigation and stated that the Actor's vehicle arrived at his shop on February 4, 2018.
 2. Bates stated that the vehicle was towed into their shop as a result of an accident. Bates did not know why the vehicle was towed, as it was fully operational.
 3. Bates stated that he inspected the vehicle and conducted an appraisal for USAA Insurance. Bates indicated the vehicle had damage to the front grill and front passenger side of the vehicle.
 4. Bates stated that Richard Weber attempted to have USAA Insurance fix additional damage that was not a result of the accident on February 4, 2018. Bates stated there was damage on the 2007 Aston Martin that was old and was the result of wear and tear from everyday use.
 5. Bates indicated that the vehicle remained at his shop for approximately six weeks and they performed no work on the vehicle. After six weeks, Bates requested the owner remove the vehicle. Richard Weber then removed the vehicle from Bates' property.
 6. Affiant Dalcamo showed Bates the estimate and photographs from the GEICO Insurance claim filed on March 17, 2018. Bates agreed the damage from the GEICO Insurance claim was the identical damage that he viewed during the inspection for USAA Insurance of Richard Weber's Aston Martin on February 4, 2018.
- D. On July 11, 2018, Affiant Dalcamo and Affiant Gray secured a copy of the Erie City Police Department Accident Report, which provided the following information:
1. Upon review of the report, it was found that on February 4, 2018 at 11:30 am Richard Weber was involved in an accident while operating his 2007 Aston Martin on Bayfront Highway and East 12th Street.
 2. Erie City Police Officer Jason Weismiller responded and spoke to both parties at the scene. Officer Weismiller indicated that Richard Weber struck the rear of a 2007 Hyundai Accent.
- E. On August 27, 2018, Affiant Dalcamo and Affiant Gray conducted an interview with the Actor (Anissa Weber), who provided the following information:
1. The Actor stated that her husband Richard Weber opened the police on-line in her name.





POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: ANISSA	Middle: MCKENZIE	Last: WEBER

- The Actor advised that Richard also added the Aston Martin to the policy on March 14, 2018.
- The Actor stated that her husband Richard Weber filed the claim for the damage to the Aston Martin alleging the damage occurred on March 17, 2018.
- The Actor agreed that she informed GEICO Insurance that she opened the policy.
- The Actor also stated that she told GEICO Insurance that there was no damage to the Aston Martin prior to the claim. However, the Actor admitted that she had knowledge of the prior USAA Insurance accident claim on February 4, 2018, resulting in the damage to the Aston Martin.
- The Actor admitted that she and her husband, Richard Weber, attempted to have GEICO Insurance fix, repair or pay for damage that occurred prior to the inception of the GEICO Insurance policy.

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Anissa M. Weber.

I, SA DAVID A DALCAMO/DET. SGT. THOMAS GRAY, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

[Handwritten Signature]

(Signature of Affiant)

Sworn to me and subscribed before me this 04th day of OCTOBER 2018

10/04/18 Date Thomas Gray

, Magisterial District Judge

My commission expires first Monday of January, 2024



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: FAYETTE

Magisterial District Number: 14-3-04
MDJ: Hon. Richard A. Kasunic
Address: 3177 Pittsburgh Road
PO Box 409
Star Junction, PA 15482
Telephone: (724)736-0570



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.
DEFENDANT: (NAME and ADDRESS):
ANN M WILSON
First Name Middle Name Last Name Gen
110 Grant Street, Star Junction, PA 15482

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CK-438-18	Date Filed 10/23/18	OTN/LiveScan Number U640658-4	Complaint/Incident Number IF20180077	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 07/24/1971	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name AKA	Middle Name RMG	Last Name 10/23/18	Gen.	
RACE <input checked="" type="checkbox"/> White RMG <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	ETHNICITY <input type="checkbox"/> Hispanic 10/23/18 <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Hair Color <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLN (Blonde / Strawberry)	<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"/> GRN (Green) <input type="checkbox"/> PNK (Pink)
Eye Color <input type="checkbox"/> BLK (Black) <input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> BLU (Blue)	<input checked="" type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location			WEIGHT (lbs.) 155
FBI Number	MNU Number			Ft. HEIGHT In. 5 7
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification:			

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG DENNIS KISTLER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT

BCI-139

(Name of the Affiant)

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

of Pennsylvania Office of Attorney General

PA0222400

(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 [215] 110 Grant Street, Star Junction, Pa (Subdivision Code) (Place-Political Subdivision)

in FAYETTE County [26] on or about DECEMBER 6, 2017 AND DATES THEREAFTER (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180077
Defendant Name:	First: ANN	Middle: M	Last: WILSON

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

(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____
------------------	--	---	---	---

<input checked="" type="checkbox"/>	1	4117	(A)(2)	of the	18	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about December 6, 2017 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to American Bankers Insurance any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor advised that a mobile home that she owned was her primary residence and items in the home were her personal property and were destroyed in a fire, when in fact, the Actor did not live at the residence and had no personal property at the location.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
------------------	---	---	---	---

<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	Number of Victims Age 60 or Older _____
------------------	--	---	---	---

<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: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180077
Defendant Name:	First: ANN	Middle: M	Last: WILSON

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date)

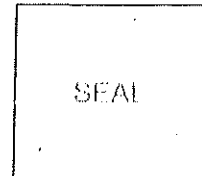
Robert M. Cift
(Signature of Affiant)

AND NOW, on this date October 23, 2018 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.

14-3-04
(Magisterial District Court Number)

[Signature]
(Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180077
Defendant Name:	First: ANN	Middle: M	Last: WILSON

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: December 6, 2017 and dates thereafter

Criminal Complaint No.:

Name of Affiant: Supervisory Special Agent Robert M. Gift

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

- A. Your Affiant, Robert Gift, who is employed as a Supervisory Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since March 2000, is the case agent assigned to the investigation involving the Actor, Ann Wilson.
- B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Kathy Grassman, Special Investigator with American Bankers Insurance (Assurant). Grassman alleged that the Actor submitted an insurance claim for personal property that was supposedly destroyed during a fire that occurred at a mobile home that she owned. During the initial claim investigation it was determined that the Actor had not lived at the residence for several years and had no personal property stored at the location.
- C. Your Affiant reviewed the claim submitted and interviewed Kathy Grassman, Special Investigator with American Bankers Insurance. Grassman provided the following information:
1. On December 6, 2017, a mobile home that the Actor owned located at 116 Lower Peanut Road, Waltersburg, PA was destroyed in a fire. The Smock Volunteer Fire Department ruled the fire accidental and all of the property in the home was destroyed. The Actor called American Bankers Insurance and filed a claim for her personal property.
 2. An initial payment of approximately \$23,565.00 was paid to the mortgage company for the balance owed on the mobile home. The Actor advised the location was her primary residence and submitted a claim for her personal property that was destroyed in the fire but never specified the property or amount claimed. It was later learned by American Bankers Insurance that the Actor had not resided at the location for several years therefore nullifying her personal property claim. The Actor's personal property claim was denied.
 3. Grassman confirmed that the Actor's uncles, Ralph and Eugene Burwell, had lived at the residence for over twenty (20) years. The Actor had not lived at the location for at least twenty (20) years.
 4. Grassman also confirmed that the Actor had no property whatsoever at the location at the time of the fire.
- D. Your Affiant interviewed Ralph and Eugene Burwell. Ralph and Eugene provided the following information:
1. Ralph advised that he and his brother have resided at the above listed address for over 57 years. Ralph stated the land is in his and his brother's name, Eugene.
 2. According to Ralph, his mother, Margaret Burwell, along with his niece, the Actor, purchased a mobile home back in 1996. Ralph advised that he and Eugene lived with their mother in the mobile home until Margaret passed away in 1997.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180077
Defendant Name:	First: ANN	Middle: M	Last: WILSON

3. Ralph stated that he then entered into a verbal agreement with the Actor that he and Eugene would pay off the mortgage, pay all taxes and utilities on the property and continue to stay at the residence. Once the mobile home was paid off the deed would be transferred into Ralph and Eugene's names.
4. Ralph advised for twenty (20) years from 1997 through December 2017 he paid all of the expenses to include the insurance on the property.
5. Ralph said it was not until the mobile home fire on December 6, 2017 that he was made aware that the insurance policy that he had been paying on for over twenty (20) years was not valid because he was not on the deed of the mobile home.
6. Ralph advised that the contents in the home were actually covered by a rider policy he had through his automobile policy with Nationwide Insurance. Ralph was not even aware he had the policy but was informed by his local insurance agent that he had it.
7. According to Ralph, after the fire occurred the Actor had the insurance policy changed into her name and then submitted a claim for the property and contents of the mobile home.
8. Ralph and Eugene both insisted that the Actor never lived at the residence except for a couple months in 1997 and that she had absolutely no property in the home at the time of the fire.
9. Ralph said that the Actor never stored property at the location, never paid taxes at the location and never paid any utilities at the location. Ralph exclaimed "she (the Actor) never lived here".

E. Your Affiant interviewed Jerry Baumbaugh. Baumbaugh provided the following information:

1. Baumbaugh was a landlord of the Actor and her boyfriend, Walter Fordyce, as they resided in North Carolina. Baumbaugh advised that he rented the Actor property at 1024 S. DeKalb St, Shelby, NC from March 15, 2014 until he started the eviction process on October 6, 2015.
2. According to Baumbaugh, he never completed the eviction process because the Actor vacated the residence. Baumbaugh stated the Actor still owes him \$1,050.00.
3. Baumbaugh was able to supply your Affiant with a copy of the lease application and lease signed by the Actor.

F. Your Affiant interviewed Carolyn Mosser. Mosser provided the following information:

1. Mosser is the current landlord of the Actor and her boyfriend, Walter Fordyce.
2. Mosser advised that the Actor has rented property at 110 Grant Street, Star Junction, PA from October 1, 2017 until the present. Mosser stated the lease runs until October 1, 2018. The Actor and her boyfriend still reside at the location. A copy of the lease was provided to your Affiant.

G. Your Affiant, along with Special Agent William McKee, interviewed the Actor at her residence. The Actor provided the following information:

1. According to the Actor, her uncles (Ralph and Eugene Burwell) had been residing in a mobile home that she has owned since approximately 1997 in Waltersburg, PA.
2. The Actor stated that she entered into a verbal agreement with Ralph and Eugene that they would pay off the mortgage, pay all taxes and utilities on the property and could continue to stay at the residence.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180077
Defendant Name:	First: ANN	Middle: M	Last: WILSON

3. The Actor advised for as long as she knew, Ralph had paid all of the expenses to include the insurance on the property. The Actor did state that Ralph and/or Eugene are behind on property taxes at the location.
4. The Actor said it was not until the mobile home caught on fire on December 6, 2017 that she made a change to the insurance policy on the mobile home. The Actor stated that she changed the policy name from Ralph Burwell to her name.
5. According to the Actor, after the fire occurred she submitted a claim for personal property and contents that she had "stored" at the mobile home.
6. Your Affiant asked the Actor if she ever lived at the residence. The Actor advised that she only lived at the location for a couple months in 1997. The Actor said that she has lived at other locations to include North Carolina and her current address for the last twenty (20) years. The Actor also admitted to having no personal property in the mobile home at the time of the fire.
7. The Actor advised that when she submitted the insurance claim for the personal property at the mobile home and by informing the insurance company that the Waltersburg address was her primary address she provided false and/or fraudulent information.
8. The Actor explained that she was hoping that the insurance company would pay for the items she claimed were destroyed in the mobile home fire.

Based upon the aforementioned facts and circumstances, your Affiant believes that probable cause exists for the issuance of an arrest warrant for the Actor, Ann Wilson.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180077
Defendant Name:	First: ANN	Middle: M	Last: WILSON

I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

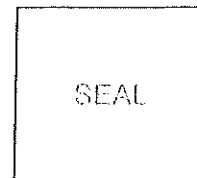
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE *CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA* THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

Robert M Gift
(Signature of Affiant)

Sworn to me and subscribed before me this 23rd day of October 2018

_____, Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2020



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ALLEGHENY



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

ORIGINAL

VS.

Magisterial District Number: 05-3-06

MDJ: Hon. Bruce Boni

Address: 104 Linden Avenue
McKees Rocks, PA 15136

DEFENDANT:

(NAME and ADDRESS):

ANTHONY

TYRONE

MURRAY

First Name

Middle Name

Last Name

Gen

868 4th Avenue, Coraopolis, PA 15108

Telephone: (412)331-3414

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-613-18 Date Filed 10/17/2018 OTN/LiveScan Number G821178-1 Complaint/Incident Number IF-2018-0192 Request Lab Services? YES NO

GENDER Male Female DOB 11/03/1983 POB _____ Add'l DOB / / Co-Defendant(s) Gen. _____

First Name _____ Middle Name _____ Last Name _____ AKA _____

RACE White Asian Black Native American Unknown

ETHNICITY Hispanic Non-Hispanic Unknown

Hair Color GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown) BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink) BLN (Blonde / Strawberry)

Eye Color BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray) HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA YES NO DNA Location _____ WEIGHT (lbs.) _____

FBI Number 596988MC2 MNU Number _____ Ft. HEIGHT In. _____

Defendant Fingerprinted YES NO

Fingerprint Classification: _____ 6 2

DEFENDANT VEHICLE INFORMATION

Plate # _____ State _____ Haz mat Registration Sticker (MM/YY) / _____ Comm'l Veh. Ind. School Veh. Oth. NCIC Veh. Code _____ Reg. same as Def.

VIN _____ 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).

SDAG JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SPECIAL AGENT BRADLEY CAPAN

(Name of the Affiant)

BADGE #452

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

of Pennsylvania Office of Attorney General

(Identify Department or Agency Represented and Political Subdivision)

PA0222400

(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 [444] _____

Island Avenue / Cutler Street,

McKees Rocks, Pennsylvania 15136

(Subdivision Code) (Place-Political Subdivision)

in ALLEGHENY County

[02]

(County Code)

on or about JUNE 25, 2018 AND VARIOUS DATES THEREAFTER



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 10/17/2018	OTN/LiveScan Number G821178-1	Complaint/Incident Number IF-2018-0192
Defendant Name:	First: ANTHONY	Middle: TYRONE	Last: MURRAY

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about June 25, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, namely, Progressive Insurance, present or cause to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated his vehicle was involved in an accident after obtaining the new policy, when in fact, the accident occurred prior to the Actor obtaining the new policy.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	F3		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:

On or about June 25, 2018 and various dates thereafter, the Actor did with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime in an attempt to obtain in excess of \$2,000.00 from Progressive Insurance, namely, the Actor stated his vehicle was involved in an accident after obtaining the new policy, when in fact, the accident occurred prior to the Actor obtaining the new policy.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<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: 10/17/2018	OTN/LiveScan Number G821178-1	Complaint/Incident Number IF-2018-0192
Defendant Name:	First: ANTHONY	Middle: TYRONE	Last: MURRAY

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently that non-confidential information and documents.

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.)

_____ 10/17/2018
(Date)



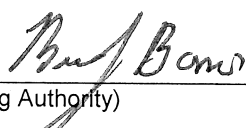
(Signature of Affiant)

AND NOW, on this date 10-17-18 I certify that the complaint has been properly completed and verified.

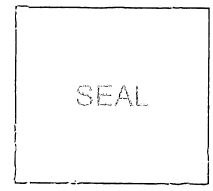
An affidavit of probable cause must be completed before a warrant can be issued.

05.3-06

(Magisterial District Court Number)



(Issuing Authority)



**BRUCE J. BONI,
MAGISTERIAL DISTRICT JUDGE
MAGISTERIAL DISTRICT 05-3-06
MY COMMISSION EXPIRES ON THE
FIRST MONDAY IN JANUARY, 2024**



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number G821178-1	Complaint/Incident Number IF-2018-0192
Defendant Name:	First: ANTHONY	Middle: TYRONE	Last: MURRAY

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: June 25, 2018 and various dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent Bradley Capan

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place
Pittsburgh, PA 15222

- A. Your Affiant, Bradley Capan, is employed as a Special Agent with the Pennsylvania Office of Attorney General and is currently assigned to the Bureau of Criminal Investigations, Insurance Fraud Section. Your Affiant has over 15 years of combined law enforcement experience as a Special Agent and Police Officer within the Commonwealth of Pennsylvania and the Commonwealth of Virginia and is the case agent assigned to the investigation involving the Actor, Anthony Murray.
- B. This investigation was initiated by the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office based upon a referral of information by Brandt Salnick, Investigator for Progressive Insurance. The investigation revealed that the Actor, Anthony Tyrone Murray, obtained a new Progressive Insurance policy on June 25, 2018 at 8:15 PM after his previous policy was cancelled on April 30, 2018 due to non-payment of the policy premium. The insured vehicle was involved in an accident on June 25, 2018 and the Actor stated the accident occurred after 8:30 PM when he filed the claim. The Actor placed a 911 call to Allegheny County 911 and the call was received at 8:00 PM according to their records. The McKees Rocks Police were dispatched to the accident scene and they arrived at 8:02 PM. The amount of attempted theft is approximately \$2,836.00.
- C. Your affiant spoke with Brandt Salnick, Investigator for Progressive Insurance. He provided the following information:
 1. On April 30, 2018, the Actor's Progressive Insurance policy cancelled due to non-payment.
 2. On May 21, 2018, Progressive Insurance e-mailed the Actor advising that he had an outstanding balance on his account.
 3. On May 22, 2018, the Actor was sent a letter from Progressive Insurance advising that he had an outstanding balance on his account.
 4. On June 25, 2018, prior to 8:00 PM, the Actor was involved in an accident with another vehicle driven by Ray Scarselli.
 5. On June 25, 2018, at 8:15 PM, the Actor paid the \$36.24 balance from his previously cancelled Progressive Insurance policy and purchased a new full coverage insurance policy online.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 10/17/2018	OTN/LiveScan Number G821178-1	Complaint/Incident Number IF-2018-0192
Defendant Name:	First: ANTHONY	Middle: TYRONE	Last: MURRAY

6. On June 25, 2018, at 10:55 PM, the Actor contacted Progressive Insurance and filed a claim that he was involved in an accident where he rear-ended a vehicle driven by Scarselli.
 7. Progressive Insurance analyzed four photographs submitted by the Actor depicting the accident scene. The photographs' metadata showed that the first photograph was taken on June 25, 2018 at 7:59 PM, which was prior to the Progressive Insurance policy being inceptioned.
- D. Your Affiant reviewed a recorded telephone call from June 25, 2018 at 10:55 PM, where the Actor contacted Progressive Insurance and spoke with claims representative Gerald Cook to file an accident claim. The following information was learned:
1. The Actor stated that he was involved in an accident "today" at "between 8:30 and 8:40 PM".
 2. The Actor provided Progressive Insurance policy number 922622440 which was the new insurance policy number that was issued on June 25, 2018.
 3. When the Actor was asked "did you just set that up?" he responded "yea, earlier today".
- E. Your Affiant reviewed a recorded telephone call from July 3, 2018 at 5:22 PM, where Progressive Insurance claims adjuster Samantha Schaut contacted the Actor regarding the accident. The following information was learned:
1. When Schaut asked, what the reason he obtained the new Progressive Insurance policy was, the Actor responded that he was unaware that the previous insurance policy had been cancelled. He stated that he went online and obtained a new Progressive Insurance policy.
 2. The Actor stated that he was informed that the previous insurance policy was cancelled by his fiancée, and they had been having a conversation about it "for a couple of days".
 3. When asked what time the accident occurred, the Actor responded "I'd say 8:30, 8:40, somewhere around there".
 4. Schaut asked, "What was the reason you waited until this day to take the policy out?", and the Actor replied "Because that's when we had the money..."
- F. Your Affiant interviewed Officer Christopher Price from the McKees Rocks Police Department. He provided the following information:
1. Officer Price provided a copy of the McKees Rocks Police Department event report which indicated that he was dispatched to the accident scene on June 25, 2018 at 8:02 PM and arrived on scene at 8:04 PM.
 2. Officer Price identified the photographs taken by the Actor and submitted to Progressive Insurance as an accurate depiction of the accident scene.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 10/17/2018	OTN/LiveScan Number G821178-1	Complaint/Incident Number IF-2018-0192
Defendant Name:	First: ANTHONY	Middle: TYRONE	Last: MURRAY

3. Officer Price identified the Actor as being one of the parties involved in the accident.

G. Your Affiant contacted the Allegheny County Department of Emergency Services Enhanced 911 and obtained a copy of the recording where the Actor called 911 regarding the accident. The following information was learned:

1. The 911 call placed by the Actor was received at 8:00 PM.
2. The Actor stated he was involved in an accident where he rear-ended another vehicle on Island Avenue in McKees Rocks, Pennsylvania.

H. Your Affiant interviewed Ray Scarselli at his residence in Pittsburgh, Pennsylvania. He provided the following information:

1. Scarselli stated he was involved in an accident with the Actor on June 25, 2018 at approximately 8:00 PM.
2. Scarselli was driving his girlfriend, Elizabeth Scott's, vehicle and he was rear-ended by the Actor.
3. The Actor provided Scarselli with Progressive Insurance policy information at the accident scene; however, later that evening the Actor called Scarselli and provided a new Progressive Insurance policy number.
4. Scarselli advised that when Progressive Insurance denied the claim, a claim was filed through Scott's Penn National Insurance policy.

I. Your Affiant contacted Jodi Insana from the National Insurance Crime Bureau. She provided the following information:

1. Insana contacted Penn National Insurance and provided that the cost of repairs to Elizabeth Scott's vehicle was \$2,836.00.

Based upon the aforementioned facts and circumstances, your Affiant believes that probable cause exists for the issuance of an arrest warrant for the Actor, Anthony Tyrone Murray.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 10/17/2018	OTN/LiveScan Number G821178-1	Complaint/Incident Number IF-2018-0192
Defendant Name:	First: ANTHONY	Middle: TYRONE	Last: MURRAY

I, SPECIAL AGENT BRADLEY CAPAN, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE *CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA* THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

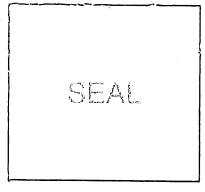


 (Signature of Affiant)

Sworn to me and subscribed before me this 17th day of October 2018
 _____ Date Bruce Boni, Magisterial District Judge

My commission expires first Monday of January,

BRUCE J. BONI,
MAGISTERIAL DISTRICT JUDGE
MAGISTERIAL DISTRICT 05-3-06
MY COMMISSION EXPIRES ON THE
FIRST MONDAY IN JANUARY, 2024



COUNTY OF: WESTMORELAND



COMMONWEALTH OF PENNSYLVANIA VS.

Magisterial District Number: 10-3-11
MDJ: Hon. Roger F. Eckels
Address: 2320 Mt. Pleasant Road
Mt Pleasant, PA 15666

DEFENDANT: (NAME and ADDRESS):
BRENT WILLIAM O'NEAL
First Name Middle Name Last Name Gen
2408 Cypress Drive, Greensburg, PA 15601

Telephone: (724)423-7150

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Form containing defendant identification details: Docket Number CR-178-18, Date Filed 10/11/2018, OTN/LiveScan Number U 636848-2, Complaint/Incident Number IF-2017-0362, Request Lab Services? YES/NO, Gender Male, DOB 10/08/1993, POB, Add'l DOB, Co-Defendant(s), RACE White, ETHNICITY Non-Hispanic, Hair Color BLK (Black), Eye Color BLU (Blue), DNA YES/NO, DNA Location, FBI Number, MNU Number, Defendant Fingerprinted YES/NO, Fingerprint Classification.

DEFENDANT VEHICLE INFORMATION

Form containing vehicle information: Plate #, State, Haz mat, Registration Sticker (MM/YY), Comm'l Veh. Ind., School Veh., Oth. NCIC Veh. Code, Reg. same as Def., VIN, 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).

SDAG DENNIS KISTLER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SPECIAL AGENT JASON CHIMILE

540

(PSP/MPPOETC -Assigned Affiant ID Number & Badge #

(Name of the Affiant)

of Pennsylvania Office of Attorney General
(Identify Department or Agency Represented and Political Subdivision)

PA0222400
(Police Agency ORI Number)

do hereby state: (check appropriate box)

- 1. [X] 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 [416] 1978 Mt Pleasant Road, Greensburg
(Subdivision Code) (Place-Political Subdivision)

PA 15601

in WESTMORELAND

[65]

on or about April 4, 2017 and dates thereafter

County

(County Code)

Docket Number: CR-178-183	Date Filed: 10 / 11 / 2018	OTN/LiveScan Number U 636848-2	Complaint/Incident Number IF-2017-0362
Defendant Name:	First: BRENT	Middle: WILLIAM	Last: O'NEAL

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:
On or about April 4, 2017 and dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Erie Insurance, present or cause to be presented to Erie Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor filed a claim on the Erie Insurance policy of Scott Barton, stating that Barton's vehicle struck his vehicle on or about April 4, 2017, after Barton's policy was incepted, when in fact, Barton's vehicle struck the Actor's vehicle on or about March 9, 2017, prior to the inception of Barton's policy.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	M1		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:
On or about April 4, 2017 and dates thereafter, the Actor did with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$200.00 from Erie Insurance, the Actor filed a claim on the Erie Insurance policy of Scott Barton, stating that Barton's vehicle struck his vehicle on or about April 4, 2017 after Barton's policy was incepted, when, in fact, Barton's vehicle struck the Actor's vehicle on or about March 9, 2017, prior to the inception of Barton's policy.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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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):

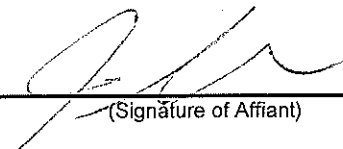
Acts of the accused associated with this Offense:

Docket Number: CR-178-18	Date Filed: 10/11/2018	OTN/LiveScan Number U 636848-2	Complaint/Incident Number IF-2017-0362
Defendant Name:	First: BRENT	Middle: WILLIAM	Last: O'NEAL

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date) 10-11-18

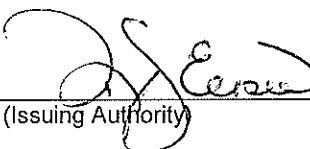


 (Signature of Affiant)

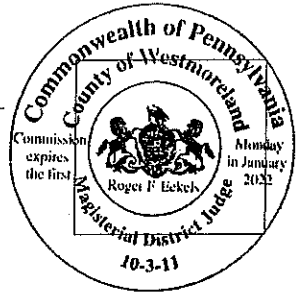
AND NOW, on this date October 11, 2018 I certify that the complaint has been properly completed and verified.
 An affidavit of probable cause must be completed before a warrant can be issued.

10-3-11

 (Magisterial District Court Number)



 (Issuing Authority)



Docket Number: CR-178-18	Date Filed: 10/11/2018	OTN/LiveScan Number U 636848-2	Complaint/Incident Number IF-2017-0362
Defendant Name:	First: BRENT	Middle: WILLIAM	Last: O'NEAL

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: April 4, 2017 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent Jason Chimile

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place Mezzanine Level
Pittsburgh, PA 15222

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since October 2015, is the case agent assigned to the investigation involving the Actor, Brent O'Neal.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by David Maier of Erie Insurance. The investigation revealed that on April 4, 2017, the Actor reported that on April 3, 2017 at 10:00 A.M. his parked unattended vehicle was backed into by a vehicle belonging to Erie Insurance policyholder, Scott Barton, causing damage to the left side of the vehicle. Scott Barton's policy was incepted on March 24, 2017. The Actor took his vehicle to Tarr's Auto to get an estimate for the damages caused to his vehicle. On April 18, 2017, Erie Insurance Liability Specialist, Barbara Vernail, received and reviewed the repair estimate provided by the Actor from David Tarr, of Tarr's Auto. The estimate completed by David Tarr of Tarr's Auto was written on March 9, 2017, which was prior to Barton obtaining his Erie Insurance policy on March 24, 2017. The attempted amount of theft is approximately \$1,000.00.
- C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:
 1. The investigation revealed that on April 4, 2017, the Actor reported that on April 3, 2017 at 10:00 A.M. his parked unattended 2013 Kia Optima was backed into by a vehicle belonging to his roommate, and Erie Insurance policyholder, Scott Barton causing damage to the left side of his vehicle. Barton had recently obtained an Erie Insurance policy on March 24, 2017.
 2. On April 18, 2017, Liability Specialist, Barara Vernail, received and reviewed a repair estimate provided by the Actor from David Tarr, of Tarr's Auto. The estimate revealed that it was completed by Tarr on March 9, 2017, which is prior to the inception of the Erie Insurance policy that Barton obtained on March 24, 2017.
- D. On Wednesday, May 23, 2018 your Affiant, along with Special Agent Bradley Capan, interviewed David Tarr at Tarr's Auto. Tarr provided the following information:
 1. Tarr is the owner of Tarr's Auto. Tarr stated the Actor did bring his 2013 Kia in for an estimate for damage to the driver's side door and left fender. Tarr stated that the amount of the



POLICE CRIMINAL COMPLAINT

Docket Number: CR-178-18	Date Filed: 10 /11/ 2018	OTN/LiveScan Number U 636848-2	Complaint/Incident Number IF-2017-0362
Defendant Name:	First: BRENT	Middle: WILLIAM	Last: O'NEAL

estimate was between \$1,000.00 and \$1,200.00, and the date of the estimate was March 9, 2017.

E. On Tuesday, June 19, 2018 your Affiant, along with Special Agent Amy Adams, interviewed Scott Barton in Latrobe, PA. Barton provided the following information:

1. Barton was asked about the accident in which his vehicle was involved in March 2017 with the Actor.
2. Barton stated he could not remember any dates or times because the accident was so long ago.
3. Barton advised that he let his mother use his vehicle and she backed into the Actor's vehicle. Barton stated that there was no damage to his vehicle and minimal damage to the Actor's vehicle.
4. Barton was asked what insurance information he provided to the Actor after the accident.
5. Barton stated that he provided his Erie Insurance information to the Actor after the accident.
6. Barton was asked if his Erie Insurance policy was valid at the time of the accident.
7. Barton stated that at the time of the accident he did not know his Erie Insurance policy had not been paid. Barton stated he did not find out until after the accident that his Erie Insurance was invalid.
8. Barton advised that he had Erie Insurance for a long time and sometimes he would be late on his payments and he would just pay them late.
9. Barton advised that the Actor did not tell him of any times or dates that he may have told the insurance company in regards to the accident.
10. Barton was asked if the Actor had obtained estimates for his vehicle at any other locations other than Tarrs Auto Body. Barton stated the Actor may have taken his vehicle to Huffmans or Hutchies in Latrobe, Pa.

F. On Friday, August 10, 2018 your Affiant, along with Special Agent William McKee, interviewed the Actor in Bentleyville, PA. The Actor provided the following information:

1. The Actor was asked about the accident in which his vehicle was involved in March 2017 with his roommate Scott Barton.
2. The Actor stated that his roommate, Scott Barton, woke him up and stated that his mother was driving his vehicle and backed into the Actor's vehicle.
3. The Actor stated to Barton that "I hope you have insurance", at which point Barton stated that he did not have a valid insurance policy.



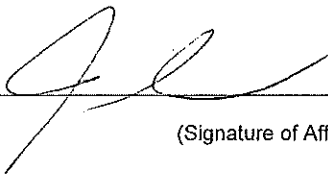
POLICE CRIMINAL COMPLAINT

Docket Number: CR-178-18	Date Filed: 10/11/ 2018	OTN/LiveScan Number U 636848-2	Complaint/Incident Number IF-2017-0362
Defendant Name:	First: BRENT	Middle: WILLIAM	Last: O'NEAL

4. The Actor stated that Barton obtained an Erie Insurance policy sometime after the accident and provided him with the insurance information.
5. The Actor stated that he called Erie Insurance and filed a claim for the damages to his vehicle.
6. The Actor advised that he provided a false date to Erie Insurance so that he could get them to cover the damages on his vehicle.
7. The Actor admitted that he lied to Erie Insurance and told them that the accident happened on April 4, 2017 instead of the actual date of March 9, 2017.

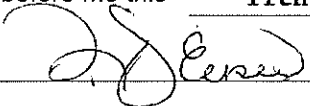
I, SPECIAL AGENT JASON CHIMILE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.



 (Signature of Affiant)

Sworn to me and subscribed before me this 11th day of October 2018

10/11/2018 Date  _____, Magisterial District Judge

My commission expires first Monday of January, 2022



COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF BUTLER
 Magisterial District Number: 50-3-04
 MDJ: Hon. David T. Kovach
 Address: 9028 Marshall Road
 Cranberry Township, PA 16066
 Telephone: (724)772-1717



POLICE CRIMINAL COMPLAINT
 COMMONWEALTH OF PENNSYLVANIA
 VS.

DEFENDANT: CHRISTINA RAQUEL HANSEN (NAME and ADDRESS):
 First Name Middle Name Last Name Gen
 1101 Roosevelt Street
 Conway, PA 15027

NCIC Extradition Code Type			
<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION				
Docket Number <u>CR-320-18</u>	Date Filed <u>9/12/18</u>	OTN/LiveScan Number <u>Ule26288-5</u>	Complaint/Incident Number <u>IF20180033</u>	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB <u>03/16/1977</u>	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name		Middle Name		Last Name
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 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)				
DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location		WEIGHT (lbs.)
FBI Number	MNU Number			
Defendant Fingerprinted	<input type="checkbox"/> YES <input type="checkbox"/> NO			Ft. HEIGHT In.
Fingerprint Classification:				5 4

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

SDAG KARA COTTER _____ / / _____
 (Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, <u>AMY L. ADAMS</u> (Name of the Affiant)	<u>BCI-478</u> (PSP/MPOETC -Assigned Affiant ID Number & Badge #)
of <u>Pennsylvania Office of Attorney General</u> (Identify Department or Agency Represented and Political Subdivision)	<u>PA0222400</u> (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 [212] <u>1 St. Francis Way, Cranberry</u> Township, Pa 16066 (Subdivision Code) (Place-Political Subdivision)	
in BUTLER County [10] _____ (County Code)	on or about <u>JANUARY 12, 2018 AND DATES THEREAFTER</u>



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180033
Defendant Name:	First: CHRISTINA	Middle: RAQUEL	Last: HANSEN

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input checked="" type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
--	---	--	--	---

<input checked="" type="checkbox"/> Lead?	1	4117	(A)(2)	of the	18	1	F3		
Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code		

PennDOT Data (if applicable)	Accident Number: W0655200	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
------------------------------	---------------------------	-------------------------------------	--------------------------------------	------------------------------------

Statute Description (include the name of statute or ordinance): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about January 12, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Progressive Insurance Company any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor re-instated her automobile insurance policy with Progressive Insurance and later reported a loss as having occurred after the policy was in effect, when in fact, the accident occurred prior to the Actor obtaining insurance.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input type="checkbox"/> Lead?	2	3922	(A)(1)	of the	18	1	F3		
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): **THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about January 12, 2018 and dates thereafter, the Actor intentionally obtained or withheld property, namely, monies in excess of \$2000.00, which were paid by Progressive Insurance Company, by creating a false impression, namely, the Actor re-instated her automobile insurance policy with Progressive Insurance and later reported a loss as having occurred after the policy was in effect, when in fact, the accident occurred prior to the Actor obtaining insurance.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	--	--	---

<input type="checkbox"/> Lead?	3	3922	(A)(1)	of the	18	1	F3		
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): **CRIMINAL ATTEMPT (THEFT BY DECEPTION)**

Acts of the accused associated with this Offense: On or about January 12, 2018 and dates thereafter, the Actor intentionally did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from Progressive Insurance Company, the Actor re-instated her automobile insurance policy with Progressive Insurance and later reported a loss as having occurred after the policy was in effect, when in fact, the accident occurred prior to the Actor obtaining insurance.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180033
Defendant Name:	First: CHRISTINA	Middle: RAQUEL	Last: HANSEN

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	---	---	---

<input type="checkbox"/>	4	4117	(B)(4)	of the	18	1	M1		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about January 12, 2018 and dates thereafter, the Actor, knowingly and with the intent to defraud an insurer, namely Progressive Insurance, filed an application for automobile insurance containing any false information, or concealed for the purpose of misleading information concerning any fact material thereto, namely, the Actor, while re-instating her automobile insurance policy with Progressive Insurance, falsely stated that no driver had been involved in an accident and no vehicle listed on the policy was damaged since January 4, 2018, the date the policy lapsed.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	---	---	---

<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:

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	---	---	---

<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: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180033
Defendant Name:	First: CHRISTINA	Middle: RAQUEL	Last: HANSEN

- 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(s) numbered 1 through 4.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

912
 (Signature of Affiant)

(Date) _____ (Year) _____
 AND NOW, on this date 9/12/18

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.

50-3-04
 (Magisterial District Court Number)

Daniel T. Heach
 (Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180033
Defendant Name:	First: CHRISTINA	Middle: RAQUEL	Last: HANSEN

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: January 12, 2018 and dates thereafter

Criminal Complaint No.:

Name of Affiants: Special Agent Amy L. Adams

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

- A. Affiant Adams, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and has been employed with the office since June 2009, is the case agent assigned to the investigation involving the Actor, Christina R. Hansen.
- B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Brandt Salnick, Special Investigator with Progressive Insurance Company. Salnick alleged that the Actor re-instated her Progressive Insurance automobile insurance policy after her vehicle was involved in an accident and then reported that she was involved in a vehicle accident after the policy inception. His investigation revealed that the Actor falsified information pertaining to the date of the accident by stating that the accident occurred at a time after the policy was purchased. The total amount of theft was \$11,715.37. The total amount of attempted theft was \$13,658.35.
- C. Your Affiant interviewed Brandt Salnick, Special Investigator with Progressive Insurance, and reviewed the Progressive claim file. The following information was obtained:
1. The Actor's Progressive Insurance automobile policy cancelled on January 4, 2018 for non-payment of the premium. On January 12, 2018 at 10:23 am, the Actor reinstated her policy on-line. At that time, the Actor provided an electronically signed statement of no loss. Her signature verified that:
 - a. No household member had been involved in any motor vehicle accidents for the time period between 12:01 am on January 4, 2018 and 10:23 am on January 12, 2018.
 - b. No one operating a vehicle listed on the policy had been involved in an accident for the time period between 12:01 am on January 4, 2018 and 10:23 am on January 12, 2018.
 - c. There had been no damage or theft of any vehicles listed on the policy during the time period between 12:01 am on January 4, 2018 and 10:23 am on January 12, 2018.
 2. On January 12, 2018 at 12:23 pm, the Actor called Progressive Insurance to file a claim for an accident in which she was the at-fault driver. The Actor stated that the accident occurred as she was re-instating her policy, between 10:30 and 10:40. The Actor was taken to the hospital via an ambulance and while at the hospital, the Actor called to file the claim.
 3. On January 12, 2018, Progressive Insurance Claims Representative Andrea Raleigh took a recorded statement, via the telephone, from the Actor. The Actor stated that the accident occurred on January 12, 2018 at approximately 10:40 am.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180033
Defendant Name:	First: CHRISTINA	Middle: RAQUEL	Last: HANSEN

4. Had the Actor's policy been active, Progressive would have listed her as one hundred percent at fault. They would have been responsible for all damages to all vehicles as well as the Actor's medical bills.
5. The Actor's vehicle was most likely a total loss of over \$2,500.00.
6. Progressive received medical bills from UPMC for the Actor's emergency room visit which totaled \$9,962.75 and an ambulance transport bill from Quaker Valley Ambulance Authority totaling \$1,195.00. Progressive did not pay the medical bills nor the damages to the Actor's vehicle.
7. Progressive accepted the Actor's statement of no loss (SONL) and therefore re-instated her policy with "no lapse" in coverage. Once it was determined that the Actor had provided false information on the SONL, Progressive Insurance denied any payment to the Actor but did pay for the vehicles that the Actor struck. Had the Actor been truthful on the SONL and informed Progressive about the accident, Progressive would have re-instated her policy but with no coverage during the lapsed period and therefore no coverage for the vehicles that she struck.
8. Progressive paid \$11,715.37 for damages to the other two vehicles.

D. Your Affiant interviewed Edgeworth Police Sergeant John Burlett. He provided the following information:

1. On January 12, 2018 at about 10:16 am, Allegheny County 911 received a 911 call for a four vehicle accident on Ohio River Boulevard at Quaker Road. The call was then transferred to Edgeworth Police dispatch at 10:16 am.
2. Sergeant Burlett arrived on scene at 10:18 am.
3. There were four vehicles involved. Three vehicles were stopped at the red light on Ohio River Boulevard at the intersection at Quaker Road. The Actor failed to stop her vehicle, therefore striking the last stopped vehicle which caused a chain reaction with the other two vehicles.
4. Sergeant Burlett identified the Actor through her Pennsylvania driver's license.
5. The Actor was injured and Edgeworth Police Chief English requested an ambulance while on scene. The Actor was transported by ambulance to the hospital. Sergeant Burlett said that he received the Actor's insurance information at the scene of the accident. However, he was unsure if she handed it to him or if he found it in her car while she was being treated by the paramedics.

E. Your Affiant interviewed John Gudzan. He provided the following information:

He was stopped at the red light on Ohio River Boulevard at Quaker Street. There were two other vehicles stopped behind him. Another car failed to stop and hit the third car which pushed the second car into his car. Gudzan was not injured, nor did his vehicle sustain any damage.

F. Your Affiant interviewed Cary Blumling. He provided the following information:

He was the second vehicle stopped at the red light on Ohio River Boulevard at Quaker Street. There was another car stopped behind him. Another vehicle failed to stop and pushed the third car into his Chevrolet S-10 truck. His vehicle's frame was bent causing his damages to be a total loss. Progressive Insurance paid \$2,707.10 for the damages. He did not have any out of pocket expenses.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180033
Defendant Name:	First: CHRISTINA	Middle: RAQUEL	Last: HANSEN

G. Your Affiant interviewed Louis Tucci. He provided the following information:

Tucci was driving a company vehicle when he was stopped at a red light behind two other cars. The Actor rear ended his vehicle pushing his car into the truck in front of him. Tucci was not injured, nor did he pay any out of pocket expenses.

H. Your Affiant interviewed Traveler's Insurance claims representative Laura Black. She provided the following information:

Traveler's insured the third vehicle involved in the accident. The vehicle was a company vehicle owned by Frank B. Fuhrer Holding Company. Traveler's deemed the vehicle a total loss. They paid a total of \$9,802.27 and recovered \$9,008.27 from Progressive Insurance because Traveler's received salvage back for the difference. Traveler's waived their insureds' \$1,000.00 deductible.

I. Your Affiant reviewed the Actor's Patient Care Report from Quaker Valley Ambulance Authority.

1. On January 12, 2018, an ambulance was requested and dispatched at 10:23 am.
2. The Actor was transported to UPMC Passavant - Cranberry Hospital.
3. The Actor was billed \$1,195.60. Her UPMC Health plan insurance paid \$957.58. She still had an outstanding bill of \$238.02.

J. Your Affiant interviewed Richard Kidwell, Senior Associate Counsel/Vice President of Risk Management with UPMC. He provided the following information:

1. On January 12, 2018 at 11:12 am, Christina Hansen was admitted to and treated at UPMC Passavant-Cranberry Hospital's Emergency Department at 1 St. Francis Way, Cranberry Township, PA.
2. The Actor was billed \$9,962.75 for services rendered at UPMC Passavant Hospital. The Actor's UPMC Health plan paid \$9,862.75. She still had an outstanding bill of \$100.00.
3. The Actor provided her Progressive Insurance policy information as her primary insurance when she was admitted.

Based upon information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Christina R. Hansen.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180033
Defendant Name:	First: CHRISTINA	Middle: RAQUEL	Last: HANSEN

I, AMY L. ADAMS, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE *CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA* THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

[Handwritten Signature]

(Signature of Affiant)

Sworn to me and subscribed before me this 12 day of Sept. 2018

50-3-04 Date Daniel T. Harach, Magisterial District Judge

My commission expires first Monday of January, 2022



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF BUTLER



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

Magisterial District Number: 50-3-06
MDJ: Hon. Wayne D. Seibel
Address: 202 East Main Street
Evans City, PA 16033

DEFENDANT:

(NAME and ADDRESS):

CINDY L YODER
First Name Middle Name Last Name Gen

5390 Lesh Road
Louisville, OH 44641

Telephone: (724)538-3960

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-283-18	Date Filed 10/23/18	OTN/LiveScan Number U 641095-0	Complaint/Incident Number IF20180006	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
----------------------------	------------------------	-----------------------------------	---	--

GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 10/09/1975	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name	Middle Name	Last Name	Gen.	

RACE White Asian Black Native American Unknown

ETHNICITY Hispanic Non-Hispanic Unknown

Hair Color
 GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color
 BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA YES NO DNA Location WEIGHT (lbs.)
185

FBI Number MNU Number
Defendant Fingerprinted YES NO Ft. HEIGHT In.

Fingerprint Classification: 5 2

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, AMY L. ADAMS

(Name of the Affiant)

BCI-478

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

of Pennsylvania Office of Attorney General

(Identify Department or Agency Represented and Political Subdivision)

PA0222400

(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 [419] 16059 112 Regina Street Valencia Pa (Subdivision Code) (Place-Political Subdivision)

in BUTLER County [10] on or about NOVEMBER 10, 2017 AND DATES THEREAFTER

(County Code)





POLICE CRIMINAL COMPLAINT

Docket Number: CR-283-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641095-0	Complaint/Incident Number IF20180006
Defendant Name:	First: CINDY	Middle: L	Last: YODER

2. 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.
3. 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.
4. This complaint consists of the preceding page(s) numbered 1 through 3.
5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently that non-confidential information and documents.

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.)

(Date)

9/12
 (Signature of Affiant)

AND NOW, on this date 10-23-18 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.

50-3-06
 (Magisterial District Court Number)

[Signature]
 (Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number: CR-283-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641095-0	Complaint/Incident Number IF20180006
Defendant Name:	First: CINDY	Middle: L	Last: YODER

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	(A)(2)	of the	18	1	F3		
Lead?	Offense #	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
<input type="checkbox"/> 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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about November 10, 2017 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Allstate Insurance Company any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor reported that an insured property that was the Actor and Dirk McKinney's primary residence had sustained water damage to the bathtub and/or bathroom of the residence, when in fact, the insured property was being used as a rental property when the damage occurred and /or the residence did not sustain the damage claimed and would not be covered under McKinney's homeowner's policy and the Actor and McKinney were not residing at the residence at the time of the loss.

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Statute Description (include the name of statute or ordinance): **CRIMINAL ATTEMPT (THEFT BY DECEPTION)**

Acts of the accused associated with this Offense: On or about November 10, 2017 and dates thereafter, the Actor intentionally did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2000.00 from Allstate Insurance Company, the Actor reported that an insured property that was the Actor and Dirk McKinney's primary residence had sustained water damage to the bathtub and/or bathroom of the residence, when in fact, the insured property was being used as a rental property when the damage occurred and/or the residence did not sustain the damage claimed and would not be covered under McKinney's homeowner's policy and the Actor and McKinney were not residing at the residence at the time of the loss.

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Statute Description (include the name of statute or ordinance): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about November 10, 2017, the Actor, did knowingly and with the intent to defraud any insurer or self-insured, assist, abet, solicit or conspire with another to prepare or make any statement that is intended to be presented to any insurer or self-insured in connection with, or in support of, a claim that contained any false, incomplete or misleading information concerning any fact or thing material to the claim, namely, the Actor and Dirk McKinney agreed to inform Allstate Insurance that an insured property that was McKinney and the Actor's primary residence had sustained water damage to the bathtub and/or bathroom of the residence, when in fact, the insured property was being used as a rental property when the damage occurred and/or the residence did not sustain the damage claimed and would not be covered under McKinney's homeowner's policy and McKinney and the Actor were not residing at the residence at the time of the loss.

VP



POLICE CRIMINAL COMPLAINT

Docket Number: CR-283-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641095-0	Complaint/Incident Number IF20180006
Defendant Name:	First: CINDY	Middle: L	Last: YODER

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: November 10, 2017 and dates thereafter

Criminal Complaint No.:

Name of Affiants: Special Agent Amy L. Adams

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

- A. Affiant Adams, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and has been employed with the office since June 2009, is the case agent assigned to the investigation involving the Actor, Cindy Yoder.
- B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Michael Chesterman, Special Investigator with Allstate Insurance Company. Chesterman alleged that the Actor and Dirk McKinney claimed water damage to a bathtub and bathroom area of McKinney's primary residence. The investigation revealed that there was no water damage, nor did McKinney and the Actor live in the residence. It was a rental property that was not covered under McKinney's homeowner's insurance policy. The amount of alleged damage was estimated at approximately \$2,500.00.
- C. Your Affiant interviewed Michael Chesterman, Special Investigator with Allstate Insurance, and reviewed the Allstate claim file. The following information was obtained:
- On November 10, 2017, Dirk McKinney filed a water damage loss claim on his Allstate Deluxe Select Value Homeowners Insurance Policy for his house at 112 Regina Street in Valencia, PA. Under Section I- Your Property: Other Structures Protection- Coverage B, Property We Do Not Cover under Coverage B: 1. Structures used in whole or part for business purposes. McKinney told claims representative, Delia Corona that on November 8, 2017, he and the Actor left their children with a babysitter while they went out to dinner. They returned home to the Regina Street address to find the bathtub overflowing and the bathroom flooded. The bathtub was now sinking and causing damage to the washroom below.
 - On November 10, 2017, Allstate Insurance claims adjuster Keith Threadgill interviewed the Actor, via the telephone. The Actor provided the following information:

McKinney and the Actor left their children with a babysitter, and when they returned home, the second floor bathtub was running. They believe that their youngest child turned the water on and did not turn it off. The bathtub was now sinking and the hardwood floors were damaged.
 - On November 11, 2017, Allstate Insurance contracted Firedex of Pittsburgh to survey the damages. Their emergency response crew responded. There was no moisture detected, therefore no equipment was set up.



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4. On November 15, 2017, Stephen Moore, a Firedex estimator, inspected the property for damage. Upon his arrival, he was greeted by Ben Goodreau. Goodreau told Moore that he and his girlfriend, Katelyn Pettigrew, rented and resided in the house. The Actor and McKinney did not reside with them.

Goodreau informed Moore that the previous bathtub was cracked and replaced. The new bathtub was smaller and shorter than the original bathtub. The handyman who installed the new bathtub placed two by four blocks under it to make it fit the existing surround. Goodreau accidentally kicked the blocks. As a result of that, the bathtub had pulled away from the surround and would move while in use. There was no other damage reported by Goodreau.

Moore photographed the areas where the Actor and McKinney were alleging there was water damage. There was no water damage seen. The damage to the bathtub showed it sinking where the blocks were knocked off.

5. On November 17, 2017, Allstate Special Investigator, Michael Chesterman obtained a partial recorded statement from McKinney, via the telephone. The Actor was also present and the telephone was on speaker phone.

- a. McKinney provided the following information:

McKinney's primary address was 112 Regina Street, Valencia, Pennsylvania 16059. McKinney had been living there essentially all of his life. The Actor and her kids resided at the home with the McKinney. They also stayed sometimes at the Actor's residence in Ohio. McKinney's Pennsylvania driver's license reflected the Regina Street address. McKinney stated that the other person living in the home was a family member. The family member, Ben Goodman, did not pay rent. Goodman would help out as he could. There was no lease agreement or set amount that Goodman paid per month. Goodman would pay them infrequently and would stay in a bedroom upstairs.

On the day of the loss, the Actor's child overflowed the bathtub. The Actor cleaned up the water so well there was no water damage found. The bathtub sunk as a result of the overflow.

- b. The Actor provided the following information during the interview:

The address for the Actor's house in Ohio was 5390 Lesh Road in Louisville, Ohio. The Actor's mother lived there. The Regina Street address was their primary residence. They did have a family member named Ben Goodman staying in one of the extra rooms until he found another place to live. The Actor spelled out G-O-O-D-M-A-N. They contemplated moving to Ohio for a period of time. They decided not to do so because the schools were much better in the Mars Area School District.

6. On November 28, 2017, Chesterman conducted a follow-up recorded interview with McKinney, via the telephone. The Actor was also present and the telephone was on speaker phone.

- a. McKinney provided the following information:



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McKinney's primary address was 112 Regina Street, Valencia, Pennsylvania 16059. The Actor, McKinney and the Actor's three children reside in the home on Regina Street. Ben Goodman also resided in the home. Ben was the person who met with Firedex when they were there to inspect the damages. The bathtub was replaced within the last year by McKinney's sister's son-in-law.

The Actor and McKinney went out to dinner at the Denny's restaurant in Cranberry, Pennsylvania at about 4:00 pm on the night of the loss. The restaurant was close to the Regina Street address. They left the children with a babysitter. They returned home at about 10:00 pm. They found the bathtub had overflowed. The water was no longer running. It had been turned off prior to them returning home. The Actor's son, Demetrius, dropped his iPhone 6 Plus cell phone into the water and damaged it. The phone was replaced using their cell phone insurance.

- b. The Actor stated that her children were registered for school in Ohio. They stayed with her mother in Ohio during the week and then with her in Valencia on the weekends and holidays. However, the children were at the house in Valencia on a Wednesday night during the school year. The Actor explained that they did not have school the next day because it was Veteran's Day.

7. On December 7, 2017, Chesterman obtained a recorded statement from Ben Goodreau, via the telephone. Goodreau provided the following information:

Goodreau spelled his last name as G-O-O-D-R-E-A-U. Goodreau's primary address was 112 Regina Street, Valencia, Pennsylvania 16059. Goodreau had lived there since March or April of 2017. Goodreau and his fiancée, Katelyn Pettigrew, resided in the house. Goodreau rented the house for \$975.00 a month, as per the signed lease agreement. The Actor, McKinney and the Actor's three children did not live in the house with them. They never lived there while he was living there. Goodreau believed that they lived in Ohio because that was where he mailed the monthly rental check. Goodreau found the house advertised as a rental on Craigslist. McKinney and the Actor walked him through the house before he signed the lease.

The bathtub install was never finished. The bathtub was sitting on two by fours. Goodreau moved the two by four to make it more aesthetically pleasing. When he did that, the bathtub fell. There was never a time that the bathtub overflowed.

Goodreau emailed Chesterman a copy of his lease agreement. It was signed on April 1, 2017 by Goodreau, Pettigrew, and the Actor. It listed Goodreau and Pettigrew as the tenants and the Actor as the landlord. Item number one stated, "Premises. The premises leased is a house with three (3) bedroom(s) and one (1) bathroom(s) and two (2) parking space(s) located at 112 Regina Street, Valencia, PA 16059 (the "Premises") The Premises includes the following storage space: Storage shed.

8. McKinney's Allstate homeowner's policy would not cover damages to the property if it was being used as a rental property. There was no water damage found. If they did replace the bathtub, the cost would have exceeded \$2,500.00. That would have included the bathtub and the labor.



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- D. On April 18, 2018, your Affiant interviewed Ben Goodreau at 112 Regina Street in Valencia, Pennsylvania. Goodreau provided the following information:

Goodreau and Pettigrew rented the house from the Actor and McKinney. The Actor, McKinney, and the Actor's three children never lived in the house during the lease agreement time period. All of the electric, gas, internet, and garbage bills were in Pettigrew's name. The water and sewer bill remained in McKinney's name because he owned the house. They always mailed the rent check to the address on the lease, which was 5390 Lesh Road, Louisville, Ohio 44641.

The bathtub never overflowed. There was never any water damage. The bathtub had been replaced after they moved in on April 1, 2017, but the job was never completed. The bathtub had been on two by fours since then. On August 20, 2017, the Actor sent Goodreau a text message indicating that she was scheduling a repair person to complete the job in early September. No one ever showed. Goodreau accidentally knocked the two by fours out, which caused the bathtub to sink. On November 9, 2017, Goodreau send a text message to the Actor telling her that the bathtub had dropped an inch causing the caulking to detach.

- E. On April 18, 2018, your Affiant interviewed the Actor at her residence of 5390 Lesh Road, Louisville, OH 44641. The Actor provided the following information:

McKinney and the Actor had been dating for a while. The Actor and her children lived with her mother at the Lesh Road address. McKinney would stay with them occasionally. McKinney's permanent residence was 112 Regina Street in Valencia, Pennsylvania. The Actor was not comfortable having McKinney move in permanently because she did not want her children hurt if the relationship failed. The Actor stated that McKinney worked at the Freshmark meat plant in Canton, Ohio.

The Actor was adamant that McKinney did not reside with her. The Actor kept stating that McKinney's permanent residence was at 112 Regina Street in Valencia, Pennsylvania. McKinney and the Actor had been in Valencia on the date of loss. They left the Actor's children with a babysitter and went to dinner. When they returned home, they were told that the bathtub had over flowed and that caused the bathtub to sink.

- F. On April 23, 2018, your Affiant found a traffic crash report from the Akron Police Department in Akron, Ohio in which McKinney was involved. It was dated November 8, 2017 at 9:25pm. McKinney was listed as the driver in unit #1. The crash location was the intersection of IR 76 E and Main Street in Akron, Ohio.
- G. On April 24, 2018, your Affiant interviewed McKinney at 5390 Lesh Road, Louisville, Ohio 44641. McKinney provided the following information:

McKinney first stated that he lived at 112 Regina Street in Valencia, Pennsylvania. McKinney insisted that on November 8, 2017, he and the Actor had gone out to dinner in Cranberry, Pennsylvania. They returned to the Regina Street address at about 10:00 pm. They had left the Actor's children with a babysitter while they were gone. The bathtub had overflowed during that time. When confronted about being in a traffic accident in Akron, Ohio on November 8, 2017 at 9:25 pm, McKinney admitted that they were not at the Regina Street address that evening. McKinney also admitted that he had just begun working at Freshmark in Canton, Ohio, and he was not living at the Regina Street address at the time of the loss. McKinney was renting the Regina Street house to Goodreau. McKinney never lived in the house



POLICE CRIMINAL COMPLAINT

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while Goodreau was renting it. McKinney admitted that the bathtub never overflowed, but was knocked off the two by fours before the bathtub installation was completed. McKinney told Allstate Insurance that he lived there so that his homeowner's policy would cover the damages to the bathtub and floor.

Based upon information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Cindy Yoder.

I, AMY L. ADAMS, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

[Handwritten Signature]

(Signature of Affiant)

Sworn to me and subscribed before me this

23 day of

Oct

[Handwritten Signature]

Date

[Handwritten Signature]

, Magisterial District Judge

My commission expires first Monday of January,

2022



COPY

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: BUTLER

Magisterial District Number: 50-3-06
MDJ: Hon. Wayne D. Seibel
Address: 202 East Main Street
Evans City, PA 16033

Telephone: (724)538-3960

POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT:

(NAME and ADDRESS):

DIRK

E

MCKINNEY

First Name

Middle Name

Last Name

Gen

5390 Lesh Road
Louisville, OH 44641

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-284-18	Date Filed 10/23/18	OTN/LiveScan Number U 641097-2	Complaint/Incident Number IF20180006	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 11/30/1971	POB Pennsylvania	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
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"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> BLN (Blonde / Strawberry)	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)
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DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	WEIGHT (lbs.) 175
FBI Number	MNU Number	Ft. HEIGHT In. 5 8
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification:	

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, AMY L. ADAMS

(Name of the Affiant)

BCI-478

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

of Pennsylvania Office of Attorney General

(Identify Department or Agency Represented and Political Subdivision)

PA0222400

(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 [419] 112 Regina Street Valencia Pa 16059
(Subdivision Code) (Place-Political Subdivision)

in BUTLER County

[10]

(County Code)

on or about NOVEMBER 10, 2017 AND DATES THEREAFTER

WOS



POLICE CRIMINAL COMPLAINT

Docket Number: CR-284-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641097-2	Complaint/Incident Number IF20180006
Defendant Name:	First: DIRK	Middle: E	Last: MCKINNEY

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date)

[Handwritten Signature]

(Signature of Affiant)

AND NOW, on this date 10-23-18 I certify that the complaint has been properly completed and verified.

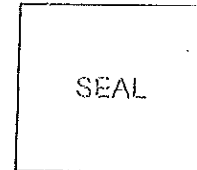
An affidavit of probable cause must be completed before a warrant can be issued.

50-3-06

(Magisterial District Court Number)

[Handwritten Signature: WD Sabel]

(Issuing Authority)



SEAL



POLICE CRIMINAL COMPLAINT

Docket Number: CR-284-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641097-2	Complaint/Incident Number IF20180006
Defendant Name:	First: DIRK	Middle: E	Last: MCKINNEY

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Statute Description (include the name of statute or ordinance): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about November 10, 2017, the Actor, did knowingly and with the intent to defraud any insurer or self-insured, assist, abet, solicit or conspire with another to prepare or make any statement that is intended to be presented to any insurer or self-insured in connection with, or in support of, a claim that contained any false, incomplete or misleading information concerning any fact or thing material to the claim, namely, the Actor and Cindy Yoder agreed to inform Allstate Insurance that an insured property that was the Actor and Cindy Yoder's primary residence had sustained water damage to the bathtub and/or bathroom of the residence, when in fact, the insured property was being used as a rental property when the damage occurred and/or the residence did not sustain the damage claimed and would not be covered under the Actor's homeowner's policy and the Actor and Cindy Yoder were not residing at the residence at the time of the loss.

WJ



POLICE CRIMINAL COMPLAINT

Docket Number: CR-284-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641097-2	Complaint/Incident Number IF20180006
Defendant Name:	First: DIRK	Middle: E	Last: MCKINNEY

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: November 10, 2017 and dates thereafter

Criminal Complaint No.:

Name of Affiants: Special Agent Amy L. Adams

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

- A. Affiant Adams, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and has been employed with the office since June 2009, is the case agent assigned to the investigation involving the Actor, Dirk McKinney.
- B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Michael Chesterman, Special Investigator with Allstate Insurance Company. Chesterman alleged that the Actor claimed water damage to a bathtub and bathroom to his primary residence. The investigation revealed that there was no water damage, nor did the Actor live in the residence. It was a rental property that was not covered under his homeowner's insurance policy. The amount of alleged damage was estimated at approximately \$2,500.00.
- C. Your Affiant interviewed Michael Chesterman, Special Investigator with Allstate Insurance, and reviewed the Allstate claim file. The following information was obtained:
- On November 10, 2017, the Actor filed a water damage loss claim on his Allstate Deluxe Select Value Homeowners Insurance Policy for his house at 112 Regina Street in Valencia, PA. Under Section I-Your Property: Other Structures Protection- Coverage B, Property We Do Not Cover under Coverage B: 1. Structures used in whole or part for business purposes. The Actor told claims representative, Della Corona that on November 8, 2017, he and his girlfriend left their children with a babysitter while they went out to dinner. They returned home to the Regina Street address to find the bathtub overflowing and the bathroom flooded. The bathtub was now sinking and causing damage to the washroom below.
 - On November 10, 2017, Allstate Insurance claims adjuster Keith Threadgill interviewed the Actor's fiancée, Cindy Yoder, via the telephone. Yoder provided the following information:

Yoder and the Actor left their children with a babysitter, and when they returned home, the second floor bathtub was running. They believe that their youngest child turned the water on and did not turn it off. The bathtub was now sinking and the hardwood floors were damaged.
 - On November 11, 2017, Allstate Insurance contracted Firedex of Pittsburgh to survey the damages. Their emergency response crew responded. There was no moisture detected, therefore no equipment was set up.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-284-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641097-2	Complaint/Incident Number IF20180006
Defendant Name:	First: DIRK	Middle: E	Last: MCKINNEY

4. On November 15, 2017, Stephen Moore, a Firedex estimator, inspected the property for damage. Upon his arrival, he was greeted by Ben Goodreau. Goodreau told Moore that he and his girlfriend, Katelyn Pettigrew, rented and resided in the house. The Actor and Yoder did not reside with them.

Goodreau informed Moore that the previous bathtub was cracked and replaced. The new bathtub was smaller and shorter than the original bathtub. The handyman who installed the new bathtub placed two by four blocks under it to make it fit the existing surround. Goodreau accidentally kicked the blocks. As a result of that, the bathtub had pulled away from the surround and would move while in use. There was no other damage reported by Goodreau.

Moore photographed the areas where the Actor was alleging the water damage. There was no water damage seen. The damage to the bathtub showed it sinking where the blocks were knocked off.

5. On November 17, 2017, Allstate Special Investigator, Michael Chesterman obtained a partial recorded statement from the Actor, via the telephone. Yoder was also present and the telephone was on speaker phone.

- a. The Actor provided the following information:

The Actor's primary address was 112 Regina Street, Valencia, Pennsylvania 16059. The Actor had been living there essentially all of his life. Yoder and her kids resided at the home with the Actor. They also stayed sometimes at Yoder's residence in Ohio. The Actor's Pennsylvania driver's license reflected the Regina Street address. The Actor stated that the other person living in the home was a family member. That family member, Ben Goodman, did not pay rent. Goodman would help out as he could. There was no lease agreement or set amount that Goodman paid per month. Goodman would pay them infrequently and would stay in a bedroom upstairs.

On the day of the loss, Yoder's child overflowed the bathtub. Yoder cleaned up the water so well there was no water damage found. The bathtub sunk as a result of the overflow.

- b. Yoder provided the following information during the interview:

The address for Yoder's house in Ohio was 5390 Lesh Road in Louisville, Ohio. Yoder's mother lived there. The Regina Street address was their primary residence. They did have a family member named Ben Goodman staying in one of the extra rooms until he found another place to live. Yoder spelled out G-O-O-D-M-A-N. They contemplated moving to Ohio for a period of time. They decided not to do so because the schools were much better in the Mars Area School District.

6. On November 28, 2017, Chesterman conducted a follow-up recorded interview with the Actor, via the telephone. Yoder was also present and the telephone was on speaker phone.

- a. The Actor provided the following information:

The Actor's primary address was 112 Regina Street, Valencia, Pennsylvania 16059. The Actor, Yoder and her three children reside in the home on Regina Street. Ben Goodman also resided in



POLICE CRIMINAL COMPLAINT

Docket Number: CR-284-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641097-2	Complaint/Incident Number IF20180006
Defendant Name:	First: DIRK	Middle: E	Last: MCKINNEY

the home. Ben was the person who met with Firedex when they were there to inspect the damages. The bathtub was replaced within the last year by his sister's son-in-law.

The Actor and Yoder went out to dinner at the Denny's restaurant in Cranberry, Pennsylvania at about 4:00 pm on the night of the loss. The restaurant was close to the Regina Street address. They left the children with a babysitter. They returned home at about 10:00 pm. They found the bathtub had overflowed. The water was no longer running. It had been turned off prior to them returning home. Yoder's son, Demetrius, dropped his iPhone 6 Plus cell phone into the water and damaged it. The phone was replaced using their cell phone insurance.

- b. Yoder stated that her children were registered for school in Ohio. They stayed with her mother in Ohio during the week and then with her in Valencia on the weekends and holidays. However, the children were at the house in Valencia on a Wednesday night during the school year. Yoder explained that they did not have school the next day because it was Veteran's Day.

7. On December 7, 2017, Chesterman obtained a recorded statement from Ben Goodreau, via the telephone. Goodreau provided the following information:

Goodreau spelled his last name as G-O-O-D-R-E-A-U. Goodreau's primary address was 112 Regina Street, Valencia, Pennsylvania 16059. Goodreau had lived there since March or April of 2017. Goodreau and his fiancée, Katelyn Pettigrew, resided in the house. Goodreau rented the house for \$975.00 a month, as per the signed lease agreement. The Actor, Yoder and her three children did not live in the house with them. They never lived there while he was living there. Goodreau believed that they lived in Ohio because that was where he mailed the monthly rental check. Goodreau found the house advertised as a rental on Craigslist. Yoder and the Actor walked him through the house before he signed the lease.

The bathtub install was never finished. The bathtub was sitting on two by fours. Goodreau moved the two by four to make it more aesthetically pleasing. When he did that, the bathtub fell. There was never a time that the bathtub overflowed.

Goodreau emailed Chesterman a copy of his lease agreement. It was signed on April 1, 2017 by Goodreau, Pettigrew, and Yoder. It listed Goodreau and Pettigrew as the tenants and Yoder as the landlord. Item number one stated, "Premises. The premises leased is a house with three (3) bedroom(s) and one (1) bathroom(s) and two (2) parking space(s) located at 112 Regina Street, Valencia, PA 16059 (the "Premises") The Premises includes the following storage space: Storage shed.

8. The Actor's Allstate homeowner's policy would not cover damages to the property if it was being used as a rental property. There was no water damage found. If they did replace the bathtub, the cost would have exceeded \$2,500.00. That would have included the bathtub and the labor.
- D. On April 18, 2018, your Affiant interviewed Ben Goodreau at 112 Regina Street in Valencia, Pennsylvania. Goodreau provided the following information:

Goodreau and Pettigrew rented the house from the Actor and Yoder. The Actor, Yoder, and her three children never lived in the house during the lease agreement time period. All of the electric, gas, internet,



POLICE CRIMINAL COMPLAINT

Docket Number: CR-284-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641097-2	Complaint/Incident Number IF20180006
Defendant Name:	First: DIRK	Middle: E	Last: MCKINNEY

and garbage bills were in Pettigrew's name. The water and sewer bill remained in the Actor's name because he owned the house. They always mailed the rent check to the address on the lease, which was 5390 Lesh Road, Louisville, Ohio 44641.

The bathtub never overflowed. There was never any water damage. The bathtub had been replaced after they moved in on April 1, 2017, but the job was never completed. The bathtub had been on two by fours since then. On August 20, 2017, Yoder sent Goodreau a text message indicating that she was scheduling a repair person to complete the job in early September. No one ever showed. Goodreau accidentally knocked the two by fours out, which caused the bathtub to sink. On November 9, 2017, Goodreau send a text message to Yoder telling her that the bathtub had dropped an inch causing the caulking to detach.

- E. On April 18, 2018, your Affiant interviewed Cindy Yoder at her residence of 5390 Lesh Road, Louisville, OH 44641. Yoder provided the following information:

Yoder and the Actor had been dating for a while. Yoder and her children lived with her mother at the Lesh Road address. The Actor would stay with them occasionally. The Actor's permanent residence was 112 Regina Street in Valencia, Pennsylvania. Yoder was not comfortable having the Actor move in permanently because she did not want her children hurt if the relationship failed. Yoder stated that the Actor worked at the Freshmark meat plant in Canton, Ohio.

Yoder was adamant that the Actor did not fully reside with her. Yoder kept stating that his permanent residence was at 112 Regina Street in Valencia, Pennsylvania. Yoder and the Actor had been in Valencia on the date of loss. They left her children with a babysitter and went to dinner. When they returned home, they were told that the bathtub had over flowed and that caused the bathtub to sink.

- F. On April 23, 2018, your Affiant found a traffic crash report from the Akron Police Department in Akron, Ohio in which the Actor was involved. It was dated November 8, 2017 at 9:25pm. The Actor was listed as the driver in unit #1. The crash location was the intersection of IR 76 E and Main Street in Akron, Ohio.
- G. On April 24, 2018, your Affiant interviewed the Actor at 5390 Lesh Road, Louisville, Ohio 44641. The Actor provided the following information:

The Actor first stated that he lived at 112 Regina Street in Valencia, Pennsylvania. The Actor insisted that on November 8, 2017, he and Yoder had gone out to dinner in Cranberry, Pennsylvania. They returned to the Regina Street address at about 10:00 pm. They had left her children with a babysitter while they were gone. The bathtub had overflowed during that time. When confronted about being in a traffic accident in Akron, Ohio on November 8, 2017 at 9:25 pm, the Actor admitted that they were not at the Regina Street address that evening. The Actor also admitted that he had just begun working at Freshmark in Canton, Ohio, and he was not living at the Regina Street address at the time of the loss. The Actor was renting the Regina Street house to Goodreau. The Actor never lived in the house while Goodreau was renting it. The Actor admitted that the bathtub never overflowed, but was knocked off the two by fours before the bathtub installation was completed. The Actor told Allstate Insurance that he lived there so that his homeowner's policy would cover the damages to the bathtub and floor.



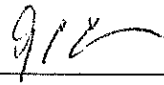
POLICE CRIMINAL COMPLAINT

Docket Number: CR-284-18	Date Filed: 10/23/18	OTN/LiveScan Number U 641097-2	Complaint/Incident Number IF20180006
Defendant Name:	First: DIRK	Middle: E	Last: MCKINNEY

Based upon information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Dirk McKinney.

I, AMY L. ADAMS, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.



 (Signature of Affiant)

Sworn to me and subscribed before me this 23 day of Oct 2018

 Date W. J. [Signature], Magisterial District Judge

My commission expires first Monday of January, 2022



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: CAMBRIA



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

Magisterial District Number: 47-3-05
MDJ: Hon. Michael Zungali
Address: 207 Fifth Avenue, Suite 3
Hastings, PA 16646

DEFENDANT:

(NAME and ADDRESS):

HEATHER M BORDACK
First Name Middle Name Last Name Gen

1194 Mountindale Road, Blandburg, PA 16619

Telephone: (814)247-6588

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <u>CR-191-18</u>	Date Filed <u>1/1</u>	OTN/LiveScan Number <u>UG41754-1</u>	Complaint/Incident Number <u>IF20180184</u>	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB <u>07/14/1975</u>	POB	Add'l DOB <u>/ /</u>	Co-Defendant(s) <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"/> BLK (Black) <input type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> RED (Red/Aubn.)	<input checked="" type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)	<input type="checkbox"/> PLE (Purple)
<input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> WHI (White)	<input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> BRO (Brown)
<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)
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location			WEIGHT (lbs.) <u>135</u>
FBI Number	MNU Number			FL. HEIGHT In. <u>5</u> <u>6</u>
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification:			

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG DENNIS KISTLER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT

BCI-139

(Name of the Affiant)

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

of Pennsylvania Office of Attorney General

PA0222400

(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 [221] 1194 Mountindale Road,
(Subdivision Code) (Place-Political Subdivision)

Blandburg, Pa

in CAMBRIA County

[11]

(County Code)

on or about JULY 6, 2018 AND DATES THEREAFTER



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180184
Defendant Name:	First: HEATHER	Middle: M	Last: BORDACK

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
--	---	--	--	--

<input checked="" type="checkbox"/>	1	4117	(A)(2)	of the	18	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about July 6, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Safe Auto Insurance any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated that her vehicle was involved in an accident at a time after she added insurance coverage, when in fact, the accident occurred prior to the Actor adding her insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
--	--	--	--	--

<input type="checkbox"/>	2	3922	(A)(1)	of the	18	1	F3		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:

On or about July 6, 2018 and various dates thereafter, the Actor did, with the intent to commit the crime of Theft By Deception, any act that constituted a substantial step towards the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from Safe Auto Insurance, the Actor stated that her vehicle was involved in an accident at a time after she added insurance coverage, when in fact, the accident occurred prior to the Actor adding her insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
--	---	--	--	--

<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: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180184
Defendant Name:	First: HEATHER	Middle: M	Last: BORDACK

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

Robert M. Cift
 (Signature of Affiant)

AND NOW, on this date 10/25/2018 (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.

47-3-05
 (Magisterial District Court Number)

[Signature]
 (Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180184
Defendant Name:	First: HEATHER	Middle: M	Last: BORDACK

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: July 6, 2018 and dates thereafter

Criminal Complaint No.:

Name of Affiants: Supervisory Special Agent Robert M. Gift

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

- A. Your Affiant, Robert Gift, who is employed as a Supervisory Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since March 2000, is the case agent assigned to the investigation involving the Actor, Heather Bordack.
- B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Jessica Kolcun, Special Investigator with Safe Auto Insurance. Kolcun alleged that the Actor submitted an automobile insurance claim stating that her vehicle was damaged in an accident with a deer. The Actor advised that she incepted her automobile policy and then was in the accident, when in fact, the Actor was in the accident prior to the automobile policy inception. Photographs provided by the Actor revealed a date prior to the policy inception. The amount of attempted theft is approximately \$3,176.00.
- C. Your Affiant reviewed the claim provided by Kolcun and found the following information:
 - 1. On July 6, 2018, the Actor called incepted a new comprehensive/collision Safe Auto Insurance policy at approximately 8:30 AM.
 - 2. On July 12, 2018, the Actor made a claim with Safe Auto Insurance stating that she was involved in an accident with a deer around 2:00 AM that morning.
 - 3. The Actor advised that she took photos of the damage to the vehicle and sent them to Safe Auto Insurance as a part of the claim process.
 - 4. The meta-data on the photos provided by the Actor show the pictures were taken on July 2, 2018 at approximately 7:43 AM which is four (4) days prior to the policy inception.
 - 5. A recorded interview with the Actor was completed by Safe Auto Insurance. The Actor advised that the accident occurred after she obtained her new policy with Safe Auto Insurance.
 - 6. The total estimate of damages to the Actor's car was \$3,176.00. Safe Auto Insurance denied the claim and no payments were made.
- D. Your Affiant received a computer forensics analysis report from Supervisory Special Agent John O'Brien that revealed the following:
 - 1. Your Affiant provided O'Brien with three (3) photographs from the accident involving the Actor. O'Brien was asked to provide the meta-data associated with the photographs.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180184
Defendant Name:	First: HEATHER	Middle: M	Last: BORDACK

1. According to O'Brien, the three (3) photographs were taken on July 2, 2018 at approximately 7:43 AM, 7:44 AM and 7:44 AM. It should be noted that the time the photographs were taken is approximately ten (10) days prior to the insurance policy inception.
- E. Your Affiant, along with Special Agent William McKee, interviewed the Actor at the Sheetz Convenience Store located in Bellwood, PA. The Actor provided the following information:
1. According to the Actor, she was involved in a single vehicle accident with a deer on July 2, 2018 at approximately 7:30 AM. The Actor advised that there was damage to the front fender and driver's side area of the vehicle. The police were not called nor did they respond to the scene.
 2. The Actor said that she did take photos of the vehicle at the time of the accident.
 3. The Actor informed your Affiant that at the time of the accident she did not have valid automobile insurance coverage. The Actor stated that her Progressive Insurance policy had expired "at least" two (2) months prior for non-payment.
 4. The Actor advised that she waited a few days and on July 6, 2018 she applied for a new auto application online with Safe Auto Insurance from her home address of 1194 Mountain Dale Road, Blandburg, PA.
 5. Your Affiant asked the Actor about the following questions that appeared on the application:
 - a. Has any driver been involved in an accident or reported a claim to an insurer in the past three (3) years?
 - i. The Actor answered "no".
 - b. Is there any existing damage or broken glass to the vehicle listed in this application?
 - i. The Actor answered "no".
 6. The Actor admitted to providing false/fraudulent information to both questions on the application.
 7. The Actor was then questioned about the claim she made with Safe Auto Insurance on July 12, 2018. The Actor said that she decided to wait a few more days and then submitted a claim with her new insurance information.
 8. The Actor admitted to providing false/fraudulent information to Safe Auto Insurance during the claim process and recorded telephone calls regarding the date and time of the accident. The Actor stated she informed Safe Auto that the accident occurred after she obtained the auto insurance policy, when in fact, the accident occurred prior to the policy inception.
 9. The Actor stated that she had hoped Safe Auto Insurance would cover the cost of damages to her vehicle.

Based upon the aforementioned facts and circumstances, your Affiant believes that probable cause exists for the issuance of an arrest warrant for the Actor, Heather Bordack.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180184
Defendant Name:	First: HEATHER	Middle: M	Last: BORDACK

I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

Robert M Gift
(Signature of Affiant)

Sworn to me and subscribed before me this 25 day of OCT 2018
10/25/18 Date [Signature], Magisterial District Judge

My commission expires first Monday of January,



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: CLEARFIELD



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 46-3-04
MDJ: Hon. JAMES B. GLASS
Address: 251 SPRING ST., SUITE 3
HOUTZDALE, PA 16651

DEFENDANT: (NAME and ADDRESS):
JESSE J FINNEGAN Gen
First Name Middle Name Last Name

41 N. HILL STREET
COALPORT, PA 16627

Telephone: (814)378-7160

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number: CR-159-18 Date Filed: 10/25/18 OTN/LiveScan Number: U641749-3 Complaint/Incident Number: IF-2018-0061 Request Lab Services? YES NO

GENDER: Male Female
DOB: 06/10/1967 POB: Pa Add'l DOB: / / Co-Defendant(s):
First Name Middle Name Last Name Gen. AKA

RACE: White Asian Black Native American Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

Hair Color: GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown) BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink) BLN (Blonde / Strawberry)

Eye Color: BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray) HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA: YES NO DNA Location: WEIGHT (lbs.):

FBI Number: 602499HA9 MNU Number: 145

Defendant Fingerprinted: YES NO Ft. HEIGHT in.

Fingerprint Classification: 5 8

DEFENDANT VEHICLE INFORMATION

Plate # ZHT 9525 State PA Haz mat Registration Sticker (MM/YY) / Comm'l Veh. Ind. School Veh. Oth. NCIC Veh. Code Reg. same as Def.

VIN: 1D7HA18N48S585399 Year: 2008 Make: Dodge Model: Ram Style: Color: Silver

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).

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

I, SA JAMES KOPERA 438 (Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General PA0222400 (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 [405] 41 N. Hill St. Coalport, Pa 16627 (Subdivision Code) (Place-Political Subdivision)

in CLEARFIELD County [17] on or about FEBRUARY 6, 2018, AND DATES THEREAFTER (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number: CR-159-18	Date Filed: 10/25/18	OTN/LiveScan Number U641749-3	Complaint/Incident Number IF-2018-0061
Defendant Name:	First: JESSE	Middle: J	Last: FINNEGAN

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input checked="" type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
--	---	--	--	---

<input checked="" type="checkbox"/>	1	4117	A 2	of the	18	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about February 6, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Safe Auto Insurance Company, present or cause to be presented to Safe Auto Insurance Company any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor presented information to Safe Auto Insurance Company that an accident occurred at a time after obtaining vehicle insurance, when in fact, the accident occurred prior to the Actor obtaining an insurance policy.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	--	--	---

<input type="checkbox"/>	2	3922	A 1	of the	18	1	F-3		
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): **CRIMINAL ATTEMPT/THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about February 6, 2018 and dates thereafter, the Actor did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2000.00 from Safe Auto Insurance Company, the Actor presented information to Safe Auto Insurance Company that an accident occurred at a time after obtaining vehicle insurance, when in fact, the accident occurred prior to the Actor obtaining an insurance policy.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<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: <i>CR-159-18</i>	Date Filed: <i>10/25/18</i>	OTN/LiveScan Number <i>U641749-3</i>	Complaint/Incident Number IF-2018-0061
Defendant Name:	First: JESSE	Middle: J	Last: FINNEGAN

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date)

[Handwritten Signature]

(Signature of Affiant)

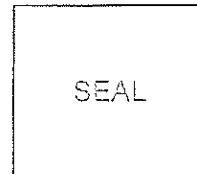
AND NOW, on this date *25 oct 2018* I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

46-3-04
(Magisterial District Court Number)

[Handwritten Signature]

(Issuing Authority)





Docket Number: CR-159-18	Date Filed: 10/12/18	OTN/LiveScan Number U641749-3	Complaint/Incident Number IF-2018-0061
Defendant Name:	First: JESSE	Middle: J	Last: FINNEGAN

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: February 6, 2018 and dates thereafter

Criminal Complaint No: IF-2018-0061

Name of Affiant: Special Agent James Kopera

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
564 Forbes Avenue
Pittsburgh, PA

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since April 2007, is the case agent assigned to the investigation involving the Actor, Jesse J. Finnegan.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Jessica Kolcun of Safe Auto Insurance Company. The investigation revealed that the Actor, Jesse J. Finnegan, filed a claim with Safe Auto Insurance Company on February 7, 2018 at approximately 6:32 pm. The Actor reported that on that same day, between 3:00 pm and 4:00 pm, he lost control of his truck and struck a tree. The Actor reinstated his liability only insurance policy by phone at 1:57 am on February 6, 2018. On February 7, 2018 at approximately 12:03 am, the Actor added comprehensive and collision coverage to his policy. PA State Police were dispatched to the accident scene involving the Actor's truck on February 5, 2018 at 8:04 pm, and arrived on scene at 8:41 pm, which is prior to the policy inception date.
- C. Your Affiant reviewed the claim filed with Safe Auto Insurance Company and found the following:
 - 1. The Actor was involved in an accident on February 5, 2018 at 8:04 pm. The accident occurred on Wopsy Rd. in Cambria County when the Actor swerved to miss an oncoming vehicle, causing him to swerve off the road and strike a tree. The Actor's vehicle obtained damage to the passenger side tire, bumper and headlight. The grill and frame of the Actor's truck was also damaged.
 - 2. The Actor admitted to PA State Police Trooper John Wogan that he did not have insurance on the vehicle at the time of the accident.
 - 3. The Actor was charged with required financial responsibility by PA State Police Trooper, John Wogan.
 - 4. The Actor called Safe Auto from his home on February 6, 2018 at 1:57 am and reinstated his liability only policy, which had been cancelled on December 4, 2017 for failure to pay premiums.



POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR-159-18</i>	Date Filed: <i>10/29/18</i>	OTN/LiveScan Number <i>U 641749-3</i>	Complaint/Incident Number IF-2018-0061
Defendant Name:	First: JESSE	Middle: J	Last: FINNEGAN

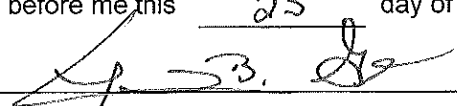
2. Another driver stopped to assist the Actor and called the accident into 911. The Actor stated a Logan Township police officer arrived and determined the accident occurred in Cambria County. Ultimately, the Pennsylvania State Police arrived on the scene.
3. The Actor stated that at the time of the accident, he did not have insurance on the truck and that his driver's license was suspended. The Actor was given two traffic citations; one for failure to carry insurance and one for driving with a suspended license.
4. The Actor was asked if he recalled contacting Safe Auto to file a claim the day after the accident and providing false information concerning the date and time of the accident. The Actor stated that he only called to inform Safe Auto that he was involved in an accident, and not to file a claim. The Actor also indicated that he informed someone at Safe Auto that the accident occurred prior to him obtaining insurance.
5. When the Actor was confronted with the fact that he did file a claim and also provided a false date and time of the accident, the Actor advised that he was "foggy" with the date and time because he hit his head when his truck hit the tree.

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Jesse J. Finnegan.

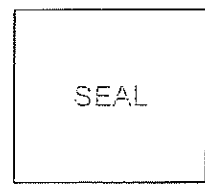
I, SA JAMES KOPERA, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.


(Signature of Affiant)

Sworn to me and subscribed before me this 25th day of Oct 2018
Date , Magisterial District Judge

My commission expires first Monday of January, 2024



COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF: ALLEGHENY



POLICE CRIMINAL COMPLAINT
 COMMONWEALTH OF PENNSYLVANIA
 VS.

MDJ: Hon. CAROLYN S BENGEL
 Magisterial District Number: 05-2-05
 Address: 1010 BROADVIEW BOULEVARD
 BRACKENRIDGE, PA 15014
 Phone: 724.224.5555

DEFENDANT: JOY-LYNN (NAME and ADDRESS): PIERCE
 First Name Middle Name Last Name Gen.
 237 W 8TH AVENUE TARENTUM, PA 15084

NCIC Extradition Code Type

Felony - Full Extradition
 Distance: _____

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <u>CR445-18</u>	Date Filed <u>10/24/18</u>	OTN/LiveScan Number <u>G 821901-3</u>	Complaint/Incident Number <u>IF2018-0060</u>	Request Lab Services? <input type="checkbox"/> Yes
GENDER FEMALE	DOB <u>11/12/1974</u>	POB	Add'l DOB	Co-Defendant(s) <input type="checkbox"/>
RACE WHITE	First Name		Middle Name	Last Name Gen.
ETHNICITY	AKA			
HAIR COLOR		EYE COLOR		
DNA	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number		Ft. HEIGHT In.	
Defendant Fingerprinted				
Fingerprint Classification				

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat	Registration Sticker (MM/YY)	Comm'l Veh. Ind.	School Veh.	Oth. NCIC Veh. Code	Reg. Same as Def. <input type="checkbox"/>
VIN	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, WILLIAM MCKEE 416
 (Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)
 of ATTORNEY GENERAL PA0222400
 (Identify Department or Agency Represented and Political Subdivision) (Police Agency ORI Number)
 do hereby state: (check appropriate box)
 1. X 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 464 TARENTUM BORO
 (Subdivision Code) (Place-Political Subdivision)
 In Allegheny County 02 on or about 01/04/2018 13:59
 (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 821901-3	Complaint/Incident Number IF2018-0060
Defendant Name	First: JOY-LYNN	Middle:	Last: PIERCE

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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. 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						
X	1	4117	A2	of the	18	1	F3		
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)		Accident Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	
Statute Description/Acts of the accused associated with this Offense:									
18 4117A2 INSURANCE FRAUD F3 1 COUNT									
The actor, knowingly and with the intent to defraud an insurer or self-insured, namely Progressive Insurance, presented or caused to be presented to an insurer or self-insured a statement forming a part of, or in support of, an insurance claim that contained false, incomplete or misleading information concerning a fact or thing material to an insurance claim, namely the Actor filed a claim with Progressive Insurance and stated that damage to her vehicle occurred on 12/21/17, after obtaining insurance, when in fact, the damage had occurred prior to the policy inception., in violation of 18 Pa.C.S.§4117(a)(2).									

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
	2	3922	A1	of the	18	1	M3		
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)		Accident Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	
Statute Description/Acts of the accused associated with this Offense:									
18 901A CRIMINAL ATTEMPT M3 1 COUNT									
The actor committed an attempt when, with intent to commit the crime of 18:3922:A1, the said actor did the act or acts of submitted an insurance claim for damages in excess of \$2,000.00 to her vehicle claiming that the damages occurred in an accident on 12/21/17, after obtaining insurance, when in fact, the damage to the vehicle occurred prior to the policy inception, which constituted a substantial step toward the commission of the aforesaid crime, in violation of 18 Pa. C.S. §901(a).									



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 821901-3	Complaint/Incident Number IF2018-0060
Defendant Name	First: JOY-LYNN	Middle:	Last: PIERCE

- 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 is comprised of the preceding page(s) numbered _____ through _____
- I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

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.)

 _____ 10/24/18 _____ Wm M
 (Date) (Signature of Affiant)

AND NOW, on this date 10/24/18 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.

05-2-02 _____ [Signature] _____
 (Magisterial District Court Number) (Issuing Authority)

SEAL



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 821901-3	Complaint/Incident Number IF2018-0060
Defendant Name	First: JOY-LYNN	Middle:	Last: PIERCE

AFFIDAVIT of PROBABLE CAUSE

1. WHEN:

- a) Date when Affiant received information:
03/05/2018
- b) Date when the source of information (Police Officers, Informant, Victim, Co-Defendant, Defendant, etc.) received information:
03/05/2018

2. HOW:

- a) How Affiant knows this particular person committed crime: (personal observation, defendant's admissions, etc.):
investigation, witness interviews, audio recordings
- b) How the source of information knows this particular person committed the crime:
investigation, witness interviews, audio recordings
- c) How both Affiant and/or source of information knows that a particular crime has been committed:
investigation, witness interviews, audio recordings

3. WHAT CRIMES:

18 4117 A2 INSURANCE FRAUD
18 901 A CRIMINAL ATTEMPT

4. WHERE CRIME(S) COMMITTED:

237 W 8TH AVENUE, TARENTUM, PA 15084

5. WHY AFFIANT BELIEVES THE SOURCE OF INFORMATION:

- Source is presumed reliable, i.e. other Police Officer, Eyewitness, Victim of Crime, etc.
- Source has given information in the past which has led to arrest and/or conviction
Defendant's reputation for criminal activity
This source made declaration against his/her penal interest to the above offense
- Affiant and/or other Police Officers corroborated details of the information



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 821901-3	Complaint/Incident Number IF2018-0060
Defendant Name	First: JOY-LYNN	Middle:	Last: PIERCE

COMMONWEALTH OF PENNSYLVANIA

VS

Joy-Lynn Pierce

COUNTY OF ALLEGHENY

Date of Application:

Date of Violations: On or about January 4, 2018 and dates thereafter
Criminal Complaint No.:

Name of Affiant: Special Agent William McKee

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, located at 1251 Waterfront Place, Pittsburgh, PA 15222, and who has been so employed since February 13, 2006, is the case agent assigned to the investigation involving the Actor, Joy-Lynn Pierce.

B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Shane Oravetz, Special Investigator with Progressive Insurance. The investigation revealed that the Actor's Progressive policy was inceptioned on 12/21/17 at 8:49 PM. On 1/4/18 at 1:59 PM, the Actor filed a claim via a mobile app to report that her vehicle was involved in an accident sometime after 9:00 PM, on 12/21/17 after the inception of her policy. Surveillance video of the accident and the Springdale Police Department (SPD) confirmed that the accident occurred at 7:35 PM on 12/21/17. The attempted theft was \$3,130.66.

C. Your Affiant reviewed the claim reported to Progressive Insurance and found the following:

1. On 12/21/17 at 7:35 PM, the Actor's vehicle was parked on Pittsburgh Street in front of La Nova Pizzeria in Springdale when it was wrecked into by another vehicle operated by James Holmes. La Nova Pizzeria surveillance footage confirms that the accident occurred at 7:35 PM. The Springdale Police Department was dispatched to the accident scene at 7:38 PM. At the accident scene, Holmes was arrested for DUI.
2. The Actor purchased a Progressive Auto policy on 12/21/17 at 8:49 PM, after the accident occurred.
3. During two recorded telephone conversations with Progressive on 1/5/18 and 1/22/18, the Actor said that the accident occurred after she purchased her auto policy.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 821901-3	Complaint/Incident Number IF2018-0060
Defendant Name:	First: JOY-LYNN	Middle:	Last: PIERCE

4. A Progressive estimate reflected that the Actor's vehicle sustained \$3,130.66 in damages as a result of the accident.
- D. Springdale Police Chief George Polnar was interviewed by your Affiant and Special Agent Jason Chimile and provided the following information:
1. Chief Polnar provided a copy of the Incident Report which was completed by Springdale Police Officer Kevin Persichetti.
 2. The report reflected that on 12/21/17 at 7:38 PM Officer Persichetti and Officer Savulchak were dispatched to La Nova Pizzeria located at 835 Pittsburgh Street in Springdale for a two vehicle accident. Upon arrival, the officers observed a gold colored Jeep which was operated by James Holmes and a Chrysler 200 which was parked in front of La Nova Pizzeria. Matthew Pierce, an employee of the pizza shop, parked the Chrysler 200 in front of the shop. Pierce was not in the vehicle when it was struck by Holmes. Holmes was arrested at the scene for DUI and taken into police custody. The report indicated La Nova Pizzeria has a security camera outside which caught the incident on film.
 3. The accident report indicated that Holmes provided GEICO insurance information for his vehicle and Mathew Pierce provided State Farm insurance information for his vehicle.
- E. Brian Mulwe was interviewed by your Affiant and Special Agent Chimile and provided the following information:
1. Mulwe has been the manager at La Nova Pizzeria located on Pittsburgh Street in Springdale for the past two years. Mulwe recalled that he was working on 12/21/17 when La Nova Pizzeria employee Matthew Pierce's vehicle was hit by a drunk driver while parked in front of the pizza shop on Pittsburgh Street. Mulwe said that the incident was caught on film by the pizza shop's security camera. Mulwe acknowledged that the time stamp on the film indicated the incident occurred at 8:35 PM, when in fact, the accident occurred at 7:35 PM. At the time, the security camera did not take into account daylight saving time, and therefore the correct time was not indicated on the film. Mulwe confirmed that he was there when the accident occurred at 7:35 PM on 12/21/17.
 2. Mulwe provided a copy of the surveillance tape of the accident.
- F. James Holmes was interviewed by your Affiant and Special Agent Jason Chimile and provided the following information:
1. Holmes said that he was involved in a vehicle accident on 12/21/17 while operating his Jeep Cherokee. Holmes acknowledged that he was arrested for DUI at the accident scene. At the time of the accident, Holmes indicated that his vehicle was insured by GEICO.
- G. Ross Lockhart was interviewed by your Affiant and provided the following information:
1. Lockhart is a Special Investigator with GEICO Insurance.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 821901-3	Complaint/Incident Number IF2018-0060
Defendant Name	First: JOY-LYNN	Middle:	Last: PIERCE

2. James Holmes started a new policy with GEICO on his Jeep Cherokee policy # 4511201305 in September 2017. On 12/15/17 the policy cancelled for non-payment. GEICO did not insure the Jeep that Holmes was operating on 12/21/17 and would not have paid for damages for any accident he was involved in.

H. The Actor was interviewed by your Affiant and Special Agent Jason Chimile and provided the following information:

1. The Actor said that her Chrysler 200 was parked in front of La Nova Pizzeria on 12/21/17 when it was hit by a drunk driver. The vehicle was driven to the pizza shop by her son Matthew who works there. The Actor said that just prior to the accident she purchased insurance through Progressive Insurance.
2. The Actor said that she reported the accident to Progressive Insurance via the telephone on 12/22/17. The Actor said that she was not informed of the accident until much later from when it occurred. The Actor indicated that she was unaware of the time the accident actually occurred on 12/21/17. The Actor could not recall the name of the Progressive Insurance representative that she reported the accident to.
3. The Actor could not be specific why her son did not contact her immediately about the accident. Also, she could not explain why her son was unable to tell her the time of the accident before she reported it to Progressive. The Actor said that she was unable to get the police report and wanted Progressive Insurance to get the information from the driver that caused the accident.
4. The Actor was made aware by your Affiant that when she reported the accident to Progressive Insurance that she had agreed to have her conversations recorded. She was made aware that during the conversation with Progressive Insurance that she kept insisting the accident occurred after she purchased insurance at 8:49 PM on 12/21/17. When in fact, the accident occurred at around 7:30 PM, prior to her purchasing the Progressive Insurance policy. The Actor said that it did not make a difference because her policy would not be in effect until the next day.

I. Matthew Pierce was interviewed by your Affiant and Special Agent Jason Chimile and provided the following information:

1. Pierce said that on 12/21/17 he drove his mother's (the Actor) Chrysler 200 to his place of employment at La Nova Pizzeria and parked it in front of the business on Pittsburgh Street. While working inside the pizza shop at 7:35 PM his mother's vehicle was struck by a drunk driver.
2. Pierce said that the police showed up to take a report and arrested the individual for DUI. The La Nova Pizzeria security camera caught the accident on film.
3. As soon as the accident occurred, Pierce said that he telephoned his mother (the Actor) three times before she picked up. Pierce said that he contacted the Actor within ten minutes from the time that the accident occurred. Pierce informed his mother that her vehicle was struck while parked and that he needed to know where the registration and insurance information was located within the vehicle so he could provide it to the police at the accident scene. The Actor informed Matthew that the information was located in the glove box of the vehicle.
4. Pierce provided a recorded statement.

J. Shane Oravetz was interviewed by your affiant and provided the following information:



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 821901-3	Complaint/Incident Number IF2018-0060
Defendant Name	First: JOY-LYNN	Middle:	Last: PIERCE

1. Oravetz is a Special Investigator with Progressive Insurance.
2. Oravetz confirmed that of 12/21/17 at 8:49 PM the Actor purchased a policy for her 2005 Chrysler 200 on line from Progressive Insurance. According to Oravetz, as soon as a payment for a policy is processed the policy became effective immediately. There is no waiting period.
3. Oravetz acknowledged that according to the Actor's situation that her payment was processed at 8:49 PM on 12/21/17 and that was exactly when her coverage started. He further stated, if an actual accident occurred any time after 8:49 PM on 12/21/17 Progressive would have paid for the loss through the Actor's collision coverage.

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of arrest warrant for Joy-Lynn Pierce (the Actor).

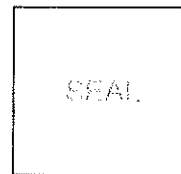
I, WILLIAM MCKEE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

William McKee
 (Signature of Affiant)

Sworn to me and subscribed before me this 24 day of October 2018
10/24/18 Date [Signature], Magisterial District Judge

My commission expires first Monday of January,



COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF: CAMBRIA
 Magisterial District Number: 47-3-03
 MDJ: Hon. John J. Prebish
 Address: 730 Portage Road
 Cresson, PA 16630
 Telephone: (814)886-8879



**POLICE CRIMINAL COMPLAINT
 COMMONWEALTH OF PENNSYLVANIA**

VS.
 DEFENDANT: (NAME and ADDRESS):
 KRISTEN RENE MOORE
 First Name Middle Name Last Name Gen
 127 WALNUT STREET
 COUPON, PA 16629

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Booklet Number: CR-186-18 Date Filed: 9/13/18 OTN/LiveScan Number: U6262845-2 Complaint/Incident Number: IF20180174 Request Lab Services? YES NO

GENDER: Male Female
 DOB: 03/12/1994 POB: _____ Add'l DOB: / / Co-Defendant(s)

First Name: _____ Middle Name: _____ Last Name: _____ Gen: _____
 AKA: _____

RACE: White Asian Black Native American Unknown
 ETHNICITY: Hispanic Non-Hispanic Unknown

Hair Color: GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color: BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA: YES NO DNA Location: _____ WEIGHT (lbs.): _____
 FBI Number: _____ MNU Number: _____

Defendant Fingerprinted: YES NO Ft. HEIGHT In.: _____
 Fingerprint Classification: _____ 5 7

DEFENDANT VEHICLE INFORMATION

Plate #: _____ State: _____ Haz mat: Registration Sticker (MM/YY) / _____ Comm'l Veh. Ind. School Veh. Oth. NCIC Veh. Code: _____ Reg. same as Def.

VIN: _____ 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).

SDAG Dennis Kistler _____ / /
 (Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, AMY L. ADAMS BCI-478
 (Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General PA0222400
 (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 [430] Tunnelhill Street At Portage Street
 In Tunnelhill Boro, PA (Subdivision Code) (Place-Political Subdivision)

in CAMBRIA County [11] on or about JUNE 11, 2018 AND DATES THEREAFTER
 (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number: CH-186-18	Date Filed: 9/13/18	OTN/LiveScan Number: U6026845-2	Complaint/Incident Number: IF20180174
Defendant Name:	First: KRISTEN	Middle: RENEE	Last: MOORE

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____				
<input checked="" type="checkbox"/>	1	4117	(A)(2) of the 18	1 F3				
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): INSURANCE FRAUD								

Acts of the accused associated with this Offense:
On or about June 11, 2018 and dates thereafter, the Actor did knowingly and with the Intent to defraud an insurer, present or cause to be presented to Progressive Insurance Company any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor re-instated her automobile insurance policy with Progressive Insurance and later reported a loss as having occurred after the policy was in effect, when in fact, the accident occurred prior to the Actor obtaining insurance.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____				
<input type="checkbox"/>	2	3922	(A)(1) of the 18	1 M1				
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): CRIMINAL ATTEMPT (THEFT BY DECEPTION)								

Acts of the accused associated with this Offense:
On or about June 11, 2018 and dates thereafter, the Actor intentionally did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the the commission of that crime, namely, in an attempt to obtain in excess of \$200.00 from Progressive Insurance Company, the Actor re-instated her automobile insurance policy with Progressive Insurance and later reported a loss as having occurred after the policy was in effect, when in fact, the accident occurred prior to the Actor obtaining insurance.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____				
<input type="checkbox"/>	3	4117	(B)(4) of the 18	1 M1				
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): INSURANCE FRAUD								

Acts of the accused associated with this Offense:
On or about June 11, 2018 and dates thereafter, the Actor, knowingly and with the intent to defraud an insurer, namely Progressive Insurance, filed an application for automobile insurance containing any false information, or concealed for the purpose of misleading information concerning any fact material thereto, namely, the Actor, while re-instating her automobile insurance policy with Progressive Insurance, falsely stated that no driver had been involved in an accident since May 29, 2018, the date her policy lapsed.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-186-18	Date Filed: 9/13/18	OTN/ LiveScan Number: UG20845-2	Complaint/Incident Number: IF20180174
Defendant Name:	First: KRISTEN	Middle: RENEE	Last: MOORE

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently that non-confidential information and documents.

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.)

9/12

(Signature of Affiant)

AND NOW, on this date 9/13/18 (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.

47-3-03

(Magisterial District Court Number)

[Handwritten Signature]

(Issuing Authority)



SEAL



POLICE CRIMINAL COMPLAINT

Docket Number: CB-1860-18	Date Filed: 9/13/18	OTN/LiveScan Number UC2020845-2	Complaint/Incident Number IF20180174
Defendant Name:	First: KRISTEN	Middle: RENEE	Last: MOORE

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: June 11, 2018 and dates thereafter

Criminal Complaint No.:

Name of Affiants: Special Agent Amy L. Adams

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

- A. Affiant Adams, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and has been employed with the office since June 2009, is the case agent assigned to the investigation involving the Actor, Kristen R. Moore.
- B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Brandt Salnick, Special Investigator with Progressive Insurance Company. Salnick alleged that the Actor re-instated her Progressive Insurance automobile insurance policy after her vehicle was involved in an accident and then reported that she was involved in a vehicle accident after the policy inception. His investigation revealed that the Actor falsified information pertaining to the date of the accident by stating that the accident occurred at a time after the policy was purchased. The total amount of attempted theft was \$1,707.56.
- C. Your Affiant interviewed Brandt Salnick, Special Investigator with Progressive Insurance, and reviewed the Progressive claim file. The following information was obtained:
 - 1. On May 29, 2018, the Actor's Progressive Insurance automobile policy cancelled due to non-payment of premiums.
 - 1. On June 11, 2018 at 12:36 pm, the Actor re-instated the policy via the telephone and electronically signed a statement of no loss. Her signature verified that:
 - a. No household member had been involved in any motor vehicle accidents for the time period between 12:01 am on May 29, 2018 and 12:36 pm on June 11, 2018.
 - b. No one operating a vehicle listed on the policy had been involved in an accident for the time period between 12:01 am on May 29, 2018 and 12:36 pm on June 11, 2018.
 - c. There had been no damage or theft of any vehicles listed on the policy during the time period between 12:01 am on May 29, 2018 and 12:36 pm on June 11, 2018.
 - 2. Progressive Insurance re-instated the policy with no lapse because the Actor signed the statement of no loss.



POLICE CRIMINAL COMPLAINT

Docket Number: CK-186-18	Date Filed: 9/13/18	OTN/LiveScan Number U6026845-2	Complaint/Incident Number IF20180174
Defendant Name:	First: KRISTEN	Middle: RENEE	Last: MOORE

3. On June 11, 2018 at 1:46 pm, the Actor called Progressive Insurance and filed a claim for an accident in which she was the at-fault driver. The Actor told the Progressive claims representative that after she left a family member's house, she was involved in an accident at around 12:40. The Actor stated that she was stopped at a stop sign and was inching up to see if there was any traffic coming. A water truck clipped her front bumper.
 4. Pennsylvania State Police responded to the accident. According to the non-reportable crash record, the accident occurred at 12:20 pm. The Actor's vehicle was stopped at a stop sign on Portage Street and pulled into the intersection without yielding the right of way to the vehicle driven by Colton Dinges on Tunnellhill Street. The Actor's vehicle struck Dinges' vehicle.
 5. On June 15, 2018, Progressive Insurance representative Tyler Ross took a recorded statement from the Actor. The Actor stated that the accident occurred on June 11, 2018 at 12:20 pm. She was stopped at a stop sign on Portage Street and began to inch up to turn left. The intersecting road, Tunnellhill Street, did not have a stop sign for that traffic. A water truck, travelling on Tunnellhill Street, approached her vehicle from the left and struck her vehicle. It ripped her whole bumper off.
 6. The Actor stated that she paid her premium before she left her family member's house. She had received her first paycheck and was able to pay the premium on the morning of the accident. The Actor was adamant that the payment went through before the accident.
 7. The estimate of damages was \$1,707.56.
- D. Your Affiant interviewed the other driver, Colten Dinges. He provided the following information:
1. On June 11, 2018, as he was travelling on Tunnellhill Road, he saw a silver vehicle inching out of the side street to his left. As he passed the car, the driver pulled out too soon and hit his truck right behind the cab where the left axle was.
 2. He dragged the car a little way and pulled the front bumper off. He looked at the clock and saw that it was 12:20 pm. An off duty fire fighter stopped and called Gallitzen Police Department first. After a few minutes, he discovered that there was no one on duty with that department. The fire fighter then called the PA State Police at about 12:40 pm.
 3. Dinges took a photograph of the damage with his cell phone. He showed your Affiant the photograph and metadata on the phone. The date and time were June 11, 2018 at 12:27 pm. Dinges emailed your Affiant a copy of the photograph from his cellular telephone. Your Affiant forwarded the photograph to SA April Campbell with the Office of Attorney General's Computer Forensics Unit.
- E. Your Affiant received SA Campbell's Computer Forensics Analysis report. The results of the report indicated that Dinges' picture was captured on June 11, 2018 at 12:27:11 hours with a Samsung SGH-A667 cell phone camera.
- F. Your Affiant interviewed the Actor at her residence. She provided the following information:
1. On June 11, 2018, the Actor was involved in a car accident. After the accident, she discovered that her car insurance policy was not active.



POLICE CRIMINAL COMPLAINT

Docket Number: CP-186-18	Date Filed: 9/13/18	OTN/LiveScan Number U626845-2	Complaint/Incident Number IF20180174
Defendant Name:	First: KRISTEN	Middle: RENEE	Last: MOORE

- The Actor admitted that the accident occurred prior to her re-instating her policy.
- The Actor re-instated the policy on the application on her cellular telephone. She admitted that she electronically signed the statement of no loss without reading it.
- The Actor called the claim into Progressive Insurance because the state trooper advised her to do so. She changed the time of the accident to reflect it occurring after she re-instated her policy because she was afraid that she was going to get into trouble for not having any insurance. She denied filing the claim so that her policy would cover any damages. She did not think it would cover the damages because she had a \$1,000.00 deductible.

Based upon information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Kristen R. Moore.

I, AMY L. ADAMS, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

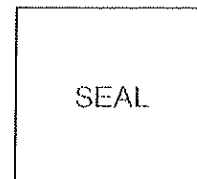
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

[Handwritten Signature]

(Signature of Affiant)

Sworn to me and subscribed before me this 13TH day of September 2018
 _____ Date *[Handwritten Signature]*, Magisterial District Judge

My commission expires first Monday of January, 2022



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: CLEARFIELD

Magisterial District Number: 46-3-01
MDJ: Hon. PATRICK N. FORD
Address: 309 MAPLE AVENUE
DUBOIS, PA 15801

Telephone: (814)371-5321



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT:

(NAME and ADDRESS):

KYLE

A

MILLER

First Name

Middle Name

Last Name

Gen

213 WOOD STREET
DUBOIS, PA 15801

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number: CP-252-18 Date Filed: 9/17/18 OTN/LiveScan Number: U627836-6 Complaint/Incident Number: 2017-0345 Request Lab Services? YES NO

GENDER: Male Female
 DOB: 01/20/1989 POB: Pa Add'l DOB: / / Co-Defendant(s):
 First Name: _____ Middle Name: _____ Last Name: _____ Gen: _____

RACE: White Asian Black Native American Unknown
 ETHNICITY: Hispanic Non-Hispanic Unknown
 Hair Color: GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color: BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA: YES NO DNA Location: _____ WEIGHT (lbs.): 150
 FBI Number: 594510VC7 MNU Number: _____
 Defendant Fingerprinted: YES NO Ft. HEIGHT In.: 6 0
 Fingerprint Classification: _____

DEFENDANT VEHICLE INFORMATION

Plate #: _____ State: _____ Haz mat:
 Registration Sticker (MM/YY): _____ / _____ Comm'l Veh. Ind.:
 School Veh.: Oth. NCIC Veh. Code: _____ Reg. same as Def.:
 VIN: _____ Year: 2004 Make: Nissan Model: Z350 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).

SDAG DENNIS KISTLER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /
(Date)

I, SPECIAL AGENT JAMES KOPERA

438

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

(Name of the Affiant)

of Pennsylvania Office of Attorney General
(Identify Department or Agency Represented and Political Subdivision)

PA0222400
(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 [301] 213 Wood Street, Dubois, Pa 15801
 (Subdivision Code) (Place-Political Subdivision)

in CLEARFIELD County [17] on or about OCTOBER 18, 2017 AND DATES THEREAFTER
 (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number 2017-0345
Defendant Name:	First: KYLE	Middle: A	Last: MILLER

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	A 2	of the	18	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about October 18, 2017 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, State Farm Insurance, present or cause to be presented to State Farm Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor presented information to State Farm Insurance that his vehicle was vandalized on or about October 18, 2017, when in fact, the damage occurred prior to him purchasing the vehicle.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	---	---	---

<input type="checkbox"/>	2	3922	A 1	of the	18	1	F-3		
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): **CRIMINAL ATTEMPT/THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about October 18, 2017 and dates thereafter, the Actor did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain over \$2,000.00 from State Farm Insurance, the Actor presented information to State Farm Insurance that his vehicle sustained damage as a result of vandalism on or about October 18, 2017, when in fact, the damage occurred prior to him purchasing the vehicle.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	---	---	---

<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:



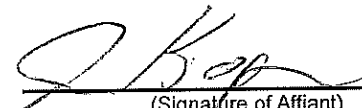
POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number 2017-0345
Defendant Name:	First: KYLE	Middle: A	Last: MILLER

- 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(s) numbered 1 through .
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

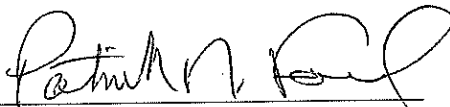
The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.
(Before a warrant of arrest can be issued, an affidavit of probable cause must be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

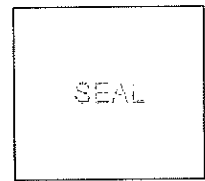
(Date)


 (Signature of Affiant)

AND NOW, on this date September 17, 2018 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.

46-3-01
 (Magisterial District Court Number)


 (Issuing Authority)





Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number 2017-0345
Defendant Name:	First: KYLE	Middle: A	Last: MILLER

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: October 18, 2017 and dates thereafter

Criminal Complaint No: IF-2017-0345

Name of Affiant: Special Agent James Kopera

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
564 Forbes Avenue
Pittsburgh, PA

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since April 2007, is the case agent assigned to the investigation involving the Actor, Kyle A. Miller.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Darrell Knight of State Farm Insurance Company. The investigation revealed that the Actor, Kyle A. Miller, filed a claim with State Farm Insurance Company on October 18, 2017. The Actor claimed that his vehicle, a 2004 Nissan Z350, had been vandalized on October 18, 2017. The Actor reported that the exterior of the vehicle had been keyed and that the interior front seats had been slashed and the radio and shift knob had been stolen. The same damages were reported and a claim was filed to State Farm by previous owner Megan Calhoun on or about June 2017. The amount of the attempted theft is over \$2,000.00.
- C. Your Affiant reviewed claims filed with State Farm Insurance and found the following:
 - 1. The Actor filed a claim for the vandalism to the exterior and interior of his 2004 Nissan Z350 with State Farm Insurance on October 18, 2017.
 - 2. The same damage was reported to State Farm Insurance and a claim was filed by a previous owner, Megan Calhoun, on or about June 2017.
 - 3. The previous owner of the 2004 Nissan 350Z, Megan Calhoun, verified with State Farm Insurance that the Actor purchased the vehicle from her for \$100.00.
 - 4. Calhoun verified with State Farm Insurance that the vehicle had been keyed and the front seats slashed prior to her selling the vehicle to the Actor.
 - 5. In photographs shown to Calhoun by Darrell Knight of State Farm Insurance, she verified the slashed seats were not repaired prior to selling the car to the Actor.
 - 6. Calhoun verified to Darrell Knight of State Farm Insurance she filed a claim with State Farm Insurance on or about June 2017 for the slashed seats and stolen radio and shift knob.

9-17-18 PNR



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number 2017-0345
Defendant Name:	First: KYLE	Middle: A	Last: MILLER

D. Megan Calhoun provided the following information to your Affiant:

1. Calhoun stated that she was living with her ex-boyfriend and the father of her two children, Anthony Brunstetter, at 11 South Church St. in Dubois, PA. In the summer of 2017 she found a black 2004 Nissan 350Z for sale on line. She purchased the vehicle and on or about June of 2017 she was driving the car on a country road and it broke down. The car had to be left on the side of the road overnight. When she returned the following day she discovered that someone had "keyed" the outside of the vehicle along the driver's side door area. Inside the vehicle, both seats were slashed in numerous areas. She recalled that the seat area was definitely slashed and possibly the seat backs were cut. The aftermarket stereo was forcibly removed from the dash. Calhoun was shown two pictures of the interior and signed both indicating that the damage was there prior to her selling the car to the Actor. She stated she filed a claim with her insurance company for the damages prior to selling the car to the Actor. She also stated that she did not repair the damages prior to selling the car to the Actor because the claim was denied and/or she withdrew the claim.

E. Anthony Brunstetter provided the following information to your Affiant:

1. Brunstetter stated that his ex-girlfriend, Megan Calhoun, purchased a 2004 Nissan 350Z on-line from an unknown person. He is not sure when she purchased the vehicle, but believed it to be in the spring or summer of 2017. He stated when she purchased the car it was black in color but that he repainted it blue. The vehicle was in the parking lot of his residence at the time of the interview and he agreed to show it to us. The vehicle is now colored green.
2. Brunstetter stated that he recently repainted it again, after he bought the car back from the Actor. The vehicle's two seats were slashed on both the seat and the back area. He stated that the seat portion was cut at a time when Calhoun owned the car. He stated that the car broke down in the Dubois, PA area and when he and Calhoun came to get the car the following day they discovered that the seats had been cut and the stereo had been removed.

F. Darrell Knight, Special Investigator with State Farm Insurance, provided the following information to your Affiant:

1. Knight stated that the 2004 Nissan 350Z was involved in a claim while it was owned by Megan Calhoun on June 23, 2017. Calhoun claimed that the Nissan overheated on the side of a road and when she returned the following day the steering wheel and stereo were stolen and the front seats were slashed. The vehicle had also been scratched over most of the exterior.
2. On July 1, 2017, Knight received photographs from Calhoun depicting the damage from June 23, 2017.

*9-17-18
D.K.F.*



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number 2017-0345
Defendant Name:	First: KYLE	Middle: A	Last: MILLER

3. The Actor filed a claim in October of 2017 stating that the vehicle was vandalized while parked in front of 213 Wood Street, Dubois, Pa. In his claim he stated that the exterior was scratched and that someone had cut the front seats and stole the radio and the shift knob.
4. State Farm estimated the damages to be \$7,644.76. No money was paid on the claim by State Farm Insurance.
5. The Actor provided pictures to Darrell Knight showing the above damages.
6. The Actor was shown photographs by Darrell Knight taken of the damages reported to State Farm Insurance and the Actor stated that they were the same damages that occurred from his claim. He was then advised by Knight that the photos/damage he identified were actually submitted in a previous claim by Calhoun.
7. The Actor added the 2004 Nissan 350Z to his State Farm Insurance policy on September 18, 2017.

G. The Actor provided the following information to your Affiant:

1. The Actor verified that he filed a claim with State Farm Insurance for vandalism on or about October 2017.

H. The Commonwealth of Pennsylvania Department of Transportation Driver and Vehicle Services provided your Affiant with a complete title history of the 2004 Nissan 350Z which shows the vehicle was purchased by the Actor on October 13, 2017 from Megan Calhoun.

*9-17-18
RNK*



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number 2017-0345
Defendant Name:	First: KYLE	Middle: A	Last: MILLER

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Kyle A. Miller.

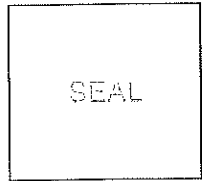
I, SPECIAL AGENT JAMES KOPERA, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.


 (Signature of Affiant)

Sworn to me and subscribed before me this 17th day of September 2018
 Date Patrick N. Ford, Magisterial District Judge

My commission expires first Monday of January, 2024



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: MERCER

Magisterial District Number: 35-2-01
MDJ: Hon. DENNIS SONGER
Address: 1217 HALL STREET
SHARON, PA 16146

Telephone: (724)346-6541



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT:

(NAME and ADDRESS):

LINDA L. GASSNER
First Name Middle Name Last Name Gen

815 STAMBAUGH AVE. SHARON, PA 16146

583 Baldwin Ave

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-378-18	Date Filed 09/24/18	OTN/LiveScan Number U 630517-6	Complaint/Incident Number IF2018-0015	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DO 02-05-1963	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
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 type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> PLE (Purple) <input type="checkbox"/> GRN (Green)
Eye Color <input checked="" type="checkbox"/> HAZ (Hazel)	<input 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)
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	WEIGHT (lbs.)		
FBI Number 346905FD1	MNU Number	Ft. HEIGHT In.		
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification:		5	5

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG KARA COTTER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, **WILLIAM MCKEE**

(Name of the Affiant)

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

of **Pennsylvania Office of Attorney General**
(Identify Department or Agency Represented and Political Subdivision)

PA0222400
(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 [302] **815 Stambaugh, Sharon, Pa 16146**
(Subdivision Code) (Place-Political Subdivision)

in **MERCER** County **[43]** on or about **DECEMBER 15, 2017 AND DATES THERAFTER**
(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number: CR-378-18	Date Filed: 09 14 / 18	OTN/LiveScan Number U 630517-6	Complaint/Incident Number
Defendant Name:	First: LINDA	Middle: L.	Last: GASSNER

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

(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input checked="" type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
--	---	--	--	---

<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about December 15, 2017 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, AIC Insurance, present or cause to be presented to AIC Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated that she was the operator of the vehicle when an accident occurred, when in fact, Amanda Gassner, who has a suspended driver's license and was listed as an excluded driver on the AIC auto insurance policy, was actually operating the vehicle at the time of the accident, in an effort to have the damages paid by AIC.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	F-3		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about December 15, 2017 and dates thereafter, the Actor did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from AIC Insurance, the Actor stated that she was the operator of the vehicle when an accident occurred, when in fact, Amanda Gassner, who has a suspended driver's license and was listed as an excluded driver on the AIC auto insurance policy, was actually operating the vehicle at the time of the accident, in an effort to have the damages paid by AIC.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input type="checkbox"/>	3	4117	(a)(3)	of the	18 PA C.S.	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about December 15, 2017, and dates thereafter, the Actor did knowingly and with the intent to defraud AIC Insurance, assist, abet, solicit or conspire with another, namely, Amanda Gassner, to prepare or make any statement that is intended to be presented to any insurer or self insured in connection with, or in support of, a claim that contains any false, incomplete or misleading information concerning any fact or thing material to the claim, namely, the Actor and Amanda Gassner agreed to tell AIC Insurance that the Actor was the operator of the vehicle when an accident occurred, when in fact, Amanda Gassner, who has a suspended driver's license and was listed as an excluded driver on the AIC auto insurance policy, was actually operating the vehicle at the time of the accident, in an effort to have the damages paid by AIC.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-378-18	Date Filed: 09 /14/ 18	OTN/LiveScan Number U 630517-6	Complaint/Incident Number IF2018-0015
Defendant Name:	First: LINDA	Middle: L.	Last: GASSNER

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

9/24/18

(Date)

Wm M. L.

(Signature of Affiant)

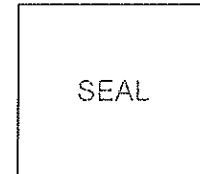
AND NOW, on this date **SEPT. 24, 2018** I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

35-2-01

(Magisterial District Court Number)

[Signature]
 (Issuing Authority)





Docket Number: CR-378-18	Date Filed: 09 / 24 18	OTN/LiveScan Number U 630517-6	Complaint/Incident Number IF2018-0015
Defendant Name:	First: LINDA	Middle: L.	Last: GASSNER

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: December 15, 2017 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent William McKee

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place
Pittsburgh, PA

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since February 2006, is the case agent assigned to the investigation involving the Actor, Linda Gassner.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Andrew Fry of AIC Insurance. The investigation revealed that Amanda Gassner was involved in an automobile accident on December 15, 2017. Amanda had a suspended driver's license at the time of the accident and was an excluded driver on her AIC auto insurance policy and should not have been operating the vehicle. Amanda and her mother (the Actor), then agreed to provide false/fraudulent information to AIC Insurance during the claim process that the Actor was operating the vehicle at the time the accident occurred in order to have AIC Insurance pay for the damage. The amount of the attempted theft is over \$2,000.00.
- C. Your Affiant reviewed the claim filed with AIC Insurance and found the following:
 - 1. Amanda Gassner was involved in an automobile accident on December 15, 2017 when Amanda struck another vehicle being driven by Carlie Pierce. Amanda had a suspended driver's license at the time of the accident and was an excluded driver on her AIC auto insurance policy. Amanda should not have been operating a motor vehicle.
 - 2. On December 15, 2017, a claim was filed by the Actor, Amanda's mother. During the claim process the Actor provided a recorded interview. Your Affiant reviewed the notes from the loss report call on December 15, 2017, and recorded call on December 15, 2017, in which the Actor advised on both calls that she was the driver when the accident occurred.
 - 3. On December 20, 2017, Amanda informed AIC Insurance claims adjuster, Andrew Fry, that her mother (the Actor) was driving the vehicle at the time of the accident.
 - 4. AIC Insurance would not have paid the claim because Amanda had a suspended license and was listed as an excluded driver on her insurance policy. Her mother (the Actor) was listed as the primary driver on the policy.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-378-18	Date Filed: 09 24 / 18	OTN/LiveScan Number U 630517-6	Complaint/Incident Number IF2018-0015
Defendant Name:	First: LINDA	Middle: L.	Last: GASSNER

D. Your Affiant, along with Special Agent Jason Chimile, interviewed Carlie Pierce and Daryl Babcock who provided the following information:

1. On 12/15/17 Pierce was operating Babcock's 2014 Nissan Sentra at around 9:00 AM on South Buhl Road in Hermitage, PA when she was rear-ended by Amanda Gassner operating a 1997 Dodge Ram. Both vehicles pulled to the side of the road. Pierce said that Amanda did not have a license. Amanda did provide Pierce with her name, date of birth, and home address and an insurance document with her personal information on it as well.
2. Pierce said that Amanda told her that if she wanted her damages paid for with insurance that she would have to tell the insurance company that her mother (the Actor) was driving at the time of the accident.
3. Pierce felt that something was not right and telephoned Babcock about the accident. Babcock was nearby and showed up at the scene. Babcock said that Amanda provided her personal information to Pierce prior to his arrival. At the scene Babcock did view Amanda and the damages to both vehicles. Pierce took a short video of the accident scene which Amanda appeared in. Pierce took a still photo shot of the video which showed Amanda and she provided both photo and video to your Affiant.
4. Pierce and Babcock discovered later, after filing a claim with the insurer (AIC) of Amanda's vehicle, that she did not have a license and therefore was not covered by insurance. Babcock took his vehicle to Sandy's Auto Body in Youngstown, Ohio to have it looked at. His vehicle sustained \$5,979.92 in damages as a result of the accident. Babcock discovered that his insurance was lapsed at the time of the accident and the damages have not been repaired.

E. Your Affiant, along with Special Agent Jason Chimile, interviewed Amanda Gassner at her residence and she provided the following information:

1. On December 15, 2017 at around 9:00 AM Amanda was operating her 1997 Dodge Pick-up truck when she rear-ended another vehicle driven by Carlie Pierce on South Buhl Farm Road in Hermitage, PA.
2. At the time of the accident Amanda did not, and still does not, have a driver's license and was listed as an excluded driver on her truck's insurance policy. Amanda's mother (the Actor), was listed as the primary driver on the policy. Amanda said that at the time she purchased her AIC policy she did not have a driver's license and she listed the Actor as the primary driver. The Actor said that she has not had a driver's license for a couple years.
3. Amanda acknowledged that she and the Actor both told her insurance carrier AIC that the Actor was the operator of the vehicle at the time of the accident. In an effort to have the damages to the vehicles paid for by the insurance company. Amanda said that the Actor did inform AIC that she was the driver at the time of the accident in an effort to have the damages to the vehicles paid for by the insurance company. Amanda said that the Actor did inform AIC that she was the driver at the time of the accident.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-378-18	Date Filed: 09 / 24 18	OTN/LiveScan Number U 630517-6	Complaint/Incident Number IF2018-0015
Defendant Name:	First: LINDA	Middle: L.	Last: GASSNER

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Linda Gassner.

I, WILLIAM MCKEE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE *CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA* THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

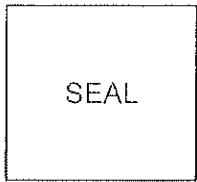
William McKee

(Signature of Affiant)

Sworn to me and subscribed before me this 24TH day of SEPTEMBER 2018

09-24-18 Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2022



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: BLAIR

Magisterial District Number: 24-3-03
MDJ: Hon. PAULA M. AIGNER
Address: 311 UNION STREET
HOLLIDAYSBURG, PA 16648
Telephone: (814)693-3210



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

DEFENDANT:

VS.
(NAME and ADDRESS):

LYNN A HUGHES
First Name Middle Name Last Name Gen

1126 YELLOW SPRINGS DRIVE
WILLIAMSBURG, PA 16693

SEP 19 2018

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-258-18 Date Filed 1/1 OTN/LiveScan Number U228925-3 Complaint/Incident Number IF-2018-0106 Request Lab Services? YES NO

GENDER Male Female DOB 02/08/1985 POB Pa Add'l DOB / / Co-Defendant(s) Gen.
First Name Middle Name Last Name

RACE White Asian Black Native American Unknown

ETHNICITY Hispanic Non-Hispanic Unknown
Hair Color GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA YES NO DNA Location WEIGHT (lbs.)

FBI Number MNU Number 115

Defendant Fingerprinted YES NO Ft. HEIGHT In.

Fingerprint Classification: 5 5

DEFENDANT VEHICLE INFORMATION

Plate # State Haz mat Registration Sticker (MM/YY) / Comm'l Veh. Ind. School Veh. Oth. NCIC Veh. Code Reg. same as Def.
VIN 1D4RE2GG5BC691845 Year 2011 Make Dodge Model Durango 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).

SDAG DENNIS KISTLER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /
(Date)

I, SA JAMES KOPERA 438
(Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General PA0222400
(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 [408] 1126 Yellow Springs Dr. Williamsburg, Pa 16693 (Subdivision Code) (Place-Political Subdivision)

in BLAIR County [07] on or about JANUARY 17, 2018 AND DATES THEREAFTER
(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0106
Defendant Name:	First: LYNN	Middle: A	Last: HUGHES

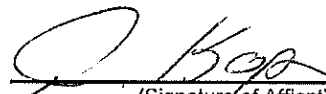
- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

9/19/18

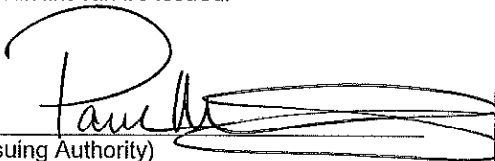
(Date)

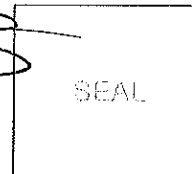

(Signature of Affiant)

AND NOW, on this date 9/19/18 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.

24-3-03

(Magisterial District Court Number)


(Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0106
Defendant Name:	First: LYNN	Middle: A	Last: HUGHES

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input checked="" type="checkbox"/>	1	4117	A 2	of the	18	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about January 17, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Progressive Insurance Company, present or cause to be presented to Progressive Insurance Company any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor presented information to Progressive Insurance Company that an accident occurred at a time after obtaining/reinstating vehicle insurance, when in fact, the accident occurred prior to her obtaining/reinstating an insurance policy.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	--	--	---

<input type="checkbox"/>	2	3922	(A)(1)	of the	18 PA C.S.	1	F-3		
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): **CRIMINAL ATTEMPT/THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about January 17, 2018 and dates thereafter, the Actor did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from Progressive Insurance Company, the Actor stated that an accident occurred at a time after obtaining/reinstating insurance, when in fact, the accident occurred prior to obtaining/reinstating an insurance policy.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input type="checkbox"/>	3	4117	(B)(4)	of the	18 PA C.S.	1	M-1		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about January 17, 2018 and dates thereafter, the Actor, knowingly and with the intent to defraud an insurer, namely Progressive Insurance Company, filed an application for automobile insurance containing any false information, or concealed for the purpose of misleading information concerning any fact material thereto, namely, the Actor, while applying for an automobile insurance policy with Progressive Insurance Company, falsely stated that she had not been involved in an accident or had any damages to the vehicle since the policy lapsed.



Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0106
Defendant Name:	First: LYNN	Middle: A	Last: HUGHES

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: January 17, 2018 and dates thereafter

Criminal Complaint No: IF-2018-0106

Name of Affiant: Special Agent James Kopera

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
564 Forbes Avenue
Pittsburgh, PA

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since April 2007, is the case agent assigned to the investigation involving the Actor, Lynn A. Hughes.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Brandt Salnick of Progressive Insurance Company. The investigation revealed that the Actor, Lynn A. Hughes, filed a claim with Progressive Insurance Company on January 22, 2018. The Actor's Progressive policy lapsed on January 12, 2018. She reinstated her policy on January 18, 2018. The Actor claimed that she was involved in an accident on January 22, 2018, when in fact, the accident occurred on January 17, 2018 at a time when her insurance policy was lapsed for failure to pay premiums. During the application process she was asked if she was involved in any accident or had unreported damage to the vehicle since her policy was lapsed to which she replied "no". The attempted amount of theft was over \$2,000.00.
- C. Your Affiant reviewed the claim with Brandt Salnick, Special Investigator with Progressive Insurance Company and found the following:
 - 1. On January 12, 2018, the Actor's insurance policy on her 2011 Dodge Durango was cancelled for failure to pay premiums.
 - 2. The Actor called Progressive Insurance on January 17, 2018 to inquire if she was eligible to reinstate her policy. The Actor stated "no" when asked if she was involved in any accidents from January 12 to January 17, 2018, the time period the policy was cancelled.
 - 3. The Actor called Progressive Insurance again on January 18, 2018 to make a payment to reinstate her policy. The Actor again stated "no" when asked if she was involved in an accident or had damage to her vehicle during the time period that the policy was cancelled. Based upon her answer, Progressive reinstated the policy with no lapse in coverage.
 - 4. On January 22, 2018, the Actor called Progressive Insurance and filed a claim stating she was involved in an accident that same day when her 2011 Dodge Durango slid off a road.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0106
Defendant Name:	First: LYNN	Middle: A	Last: HUGHES

5. The Actor was requested to send photographs of the damage to the vehicle to Progressive Insurance. The Meta data on the photographs indicated the photographs of the damage were taken on January 17, 2018, at a time when the Actor's insurance policy was cancelled for failure to pay her premiums.

D. The following information was obtained from Special Agent Aprill Campbell:

1. On August 2, 2018, SA Aprill Campbell of the PA Office of Attorney General Computer Forensics Unit was provided 3 photographs from the cell phone of the Actor.
2. The photographs were taken by the Actor and sent to Progressive Insurance. The photographs depict the damage to her Dodge Durango.
3. SA Campbell determined after examining the meta data of the photographs that all three photographs were taken on January 17, 2018 at 2:58 PM, prior to the Actor obtaining/reinstating an insurance policy.

E. The Actor provided the following information to your Affiant:

1. The Actor stated she was involved in a single vehicle accident that occurred in January, 2018.
2. The Actor stated she was driving on wet roads and may have hydro-planed causing the vehicle to go off the road. The vehicle, a 2011 Dodge Durango, incurred major damage to the driver side and the passenger side from the wheel area to the back quarter panel. The rear passenger side tire and wheel received the most damage with what appeared to be a broken axle.
3. The Actor was asked if she obtained her Progressive Insurance policy after the wreck occurred. She stated that she was very sick and that she could not recall the dates and times. She was asked if she recalled filing the claim while she was at work and she indicated she did. She also confirmed that she was asked to forward pictures of the damage which she did. Your Affiant informed her that the photographs that she sent were taken on January 17th, one day prior to her renewing her insurance policy and five days prior to her calling in her claim.
4. The Actor admitted that the accident did occur prior to her obtaining her policy and that she did not disclose to Progressive Insurance that she was involved in a wreck the day before obtaining the policy. She further admitted that she took the photographs of the damage on the day of the accident, at a time when her insurance policy was expired. The Actor stated that she was scared and panicked when she realized that she did not have insurance and she would not be able to pay for the damages. The Actor admitted filing the false claim in hopes to have Progressive Insurance pay to get her vehicle repaired.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0106
Defendant Name:	First: LYNN	Middle: A	Last: HUGHES

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Lynn A. Hughes.

I, SA JAMES KOPERA, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.



 (Signature of Affiant)

Sworn to me and subscribed before me this 19th day of September 2018
 _____ Date _____
James Kopera, Magisterial District Judge

My commission expires first Monday of January, 2024



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: FAYETTE



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 14-3-02
MDJ: Hon. Daniel C. Shimshock
Address: 1 East Church Avenue
Masontown, PA 15461

DEFENDANT: (NAME and ADDRESS):
MALINDA K STONER
First Name Middle Name Last Name Gen
202 Nemacolin Road, Carmichales, PA 15320

Telephone: (724)583-1620

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number: CR 406-18 Date Filed: 10/9/18 OTN/LiveScan Number: 2135753-61 Complaint/Incident Number: IF-2018-0150 Request Lab Services? YES NO

GENDER: Male Female DOB: 03/04/1972 POB: _____ Add'l DOB: / / Co-Defendant(s)
First Name: _____ Middle Name: _____ Last Name: _____ Gen: _____
AKA: _____

RACE: White Asian Black Native American Unknown
ETHNICITY: Hispanic Non-Hispanic Unknown
Hair Color: GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color: BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA: YES NO DNA Location: _____ WEIGHT (lbs.): _____

FBI Number: _____ MNU Number: _____ 100

Defendant Fingerprinted: YES NO Ft. HEIGHT In. _____

Fingerprint Classification: _____ 5 3

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN			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).

SDAG DENNIS KISTLER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SPECIAL AGENT JASON CHIMILE

540

(Name of the Affiant)

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

of Pennsylvania Office of Attorney General

PA0222400

(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 [409] 25 1/2 South Main Street, Apt 2,
Masontown Pa 15461 (Subdivision Code) (Place-Political Subdivision)

in FAYETTE County

[26]

(County Code)

on or about JUNE 8, 2018 AND DATES THEREAFTER



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0150
Defendant Name:	First: MALINDA	Middle: K	Last: STONER

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/> Lead?	1	4117	(a)(2)	of the	18 PA C.S.	1	F3		
	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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:
On or about June 8, 2018 and dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Progressive Insurance, present or cause to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor filed a claim stating her vehicle was involved in an accident at a time after she added insurance coverage, when in fact, the accident occurred prior to the Actor adding her insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	--	--	---

<input type="checkbox"/> Lead?	2	3922	(a)(1)	of the	18 PA C.S.	1	F3		
	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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:
On or about June 8, 2018 and dates thereafter, the Actor did with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2000.00 from Progressive Insurance, the Actor filed a claim stating her vehicle was involved in an accident at a time after she added insurance coverage, when in fact, the accident occurred prior to the Actor adding her insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input type="checkbox"/> Lead?				of the					
	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: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0150
Defendant Name:	First: MALINDA	Middle: K	Last: STONER

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.) _____

(Date) 10-9-18



 (Signature of Affiant)

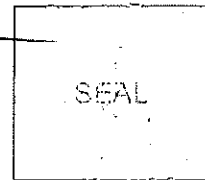
AND NOW, on this date October 9, 2018 I certify that the complaint has been properly completed and verified.
 An affidavit of probable cause must be completed before a warrant can be issued.

14-3-02

 (Magisterial District Court Number)



 (Issuing Authority)



DANIEL C. SHIMSHOCK, 14-3-02
 MAGISTERIAL DISTRICT JUDGE
 Fayette County, Pennsylvania
 My Comm. Exp. First Mon. Jan. 2022

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0150
Defendant Name:	First: MALINDA	Middle: K	Last: STONER

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: June 8, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent Jason Chimile

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place Mezzanine Level
Pittsburgh, PA 15222

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since October 2015, is the case agent assigned to the investigation involving the Actor, Malinda Stoner.

- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Dedrick Sykes of Progressive Insurance. The investigation revealed that the Actor had a prior Progressive Insurance policy that canceled for non-payment in January 2018. The Actor obtained a new Progressive Insurance policy on June 8, 2018 at 2:14 P.M. During the Actor's policy call she provided a statement of no loss confirming that her vehicle had not been involved in any accidents prior to purchasing her new Progressive Insurance policy. On June 14, 2018 the Actor reported to Progressive Insurance that her vehicle had been involved in a single vehicle accident on that same day. During the Actor's recorded phone conversation with Progressive Insurance Special Investigator, Dedrick Sykes, the Actor stated that the accident happened on June 14, 2018 at 6:30 P.M. Progressive Special Investigations Department asked the Actor if she took photos from the scene of the accident. The Actor advised that she took photos from the scene and uploaded them directly to the Progressive Insurance App. The photos that she uploaded to the Progressive Insurance App show the date and time the photos were taken, specifically, the photos were taken on June 8, 2018 at 9:03 A.M., which is prior to her obtaining a Progressive Insurance policy. The attempted amount of theft is approximately \$5,125.00.

- C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:
 - 1. The Actor purchased a Progressive Insurance policy on her 2011 Hyundai Sonata on June 8, 2018 at 2:14 P.M. Her Progressive Insurance policy had cancelled in January 2018 for non-payment. During the policy application the Actor stated that the vehicle had not been in any accidents prior to the purchase of the new Progressive Insurance policy.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0150
Defendant Name:	First: MALINDA	Middle: K	Last: STONER

2. On June 14, 2018 the Actor filed an on-line claim with Progressive Insurance stating that her vehicle was involved in an accident on that same day. In the on-line claim the Actor stated that the accident happened on June 14, 2018 and it involved a collision with an animal.
 3. In the Actor's recorded call with Special Investigator, Dedrick Sykes, on June 18, 2018, Stoner stated that she was involved in a single vehicle accident on June 14, 2018 at 6:30 A.M. Stoner stated that she was driving home from work when she swerved to miss a deer and went off the side of the road.
 4. The Actor uploaded photos of the accident to the Progressive Insurance app. The metadata on the photos indicated that they were taken on June 8, 2018 at 9:03 A.M., which is prior the inception of the Actor's Progressive Insurance policy.
- D. On Monday, August 13, 2018, your Affiant, along with Special Agent William McKee, interviewed Jim Shaffer at Shaffer's Towing Service in Masontown, Pa. Shaffer provided the following information:
1. Shaffer was asked if he towed a 2011 Hyundai Sonata owned by the Actor sometime around June 8, 2018.
 2. Shaffer advised that he did tow the vehicle owned by the Actor on June 8, 2018.
 3. Shaffer stated that he received a call from Mike Lowman early in the morning on June 8, 2018 to tow the vehicle.
 4. Shaffer advised that the driver's vehicle was over a hill and needed to be pulled out. Shaffer stated that when he arrived on the scene of the accident, the Actor advised that she was on her way home from work and fell asleep at the wheel.
 5. Shaffer stated that he towed the vehicle to J&J Automotive because he did not perform body work on vehicles.
- E. On Monday, August 13, 2018, your Affiant, along with Special Agent William McKee, interviewed Joe Shaffer at Shaffer's Auto Body in Masontown, Pa. Shaffer provided the following information:
1. Shaffer was asked if he did any work on a 2011 Hyundai Sonata owned by the Actor sometime in June of 2018.
 2. Shaffer advised that he did complete work on a 2011 Hyundai Sonata, but the vehicle was brought in by Michael Lowman.
 3. Shaffer advised that he did not have a copy of the receipt of the repairs to the vehicle but he had notes that indicated that the total amount in damages to the vehicle was \$5,125.00.
- F. On Friday, August 17, 2018 your Affiant, along with Special Agent William McKee, interviewed the Actor at Shrager Law Offices in Pittsburgh, Pa. The Actor provided the following information:
1. The interview was conducted with Attorney Lyle Dreshold being present.



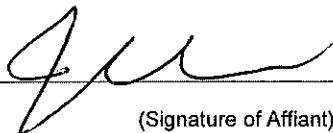
POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0150
Defendant Name:	First: MALINDA	Middle: K	Last: STONER

2. The Actor was asked about the accident that she was involved in on June 8, 2018.
3. The Actor advised that she was on her way home from work when she swerved off the road and went into a ditch.
4. The Actor stated that she called her insurance company after the accident and they advised her that she did not have a valid insurance policy.
5. The Actor stated that she purchased her Progressive Insurance policy over the phone on June 8, 2018 after the accident.
6. The Actor advised that she called Progressive Insurance a few days after the accident to file a claim.
7. The Actor stated that during her claim call she advised Progressive Insurance that the accident was on June 14, 2018. The Actor stated that she lied about the correct date of the accident because she wanted to get the damages to her vehicle paid for.

I, SPECIAL AGENT JASON CHIMILE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

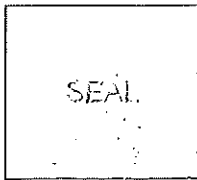


(Signature of Affiant)

Sworn to me and subscribed before me this 9th day of October 2018

Date _____, Magisterial District Judge

My commission expires first Monday of January,



DANIEL C. SHIMSHOCK, 14-3-02
MAGISTERIAL DISTRICT JUDGE
Fayette County, Pennsylvania
My Comm. Exp. First Mon. Jan. 2022

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF LAWRENCE

Magisterial District Number: 53-1-01
MDJ: Hon. Melissa A. Amodie
Address: 430 Court Street
New Castle, PA 16101

Telephone: (724)652-8555



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT:

(NAME and ADDRESS):

MARK A FOLINO
First Name Middle Name Last Name

428 East Sheridan Avenue, New Castle, PA 16105

ORIGINAL

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-456-18	Date Filed 10/9/2018	OTN/LiveScan Number U635483-2	Complaint/Incident Number IF20180126	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 08/17/1987	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name		Middle Name		Last Name
AKA				
RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input checked="" 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 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)				
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number			180
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO				FT. HEIGHT In.
Fingerprint Classification:				5 6

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT

BCI-139

(Name of the Affiant)

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

of Pennsylvania Office of Attorney General

PA0222400

(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 [301] 428 East Sheridan Avenue, New Castle, Pa (Subdivision Code) (Place-Political Subdivision)

in LAWRENCE County

[37]

on or about MARCH 13, 2018 AND DATES THEREAFTER

(County Code)



POLICE CRIMINAL COMPLAINT

ORIGINAL

Docket Number: CR-456-18	Date Filed: 10/9/2018	OTN/LiveScan Number	Complaint/Incident Number IF20180126
Defendant Name:	First: MARK	Middle: A	Last: FOLINO

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input checked="" type="checkbox"/> Lead?	1	4117	(A)(2)	of the	18	1	F3		
	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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:
On or about March 13, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated his vehicle was involved in an accident at a time after the Actor was added to the insurance coverage, when in fact, the accident occurred prior to the Actor and/or his wife adding the Actor to the insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	--	--	---

<input type="checkbox"/> Lead?	2	3922	(A)(1)	of the	18	1	F3		
	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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:
On or about March 13, 2018 and various dates thereafter, the Actor did, with the intent to commit the crime of Theft By Deception, any act that constituted a substantial step towards the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from Progressive Insurance, the Actor stated his vehicle was involved in an accident at a time after the Actor was added to the insurance coverage, when in fact, the accident occurred prior to the Actor and/or his wife adding the Actor to the insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	--	--	---

<input type="checkbox"/> Lead?				of the					
	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

ORIGINAL

Docket Number: CR-456-18	Date Filed: 10/19/2018	OTN/LiveScan Number	Complaint/Incident Number IF20180126
Defendant Name:	First: MARK	Middle: A	Last: FOLINO

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

Robert M. Cift
 (Signature of Affiant)

AND NOW, on this date Oct 9 2018 (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.

53701
 (Magisterial District Court Number)

[Signature]
 (Issuing Authority)





ORIGINAL

Docket Number: CR-456-18	Date Filed: 10/19/2018	OTN/LiveScan Number	Complaint/Incident Number IF20180126
Defendant Name:	First: MARK	Middle: A	Last: FOLINO

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: March 13, 2018 and dates thereafter

Criminal Complaint No.:

Name of Affiant: Supervisory Special Agent Robert M. Giff

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

- A. Your Affiant, Robert Giff, who is employed as a Supervisory Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since March 2000, is the case agent assigned to the investigation involving the Actor, Mark Folino.
- B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Ashley Fagan, Special Investigator with Progressive Insurance. Fagan alleged that the Actor submitted an automobile insurance claim stating that his vehicle was involved in an accident at a time after he and/or his wife added himself to the auto insurance policy. It was determined through the claimant driver and PSP crash report that the accident occurred prior to the Actor and/or his wife adding himself to the auto insurance policy. The amount of attempted theft is over \$23,000.00.
- C. Your Affiant reviewed the claim submitted by Ashley Fagan, Special Investigator with Progressive Insurance. Fagan provided the following information:
 - 1. On March 13, 2018, the Actor and/or his wife, Tricia Folino, changed the Actor from an excluded driver to a listed driver at approximately 1:48 PM on the auto insurance policy. The Actor then submitted an accident claim stating that he was involved in an accident at approximately 2:00 PM after the policy change.
 - 2. The claimant driver, Mary Glasser, provided photographs of the accident and the meta-data show that the pictures were taken prior to the policy change.
 - 3. A PSP crash report reveals that the accident occurred around 12:49 PM which is approximately one (1) hour before the policy change.
 - 4. A recorded interview with the Actor was completed by Progressive Insurance. The Actor stated that his vehicle was damaged in an accident in which he was the at fault driver after the auto insurance policy change was made. The claim and the call were both completed from the Actor's residence in New Castle, PA.
 - 5. The total estimate of damages to the Actor's car was approximately \$6,000.00.
 - 6. The total estimate of damages to Glasser's vehicle was approximately \$17,000.00.
 - 7. Progressive Insurance would not have covered the damages to either vehicle due to the Actor being an excluded driver at the time of the accident.
- D. Your Affiant interviewed Mary Glasser at her attorney's office, Dallas Hartman, located in New Castle, PA. Glasser provided the following information:



POLICE CRIMINAL COMPLAINT

ORIGINAL

Docket Number: CR-456-18	Date Filed: 10/19/2018	OTN/LiveScan Number	Complaint/Incident Number IF20180126
Defendant Name:	First: MARK	Middle: A	Last: FOLINO

1. According to Glasser, she was stopped on the roadway in front of her residence attempting to make a left hand turn into her driveway when she was rear-ended by another vehicle.
 2. Glasser stated that the accident occurred on March 13, 2018 at approximately 12:40 PM. Glasser was sure of the date and time because PSP was called to the scene of the accident and took a report. Glasser's husband came out of the house and took photographs of the accident scene.
 3. Glasser provided your Affiant with a copy of the two photographs.
 4. Glasser was asked if she had any discussion with the driver (the Actor) of the other vehicle. Glasser stated "no". Glasser advised that an unknown witness to the accident stated "driver of the other vehicle didn't even look up".
 5. Glasser said that the Actor informed the first responders that all of his insurance information was located on his phone but he couldn't access it at this time because his phone had died.
 6. Glasser advised that she later submitted a claim through her insurance company, State Farm Insurance, who advised that Progressive Insurance had denied the claim.
 7. According to Glasser, State Farm Insurance covered the damages to her vehicle which totaled approximately \$17,000.00 and the cost of her medical bills which was under \$10,000.00 at this time.
- E. Your Affiant interviewed Pennsylvania State Police Cpl. Randy Guy. Guy provided the following information:
1. Cpl. Guy was asked to verify the date and time of the PSP Crash report submitted by Trooper Dugan. Cpl. Guy stated that the time and date listing March 13, 2018 at approximately 12:48 PM were correct.
 2. Cpl. Guy was also able to provide your Affiant with a printout of the PSP 911 CAD call system. The CAD report reveals that the 911 call was received at 12:39 PM. The call was dispatched at 12:49 PM. The report reveals that the Trooper was on scene of the accident at 12:53 PM.
- F. Your Affiant received a computer forensics analysis report from Special Agent Aprill-Noelle Campbell that revealed the following:
1. Your Affiant provided Campbell with two photographs from the accident involving the Actor. Campbell was asked to provide the meta-data associated with the photographs.
 2. According to Campbell, the two photographs were taken on March 13, 2018 at approximately 12:54 PM and 12:57 PM. It should be noted that the time the photographs were taken is prior to the insurance coverage change at 1:48 PM.
- G. Your Affiant, along with Special Agent Brad Capan, interviewed the Actor and his wife, Tricia Folino, at their home address located in New Castle, PA. The Actor and Tricia provided the following information:
1. According to the Actor, he was involved in an auto accident on March 13, 2018 in which he was at fault when he rear-ended another vehicle.
 2. The Actor advised that he called his wife, Tricia, and told her he was just involved in an auto accident.
 3. Tricia stated she immediately went to the accident scene and picked the Actor up because the vehicle could not be driven after the accident. The Actor informed your Affiant that the vehicle was totaled and valued at between \$6,000.00 - \$10,000.00 depending on the condition of the vehicle prior to the accident.



POLICE CRIMINAL COMPLAINT

ORIGINAL

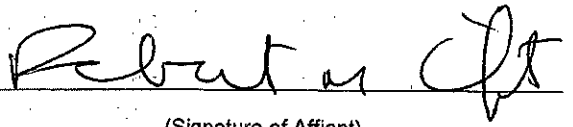
Docket Number: CR-456-18	Date Filed: 10/19/2018	OTN/LiveScan Number	Complaint/Incident Number IF20180126
Defendant Name:	First: MARK	Middle: A	Last: FOLINO

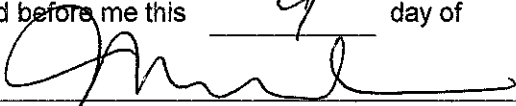
- Tricia advised that after returning back home from the accident she added the Actor back on to their insurance policy because he had been an excluded driver due to an earlier license suspension. The Actor and Tricia both stated that the Actor's license was valid at the time of the accident.
- Tricia said that she knew that the Actor was not added back on to the policy until after the accident occurred.
- The Actor informed your Affiant that he was not exactly sure what time the accident occurred but did admit to knowing that he was not added to the insurance policy until after the accident occurred.

Based upon the aforementioned facts and circumstances, your Affiants believes that probable cause exists for the issuance of an arrest warrant for the Actor, Mark Folino.

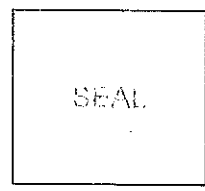
I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.


(Signature of Affiant)

Sworn to me and subscribed before me this 9 day of OCT 2018
10/19/18 Date  Magisterial District Judge

My commission expires first Monday of January, 2019



COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF: BLAIR
 Magisterial District Number: 24-3-03
 MDJ: Hon. PAULA M. AIGNER
 Address: 311 UNION STREET
 HOLLIDAYSBURG, PA 16648
 Telephone: (814)693-3210



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT: (NAME and ADDRESS):
 NICHOLAS A MARKLE Gen
 First Name Middle Name Last Name
 315 LIMERICK LANE
 NEWRY, PA 16665

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-283-18	Date Filed 1/1	OTN/LiveScan Number 0636619-4	Complaint/Incident Number IF-2018-0046	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 03/12/1991	POB Pa	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
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 type="checkbox"/> Non-Hispanic <input checked="" 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 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)		
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location		WEIGHT (lbs.) 210	
FBI Number	MNU Number		Ft. HEIGHT In. 5 8	
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification:			

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN 1GCEK19T93E246104	Year 2003	Make Chevrolet	Model Silverado	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).

SDAG KARA COTTER _____ (Name of the attorney for the Commonwealth)
 _____ (Signature of the attorney for the Commonwealth)
 _____ / / _____ (Date)

I, SA JAMES KOPERA (Name of the Affiant)	438 (PSP/MPOETC -Assigned Affiant ID Number & Badge #)
of Pennsylvania Office of Attorney General (Identify Department or Agency Represented and Political Subdivision)	PA0222400 (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 [405] 315 Limerick Lane, Newry, Pa 16665 (Subdivision Code) (Place-Political Subdivision)	
in BLAIR County (County Code)	on or about FEBRUARY 7, 2018 AND DATES THEREAFTER



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0046
Defendant Name:	First: NICHOLAS	Middle: A	Last: MARKLE

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date)


(Signature of Affiant)

AND NOW, on this date October 11, 2018 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.

24-3-03
(Magisterial District Court Number)


(Issuing Authority)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0046
Defendant Name:	First: NICHOLAS	Middle: A	Last: MARKLE

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	A 2	of the	18	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about February 7, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Esurance Insurance Company, present or cause to be presented to Esurance Insurance Company any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor presented information to Esurance Insurance Company that an accident occurred at a time after obtaining vehicle insurance, when in fact, the accident occurred prior to him obtaining an insurance policy.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>	2	3922	(A)(1)	of the	18 PA C.S.	1	F-3		
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): **CRIMINAL ATTEMPT/THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about February 7, 2018 and dates thereafter, the Actor did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2000.00 from Esurance Insurance Company, the Actor stated that an accident occurred at a time after obtaining insurance, when in fact, the accident occurred prior to obtaining an insurance policy.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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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:



Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0046
Defendant Name:	First: NICHOLAS	Middle: A	Last: MARKLE

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: February 7, 2018 and dates thereafter

Criminal Complaint No: IF-2018-0046

Name of Affiant: Special Agent James Kopera

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
564 Forbes Avenue
Pittsburgh, PA

A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since April 2007, is the case agent assigned to the investigation involving the Actor, Nicholas A. Markle.

B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Stuart Schapiro of Esurance Insurance Company. The investigation revealed that the Actor, Nicholas A. Markle, struck another vehicle at 12:51 PM on February 7, 2018. The Actor contacted Esurance and obtained a liability policy at 1:14 PM on the same date. The Actor filed a claim with Esurance later that day and claimed that he obtained an insurance policy by phone at 11:00 AM, prior to being involved in an accident. The damage caused to the other vehicle was approximately \$4,440.65.

C. Your Affiant reviewed the Esurance Insurance Company file and found the following:

1. The Actor purchased policy number PAPA007475213 with Esurance for his 2003 Chevrolet Silverado on February 7, 2018 at 1:14 pm. During the call to purchase the policy, he was asked about prior accidents and he failed to inform them about the accident that had just occurred.
2. Later that day, the Actor filed a claim for an accident online. The Actor claimed that he had struck another vehicle on Plank Road in Logan Township/Altoona, Pa on February 7, 2018.
3. The Actor was interviewed about the accident during a recorded phone call later that day. The Actor stated that the accident occurred after he had purchased the policy. He stated that he had purchased the policy around 11:00 AM.

D. Deborah Fitzgerald provided the following information to your Affiant:

1. Fitzgerald stated that on February 7, 2018, she was traveling on Plank Rd. crossing an intersection to go to the Kmart shopping plaza. She had a steady green light and a truck being operated by the Actor went through a red light and struck her vehicle.
2. Both she and the Actor parked in the Kmart parking lot after the accident. The Actor told her that he did not have insurance on his vehicle and asked her not to call the police.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0046
Defendant Name:	First: NICHOLAS	Middle: A	Last: MARKLE

3. She did contact the police and an Officer from Logan Township arrived on scene.
 4. Fitzgerald stated that while on scene of the accident the Logan Township Police Officer provided her with the Actor's insurance policy information from Esurance Insurance Company.
 5. Fitzgerald stated that she called Esurance Insurance Company and was informed that the policy she was provided was not in effect at the time of the accident.
 6. An estimate obtained by Fitzgerald indicates the damage to her vehicle is \$4,440.65. The damage has not been repaired.
- E. Officer McClellan of the Logan Township Police Department reviewed his report and provided the following information to your Affiant:
1. Officer McClellan was dispatched to an accident at 528 W. Plank Rd. Altoona, PA. at 12:51 pm on February 7, 2018. He recalled that when he got on scene of the accident he spoke to the Actor who, while at the accident scene, was sitting in his vehicle, a 2003 Chevy Silverado, using his cell phone to attempt to obtain a valid insurance policy.
 2. The operator of the other vehicle, Deborah Fitzgerald, was driving a 2007 Ford F-150, and was proceeding through a steady green light when the Actor was unable to come to a complete stop and struck the Ford F-150. It was determined that the Actor was at fault in the accident and was given a citation for driving vehicle at safe speed.
 3. The Actor stated to the officer that he did obtain a policy and he provided Esurance Insurance Company policy number PAPA007475213, which was entered onto the Accident Exchange Information report. After leaving the accident scene, Officer McClellan went back to his department and checked to verify that the Actor had a valid insurance policy. Officer McClellan stated that he contacted Esurance Insurance Company and was informed that the Actor did not obtain his policy prior to the vehicle accident. Officer McClellan stated that he filed two summary citations against the Actor, Driving at safe speeds and required financial responsibility.
- F. The Actor provided the following information to your Affiant:
1. The Actor stated that in February of 2018 he was operating his 2003 Chevy Silverado on Plank Rd in Altoona when he applied the brakes approaching a red light. The vehicle began sliding on snowy roads causing the front of his vehicle to strike another vehicle.
 2. He stated that he knew he did not have insurance because it had been canceled.
 3. While on scene of the accident, he called Esurance Insurance Company and obtained a new policy. After obtaining the new insurance policy he provided the policy number to the Logan Township Police Officer while on scene of the accident.



POLICE CRIMINAL COMPLAINT


Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0046
Defendant Name:	First: NICHOLAS	Middle: A	Last: MARKLE

- The Actor admitted that he did so in hopes that his insurance would cover the damages to the other vehicle.
- He confirmed that when asked by Esurance Insurance Company if he had any accidents in the last three years he did not inform them that he had just been involved in an accident.

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Nicholas A. Markle.

I, SA JAMES KOPERA, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

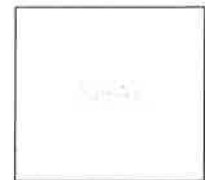
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.



 (Signature of Affiant)

Sworn to me and subscribed before me this 11th day of October 2018
 _____ Date Paul W. [Signature] Magisterial District Judge

My commission expires first Monday of January, 2024



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ERIE



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

Magisterial District Number: 06-1-01
MDJ: Hon. Suzanne C. Mack
Address: 824 East 6th Street
Erie, PA 16507

DEFENDANT:

(NAME and ADDRESS):

RICHARD EDWARD WEBER
First Name Middle Name Last Name Gen
1451 Maple Leaf Drive
Erie, PA 16508

Telephone: (814)451-6524

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <u>CR-295-18</u>	Date Filed <u>1/1</u>	OTN/LiveScan Number <u>U6344660</u>	Complaint/Incident Number <u>IF-2018-0091</u>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <u>04/01/1989</u>	POB <u>Pa</u>	Add'l DOB <u>/ /</u>	Co-Defendant(s) <input type="checkbox"/>
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	First Name Middle Name Last Name Gen.			
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	AKA			
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 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)				
DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number			150
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO				Ft. HEIGHT In.
Fingerprint Classification:				6 0

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG JEROME ORIE _____
(Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, SA DAVID A DALCAMO/DET. SGT. THOMAS GRAY BCI 457/BADGE 261
(Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General PA0222400
(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 [302] 744 East 8th Street, Erie PA 16503
(Subdivision Code) (Place-Political Subdivision)

in ERIE County [25] on or about FEBRUARY 9, 2018 AND DATES THEREAFTER
(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0091
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____				
<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the 18 PA C.S.	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about February 9, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely USAA Insurance Company, present or caused to be presented to USAA Insurance Company any statement forming a part or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely the Actor submitted to USAA Insurance Company a fictitious document indicating that his damaged computer was inspected by a repair company and was deemed a total loss, when in fact, the computer repair company did not exist and the computer was never inspected by the alleged company.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____				
<input type="checkbox"/>	2	3922	(a)(1)	of the 18 PA C.S.	1	F3		
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): **CRIMINAL ATTEMPT/THEFT BY DECEPTION**

Acts of the accused associated with this Offense:

On or about February 9, 2018 and various dates thereafter, the Actor did with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2000.00 from USAA Insurance Company, the Actor submitted to USAA Insurance Company a fictitious document indicating that his damaged computer was inspected by a repair company and was a total loss, when in fact, the computer repair company did not exist and the computer was never inspected by the alleged company.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____				
<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

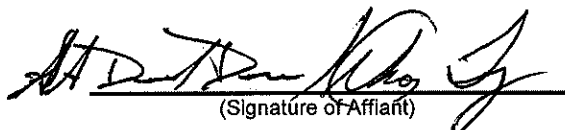
Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0091
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently that non-confidential information and documents.

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.) _____

(Date)



(Signature of Affiant)

AND NOW, on this date October 04th, 2018 I certify that the complaint has been properly completed and verified.

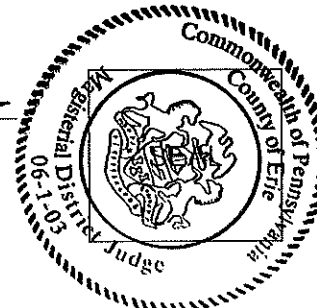
An affidavit of probable cause must be completed before a warrant can be issued.

06-1-03

(Magisterial District Court Number)



(Issuing Authority)



Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0091
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: February 9, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent David A. Dalcamo
Detective Sergeant Thomas Gray

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place
Pittsburgh, PA

Erie City Police Department
Insurance Fraud Section
Erie, PA



A. Your Affiant, who has been employed as a Special Agent for the Pennsylvania Office Attorney General, Insurance Fraud Section, Western Regional Office, since February 2016, and has been a Police Officer in this Commonwealth since 1998, is the case agent assigned to the investigation involving the Actor, Richard Weber.

Your Affiant, Thomas Gray, is employed as a Detective Sergeant with the Erie City Police Department, and has been employed by said police department for almost 27 years and for the past 19 years has been assigned to the Detective Division, investigating property and fraud crimes, and is now the department's Insurance Fraud investigator.

B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Juan Gayoso, Special Investigator with USAA Insurance. Gayoso provided this office with the following information:

1. On February 9, 2018, the Actor, Richard Weber, filed a property loss claim on his Renters Policy, stating that his daughter, who is a toddler, spilled water on his custom built computer.
2. In an attempt to verify the loss, USAA Insurance requested the Actor have the computer inspected by an independent company.
3. On February 12, 2018 the Actor advised USAA Insurance that he found a local shop in Erie, Pennsylvania, to complete a diagnostic check of the computer. The Actor stated that he spoke to a Brandon Shutt at Computer Repair, 2417 Peach Street, Erie, Pennsylvania. The Actor then submitted a document from the computer shop stating the computer was a total loss.
4. USAA Insurance responded to the address on the document and found that the computer company did not exist and Brandon Shutt was actually the Actor's roommate. USAA Insurance located the roommate, Brandon Shutt, who advised that he did not prepare the document and he does not repair computers. Shutt also supplied photographs of the computer and stated that it was in working order without any damage.
5. USAA Insurance conducted a recorded interview with the Actor on March 6, 2018. During this interview, the Actor stated that his wife took the computer to the repair shop and he picked it up a day later. The Actor further stated that he spoke to a Brandon and paid \$99.00 for the diagnostic check. The Actor stated that he was advised the computer was a total loss due to his daughter spilling water on it.
6. Based on the information and documentation provided to USAA Insurance by the Actor concerning the alleged damage to the computer, USAA Insurance found the replacement cost value at \$3,040.73.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number: IF-2018-0091
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

7. The total amount of the attempted theft is \$3,040.73.

C. On July 5, 2018 your Affiant Dalcamo and Affiant Gray responded to Computer Repair Erie, and found the following:

1. Upon responding to the address, 2417 Peach Street, Erie, Pennsylvania, it was found that the business located at the building was Just Gutters.
2. There was no computer shop at the address and no computer shop within the block.
3. Affiant Gray was able to access the Erie Tax records and could not locate the business ever being present at this address.

D. On July 11, 2018 Affiant Dalcamo and Affiant Gray conducted an interview with Anissa Weber, the Actor's wife, who provided the following information:

1. Anissa Weber was advised of the claim and agreed to answer questions concerning the water damage and the events surrounding the claim.
2. Anissa could not recall any time that her daughter spilled water on any of the Actor's computers.
3. Anissa stated that she did not take a computer to a repair shop and never had a discussion about a damaged computer with Brandon at Computer Repair in Erie.
4. Anissa confirmed that Brandon Shutt had lived with her and the Actor for approximately one to two months in January and February of 2018.
5. Affiant Dalcamo showed Anissa the document submitted to USAA Insurance by the Actor for Computer Repair in Erie. Anissa stated that she never saw the document, but confirmed the phone number on the document was Brandon Shutt's personal cell phone number.

E. On July 11, 2018 Affiant Dalcamo and Affiant Gray conducted an interview with Brandon Shutt, who provided the following information:

1. Shutt was advised of the reason for the interview and agreed to answer questions concerning the insurance claim filed by the Actor for the damaged computer.
2. Shutt stated that he became aware of the claim when he was contacted by someone from USAA Insurance.
3. Shutt stated that at the time of the claim he was living with Anissa Weber and the Actor in their residence at 744 East 8th Street, Erie, Pennsylvania.
4. Shutt stated that at no point while he was residing with the Actor was a computer damaged by water.
5. Affiant Dalcamo then presented the Computer Repair document to Shutt and asked if he prepared the document. Shutt stated that he had never viewed the document prior to today, but confirmed that the phone number on the document was in fact his personal cell phone number.
6. Shutt agreed, when he was contacted by USAA Insurance, he emailed photographs of the alleged damaged computer, to show the insurance company that there had been no damage to the computer and that it was working properly.

James C. Gray
10/04/18



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0091
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Richard E. Weber.

I, SA DAVID A DALCAMO/DET. SGT. THOMAS GRAY, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

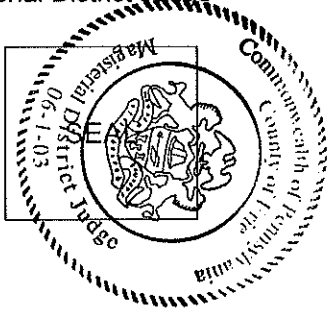
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.


(Signature of Affiant)

Sworn to me and subscribed before me this 04th day of OCTOBER 2018

10/04/ Date Thomas Gray, Magisterial District Judge

My commission expires first Monday of January, 2024



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF:ERIE



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

Magisterial District Number: 06-1-01
MDJ: Hon. Suzanne C. Mack
Address: 824 East 6th Street
Erie, PA 16507

DEFENDANT:

(NAME and ADDRESS):

RICHARD EDWARD WEBER
First Name Middle Name Last Name Gen

1451 Maple Leaf Drive
Erie, PA 16508

Telephone: (814)451-6524

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <i>CR 295-18</i>	Date Filed <i>11</i>	OTN/Live Scan Number <i>U 634429-6</i>	Complaint/Incident Number IF-2018-0094	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 04/01/1989	POB Pa	Add'l DOB / /	Co-Defendant(s) <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 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 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)				

DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location	WEIGHT (lbs.) 150
FBI Number	MNU Number	Ft. HEIGHT In. 6 0
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO		
Fingerprint Classification:		

DEFENDANT VEHICLE INFORMATION

Plate # GHB5598	State PA	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN KMHCM36C27U001430	Year 2007	Make Aston Martin	Model	Style Cd	Color Grav		

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).

SDAG JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SA DAVID A DALCAMO/DET. SGT. THOMAS GRAY BCI 457/BADGE 261
(Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General PA0222400
(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 [302] 744 East 8th Street, Erie, PA 16503
(Subdivision Code) (Place-Political Subdivision)

in ERIE County [25] on or about MARCH 17, 2018 AND VARIOUS DATES THEREAFTER
(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

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

(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	---	---	---

<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about March 17, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, namely, GEICO Insurance, present or cause to be presented to GEICO Insurance any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated that his vehicle was involved in an accident at a time after he and/or Anissa Weber obtained insurance coverage, when in fact, the incident occurred prior to obtaining insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	---	---	---

<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	F-3		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about March 17, 2018 and dates thereafter, the Actor did with the intent to commit the crime of Theft By Deception, any act that constituted a substantial step towards the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from GEICO Insurance, the Actor stated that his vehicle was involved in an accident at a time after he and/or Anissa Weber obtained insurance coverage, when in fact, the incident occurred prior to obtaining insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	--	---	---	---

<input type="checkbox"/>	3	4117	(a)(3)	of the	18 PA C.S.	1	F-3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about March 17, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, assist, abet, solicit or conspire with another, namely, Anissa Weber, to prepare or make any statement that is intended to be presented to any insurer or self-insured in connection with, or in support of, a claim that contains false, incomplete or misleading information concerning any fact or thing material to the claim, namely, Anissa Weber and/or the Actor obtained a policy following an accident and the Actor and Anissa Weber then told GEICO Insurance that the accident happened at a time after insurance coverage was obtained on the vehicle, when in fact, the incident occurred prior to obtaining insurance coverage.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

- 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(s) numbered 1 through .
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.) _____

(Date)



(Signature of Affiant)

AND NOW, on this date OCTOBER 04th, 2018 I certify that the complaint has been properly completed and verified.

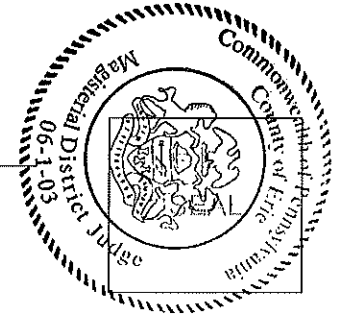
An affidavit of probable cause must be completed before a warrant can be issued.

06-103

(Magisterial District Court Number)



(Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

AFFIDAVIT of PROBABLE CAUSE

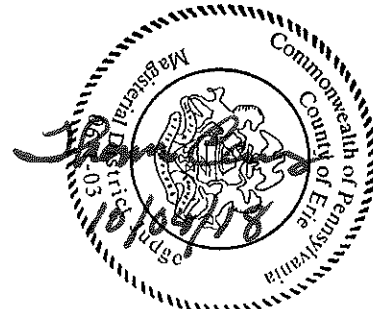
Date of Violation: March 17, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent David A. Dalcamo
Detective Thomas Gray

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place
Pittsburgh, PA

Erie City Police Department
Insurance Fraud Section
Erie, PA



A. Your Affiant, who has been employed as a Special Agent for the Pennsylvania Office Attorney General, Insurance Fraud Section, Western Regional Office, since February 2016, and has been a Police Officer in this Commonwealth since 1998, is the case agent assigned to the investigation involving the Actor, Richard Weber and Anissa Weber.

Your Affiant, Thomas Gray, is employed as a Detective Sergeant with the Erie City Police Department, and has been employed by said police department for almost 27 years and for the past 19 years has been assigned to the Detective Division, investigating property and fraud crimes, and is now the department's Insurance Fraud investigator.

B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Tim Steel, Special Investigator with GEICO Insurance. Steel provided this office with the following information:

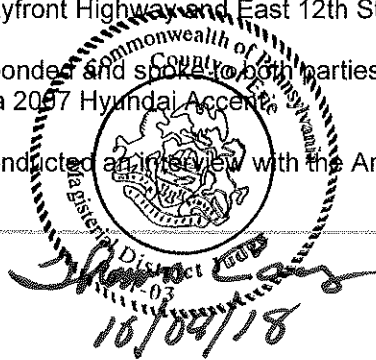
1. On March 5, 2018, a GEICO automotive policy covering the Actor and his wife, Anissa Weber's Ford Taurus and Ford Explorer, was purchased in the Actor's name, using an online application.
2. On March 14, 2018 at 2:07 pm, a 2007 Aston Martin titled in Anissa Weber's name was added to the recently obtained GEICO automotive policy. The policy included comprehensive and collision with a \$1,000.00 deductible
3. On March 17, 2018 at 2:42 pm, the Actor filed a claim stating that he had parked the vehicle at the Family Dollar Store on 12th Street in Erie, and the vehicle was then damaged.
4. On March 20, 2018 GEICO inspected the Aston Martin at the Actor and Anissa Weber's residence. Anissa Weber indicated that the damage was sustained to the front right and front grille of the vehicle.
5. On March 20, 2018 GEICO Insurance Investigator, Tim Steel conducted a recorded interview with Anissa Weber who agreed that she initiated the policy. Anissa Weber stated the vehicle was undamaged prior to the policy inception and was damaged while the Actor had the vehicle at the Family Dollar Store.
6. On March 21, 2018 Steel conducted a recorded interview with the Actor. During the interview, the Actor stated that the vehicle was in perfect condition at the time of purchase in October 2017. The Actor indicated that the vehicle had not been involved in any insurance claims and was not damaged prior to the purchase of the policy on March 5, 2018. The Actor advised that he believes the damage occurred when the vehicle was parked in the Family Dollar parking lot while he was inside the store.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

7. Randy Bates of Bates Collision was interviewed and stated that the Actor's Aston Martin was towed into their shop on February 4, 2018 as a result of an accident. Bates stated that the vehicle had damage to the front right and front grille of the vehicle. Bates indicated that a claim was filed with USAA Insurance, but the vehicle was never repaired at their facility. The Actor drove the vehicle from their shop after it sat for about six weeks.
 8. GEICO Insurance was able to locate an Erie City Police accident report indicating the Actor was involved in an accident while operating the Aston Martin on February 4, 2018. The report states that Weber rear-ended another vehicle.
 9. Upon a review of the USAA Insurance claim filed previously by Richard Weber on February 4, 2018, the current damage reported to GEICO Insurance in regards to the 2007 Aston Martin is consistent with the damage claimed with USAA Insurance claim.
 10. The total amount of the attempted theft is \$2,060.64.
- C. On July 11, 2018 Affiants Dalcamo and Grey conducted an interview with Randy Bates of Bates Collision, who provided the following information:
1. Bates was advised of the investigation and stated that the Actor's vehicle arrived at his shop on February 4, 2018.
 2. Bates stated that the vehicle was towed into their shop as a result of an accident. Bates did not know why the vehicle was towed, as it was fully operational.
 3. Bates stated that he inspected the vehicle and conducted an appraisal for USAA Insurance. Bates indicated the vehicle had damage to the front grill and front passenger side of the vehicle.
 4. Bates stated that the Actor attempted to have USAA Insurance fix additional damage that was not a result of the accident on February 4, 2018. Bates stated there was additional damage on the 2007 Aston Martin that was old and was the result of wear and tear from everyday use.
 5. Bates advised that the vehicle remained at his shop for approximately six weeks and they performed no work on the vehicle. After six weeks, Bates requested the owner remove the vehicle. The Actor then removed the vehicle from Bates' property.
 6. Affiant Dalcamo showed Bates the estimate and photographs from the GEICO Insurance claim filed on March 17, 2018. Bates agreed the damage from the GEICO Insurance claim was the identical damage that he viewed during the inspection for USAA Insurance of the Actor's Aston Martin on February 4, 2018.
- D. On July 11, 2018, Affiant Dalcamo and Affiant Gray secured a copy of the Erie City Police Department Accident Report, which provided the following information:
1. Upon review of the report, it was found that on February 4, 2018 at 11:30 am the Actor was involved in an accident while operating his 2007 Aston Martin on Bayfront Highway and East 12th Street.
 2. Erie Police Department Officer Jason Weismiller responded and spoke to both parties at the scene. Officer Weismiller indicated that the Actor struck the rear of a 2007 Hyundai Accent.
- E. On August 27, 2018, Affiant Dalcamo and Affiant Gray conducted an interview with the Anissa Weber, who provided the following information:





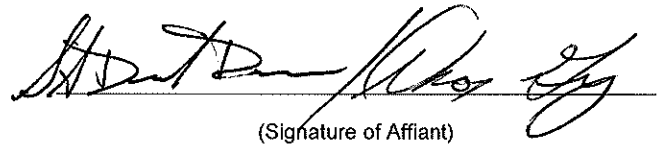
POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0094
Defendant Name:	First: RICHARD	Middle: EDWARD	Last: WEBER

1. Anissa Weber stated that the Actor opened the policy up on-line in her name.
2. Anissa Weber stated the Actor also added the Aston Martin to the policy on March 14, 2018.
3. Anissa Weber stated that the Actor filed the claim for the damage to the Aston Martin alleging the damage occurred on March 17, 2018.
4. Anissa Weber agreed that she informed GEICO Insurance that she opened the policy.
5. Anissa Weber also stated that she told GEICO Insurance that there was no damage to the Aston Martin prior to the claim. However, the Actor admitted that she had knowledge of the prior USAA Insurance accident claim on February 4, 2018, resulting in the damage to the Aston Martin.
6. Anissa Weber admitted that she and the Actor attempted to have GEICO Insurance fix, repair or pay for damages that occurred prior to the inception of the GEICO Insurance policy.

I, SA DAVID A DALCAMO/DET. SGT. THOMAS GRAY, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

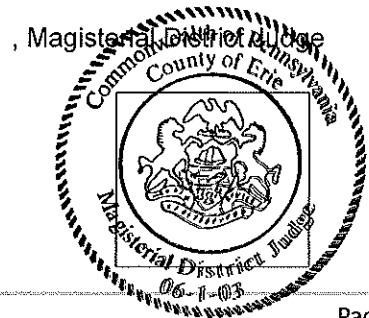
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.


(Signature of Affiant)

Sworn to me and subscribed before me this 04th day of OCTOBER, 2018

10/04/18 Date _____

My commission expires first Monday of January, 2024



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: WESTMORELAND

Magisterial District Number: 10-3-02
MDJ: Hon. Charles R. Conway
Address: 519 Washington Avenue
Export, PA 15235

Telephone: (724)327-8322



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

RYAN MICHAEL COFFEY
First Name Middle Name Last Name Gen

424 Rose Avenue, Penn Hills, PA 15235

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number 12247-18	Date Filed 10/29/18	OTN/LiveScan Number U6421062-0	Complaint/Incident Number IF-2018-0144	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 10/6/89	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name		Middle Name		Last Name
AKA				
RACE <input checked="" type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<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 checked="" type="checkbox"/> BLK (Black) <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"/> 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 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)				
DNA	<input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location	WEIGHT (lbs.)	
FBI Number	MNU Number			
Defendant Fingerprinted	<input type="checkbox"/> YES <input type="checkbox"/> NO			Ft. HEIGHT In.
Fingerprint Classification:			5	6

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SPECIAL AGENT JASON CHIMILE

540

(Name of the Affiant)

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

of Pennsylvania Office of Attorney General

PA0222400

(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 [York] 2001 Ballou Rd, Export, PA
(Subdivision Code) (Place-Political Subdivision)

15637

in WESTMORELAND

[02]

(County Code)

on or about MAY 18, 2018 AND DATES THEREAFTER

County



POLICE CRIMINAL COMPLAINT

Docket Number: 18-0718	Date Filed: 10/19/18	OTN/LiveScan Number 11-27-18	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

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

(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	(a)(3)	of the	18 PA C.S.	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about May 18, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, assist, abet, solicit or conspire with another, namely, Matt Myers and/or Thecla Craddock-Coffey, to prepare or make any statement that is intended to be presented to any insurer or self-insured in connection with, or in support of, a claim that contains false, incomplete or misleading information concerning any fact or thing material to the claim, namely, the Actor, obtained a Progressive Insurance policy after his wife, Thecla Craddock-Coffey, was involved in an accident with a vehicle owned by Matt and/or Emily Myers, and thereafter provided the new policy information to Matt Myers, who filed a claim with Progressive and he and or Thecla Craddock-Coffey falsely represented that the accident happened at a time after the policy inception.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	M1		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:

On or about May 18, 2018 and dates thereafter, the Actor did with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$200.00 from Progressive Insurance, the Actor, obtained a Progressive Insurance policy after his wife, Thecla Craddock-Coffey, was involved in an accident with a vehicle owned by Matt and /or Emily Myers, and thereafter provided the new policy information to Matt Myers, who filed a claim with Progressive and he and or Thecla Craddock-Coffey falsely represented that the accident happened at a time after the policy inception.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
------------------	--	---	---	---

<input type="checkbox"/>	3	4117	(a)(2)	of the	18 PA C.S.	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about May 18, 2018 and dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Progressive Insurance, present or cause to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor, obtained a Progressive Insurance policy after his wife, Thecla Craddock-Coffey, was involved in an accident with a vehicle owned by Matt and /or Emily Myers, and thereafter provided the new policy information to Matt Myers, who filed a claim with Progressive and he and or Thecla Craddock-Coffey falsely represented that the accident happened at a time after the policy inception.



POLICE CRIMINAL COMPLAINT

Docket Number: 18-2017-19	Date Filed: 12/19/18	OTN/LiveScan Number 11-4921-19-12	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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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	Number of Victims Age 60 or Older _____
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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	Number of Victims Age 60 or Older _____
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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: 19-007-18	Date Filed: 10/19/18	OTN/LiveScan Number 19-007-18-6	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date) 10-29-18

(Year) 2018

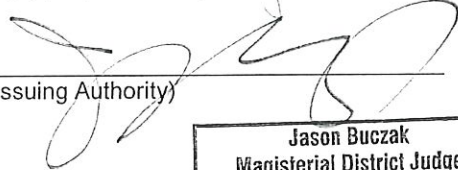

 (Signature of Affiant)

AND NOW, on this date 29th day of October 2018 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.

MDJ Buczak Acting for MDJ Conway

10-3-05
 (Magisterial District Court Number)


 (Issuing Authority)

**Jason Buczak
 Magisterial District Judge
 Magisterial District 10-3-05
 Westmoreland County, PA
 My Commission Expires
 1st Monday in January 2026**





POLICE CRIMINAL COMPLAINT

Docket Number: 18-007-18	Date Filed: 10/28/18	OTN/LiveScan Number 11407-1-7-1	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: May 18, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent Jason Chimile

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place Mezzanine Level
Pittsburgh, PA 15222

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since October 2015, is the case agent assigned to the investigation involving the Actor, Ryan Coffey.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Ashley Fagan of Progressive Insurance. The investigation revealed that the Actor's wife, Thecla Craddock-Coffey, was involved in an accident with a vehicle owned by Emily and Matt Myers in a Target parking lot in Monroeville, PA on or about May 18, 2018 at approximately 12:00 P.M. The Actor's wife, Thecla Craddock-Coffey, called the Actor at the scene of the accident and notified him of the accident. The Actor advised Craddock-Coffey that their insurance policy was not up to date.

Craddock-Coffey left a note with her contact information on the windshield notifying the owner of the vehicle, Emily Myers, that she hit her vehicle in the parking lot. Emily Myers contacted her husband, Matt Myers, at approximately 12:13 P.M. and notified him of the accident. Emily Myers provided Matt Myers with the contact information for Craddock-Coffey. Matt Myers contacted Craddock-Coffey and she advised him that he would have to talk to the Actor about their insurance information. The Actor informed Matt Myers during a phone conversation that his insurance had lapsed and he did not have insurance at the time of the accident. The Actor incepted a new Progressive Insurance policy on May 18, 2018 at 1:38 P.M. After incepting the policy, the Actor provided Matt Myers with his new Progressive Insurance information. According to Matt Myers, the Actor advised Matt Myers to tell Progressive Insurance that the accident occurred at 2:00 P.M., so his vehicle damages would be covered.

After speaking with the Actor, Matt Myers contacted Progressive Insurance on May 18, 2018 at 3:09 P.M. and filed a claim. In Matt Myers' recorded claim call with Progressive Insurance, Matt Myers stated the accident involving his wife, Emily Myers, at the Target parking lot, took place after 2:00 P.M. Progressive Insurance contacted Craddock-Coffey on May 18, 2018 at 4:40 P.M. to verify the loss. In Craddock-Coffey's recorded statement with Progressive Insurance, Craddock-Coffey stated that the accident in the Target store parking lot happened at 3:00 P.M. Progressive Insurance contacted Emily Myers on May 18, 2018 at 4:51 P.M. to verify the date and time of the accident. Emily Myers said she exited the Target store on May 18, 2018 at 12:07 P.M. Emily Myers provided a copy of her receipt from Target that showed she checked out of the store at 12:07 PM, prior to the



POLICE CRIMINAL COMPLAINT

Docket Number: CE 247-18	Date Filed: 10/24/18	OTN/LiveScan Number 0692662	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

inception of Craddock-Coffey and the Actor's Progressive Insurance policy. The attempted amount of theft is \$726.32.

C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:

1. On May 18, 2018, Thecla Craddock-Coffey was backing out of a parking space in the Target parking lot, located at 4004 Monroeville Blvd, Monroeville, PA., when her Chevy Uplander struck a 2015 Cadillac Escalade owned by Matt and Emily Myers.
2. The Actor incepted a new Progressive Insurance policy on his wife, Thecla Craddock-Coffey's, 2008 Chevy Uplander on May 18, 2018 at 1:38 P.M.
3. Thecla Craddock-Coffey and the Actor had a previous automobile policy with Esurance that was canceled on January 17, 2018.
4. Matt Myers called Progressive Insurance and filed a claim on May 18, 2018 at 3:09 P.M. Matt Myers stated that Thecla Craddock-Coffey struck his wife, Emily Myers', vehicle in the parking lot of a Target store, located in Monroeville, Pa. after 2:00 P.M. on May 18th.
5. Progressive Insurance contacted Thecla Craddock-Coffey on May 18, 2018 at 4:40 P.M. to verify the loss. In Thecla Craddock-Coffey's recorded statement with claims representative Daniel Damello from Progressive Insurance, she stated that the accident in the Target parking lot happened at 3:00 P.M.
6. Progressive Insurance contacted the owner and driver of the 2015 Cadillac Escalade, Emily Myers, on May 18, 2018 to verify the date and time of the accident. Emily Myers stated that she was in the Target store shopping with her children. When she came out to her vehicle, she found a note on her windshield indicating someone had caused damage to the rear of the vehicle.
7. Emily Myers advised that a short time later, Thecla Craddock-Coffey appeared and notified her that she had caused the damage to her vehicle. Progressive Insurance asked Emily Myers to verify the date and time she exited the Target store and returned to her vehicle. Emily Myers stated that she exited the Target store on May 18, 2018 at 12:07 P.M. Emily Myers provided a copy of her receipt from the Target store that showed she checked out of the store at 12:07 P.M., which was prior to the inception of Thecla Craddock-Coffey and the Actor's Progressive Insurance policy.

D. Your Affiant, along with Special Agent Richard Grande, interviewed Emily Myers at her residence. Emily Myers provided the following information:

1. Emily Myers was asked about the damage that was caused to her 2015 Cadillac Escalade on May 18, 2018 in the Target store parking lot.
2. Emily Myers stated that after shopping at Target, she exited the store and found a note on the windshield of her vehicle. The note stated; "so sorry I side swiped your car 412-627-3245".



POLICE CRIMINAL COMPLAINT

Docket Number: CR 241-19	Date Filed: 10/19/18	OTN/LiveScan Number 116421102-10	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

3. Your Affiant showed her a copy of the note that Emily Myers had submitted to Progressive Insurance. Emily Myers verified that it was the copy of the note that she had provided to Progressive Insurance.
4. Emily Myers stated that while she was getting her kids and the shopping items into her vehicle, Craddock-Coffey came up to her and told her that she was sorry that she hit the rear of her vehicle.
5. Craddock-Coffey told her that she left her phone number on her windshield and she could call her for any information that she needed.
6. Emily Myers advised that she looked at her vehicle in the parking lot and noticed the damage to the left rear of her vehicle.
7. Emily Myers advised that the Craddock-Coffey left the scene before she could get any further information.
8. Emily Myers advised that she notified her husband, Matt Myers, about the accident.
9. Emily Myers was asked what date and time the accident happened.
10. Emily Myers advised that she provided Progressive Insurance with a receipt from her trip to Target with the time and date on it.
11. Your Affiant provided Emily Myers with a copy of the receipt and asked her to verify if it was the receipt that she provided to Progressive Insurance with the correct date and time she was at the Target store when the damage to her vehicle occurred.
12. Emily Myers confirmed that the date of May 18, 2018, and the time of 12:07 P.M., was the correct date and approximate time that Craddock-Coffey caused damage to her vehicle.

E. Your Affiant, along with Special Agent Richard Grande, interviewed Thecla Craddock-Coffey in Monroeville, PA. Craddock-Coffey provided the following information:

1. Craddock-Coffey was asked to describe what happened in regards to the accident she was involved in at the Target parking lot on May 18, 2018.
2. Craddock-Coffey stated that she was trying to park her Chevy Uplander in the parking lot, when she accidentally hit the rear-end of a white Cadillac Escalade.
3. Craddock-Coffey advised that she left a note on the windshield of the vehicle with her phone number. Craddock Coffey waited around for a while, until the owner of the vehicle returned.
4. When the owner (Emily Myers) returned to her vehicle, Craddock-Coffey notified her that she hit her vehicle. Craddock-Coffey advised that she was in a hurry because she had a child with her, so she told the owner to call her if she needed any information.



POLICE CRIMINAL COMPLAINT

Docket Number: 12797-18	Date Filed: 6/2/18	OTN/LiveScan Number 12092607-6	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

5. Craddock-Coffey contacted the Actor, and notified him of what had happened. Cell phone records provided by Craddock-Coffey indicate she called the Actor's cell phone number at 11:10 A.M, 11:58 A.M, 12:06 P.M., 12:17 P.M., and 12:24 P.M. on May 18, 2018.
6. The Actor told her that their insurance policy was not up to date.
7. The Actor went on-line and reinstated their Progressive Insurance policy after the accident. The Progressive Insurance policy was incepted on May 18, 2018 at 1:38 P.M.
8. After Craddock-Coffey left the scene, the other driver's husband, Matt Myers, began calling for her insurance information. Craddock-Coffey's phone records which she provided on September 7, 2018 indicate she received a phone call from Matt Myers' cell phone number (724-708-4642) on May 18, 2018 at 12:22 P.M. and 12:23 P.M.
9. Your Affiant asked Craddock-Coffey why she advised Progressive Insurance that the accident was at 3:00 P.M., instead of 12:07 P.M., the actual time of the accident.
10. Craddock-Coffey stated that she was afraid she would get in trouble with the police for not having an active insurance policy.
11. Craddock-Coffey provided your Affiant with an estimate of the damages to the Myers' 2015 Cadillac Escalade that was provided to her by Matt Myers. The damage amount was \$726.32.
12. Craddock-Coffey paid the Myers' \$300.00 and was planning on paying them the other half of the money soon.

F. Your Affiant, along with Special Agent William McKee, interviewed the Actor in Monroeville, PA. The Actor provided the following information:

1. The Actor was asked about the Progressive Insurance policy that he obtained on May 18, 2018 at 1:38 P.M.
2. Craddock-Coffey called the Actor on May 18, 2018 and advised him that she had just been involved in an accident. The Actor did not remember the time. Craddock-Coffey's cell phone records indicate Craddock-Coffey's phone number placed a call to the Actor's cell phone number on May 18, 2018 at 11:10 AM, 11:58 A.M. 12:06 P.M., 12:17 PM, and 12:24 PM.
3. The Actor knew they did not have a valid insurance policy when Craddock-Coffey called him from the scene of the accident.
4. The Actor's cell phone records provided by Craddock-Coffey indicate he made a Toll Free call to Esurance on May 18, 2018 at 12:28 P.M.



POLICE CRIMINAL COMPLAINT

Docket Number: PC 247-15	Date Filed: 10/27/18	OTN/LiveScan Number 10421062-1	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

5. After the Craddock-Coffey notified him about the accident, the Actor obtained a policy with Progressive Insurance. The policy with Progressive Insurance was incepted on May 18, 2018 at 1:38 P.M.
 6. Matt Myers, the husband of Emily Myers, called the Actor and asked him for their insurance information.
 7. The Actor told Matt Myers that he only had old insurance information and they did not have a current policy.
 8. Matt Myers called the Actor a few more times, and at one point he provided Matt Myers with the new insurance information when Matt Myers asked him if he had obtained a current valid insurance policy. Matt Myers asked the Actor to provide him with the new insurance information.
 9. Your Affiant asked the Actor if he intended to use the new Progressive Insurance policy information to cover the damages to the vehicle that his wife hit, and he stated "No".
 10. The Actor advised that he never filed a claim and did not think that the driver of the other vehicle would use his current insurance information to file a claim.
 11. The Actor intended to pay cash for the damages caused to the other vehicle in the Target parking lot.
 12. The Actor's cell phone records obtained from Craddock-Coffey on September 7, 2018 indicate that he made an outgoing call to Matt Myers on May 18, 2018 at 12:58 P.M. and received an incoming call (724-708-4642) from Matt Myers on May 18, 2018 at 2:10 P.M. There are no other phone calls between Matt Myers and the Actor on May 18, 2018 between 12:00 P.M. and 3:00 P.M.
- G. Your Affiant, along with Special Agents, Richard Grande and William McKee, interviewed Matthew (Matt) Myers in Export, PA. Matt Myers provided the following information:
1. Matt Myers was asked about the insurance claim that he filed on May 18, 2018 at 3:09 P.M. with Progressive Insurance, in regards to his wife's accident in the Target parking lot on that same date.
 2. Matt Myers wife, Emily, called him at approximately 12:13 P.M. and notified him of the accident. Myers provided your Affiant with a screen shot of the note that Craddock-Coffey left on Emily Myers windshield. The screen shot indicates a time and date of 12:13 P.M. on May 18, 2018.
 3. Matt Myers stated that he initially called the number that the person (Thecla Craddock-Coffey) left on the windshield of his wife's vehicle. Craddock-Coffey told Matt Myers that she would have to talk to her husband, the Actor, about their insurance. Craddock-Coffey's cell phone records indicate she received two calls from Matt Myers cell phone number (at 12:22 P.M. and



POLICE CRIMINAL COMPLAINT

Docket Number: CR247-18	Date Filed: 10/29/18	OTN/LiveScan Number 11642667-10	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY


12:23 P.M.). After calling Thecla Craddock-Coffey, Matt Myers had a phone conversation with the Actor. Matt Myers asked the Actor if he had insurance. The Actor advised Matt Myers that his insurance lapsed and he did not have insurance at that time of the accident.

4. Matt Myers told the Actor "if you didn't have an insurance policy, you better get one now".
5. The Actor provided Matt Myers with his new Progressive Insurance policy information.
6. The Actor told Matt Myers to tell Progressive Insurance that the accident happened at 2:00 P.M., so that Progressive would cover the damages to his vehicle.
7. Matt Myers called Progressive Insurance and filed a claim with the insurance information that the Actor provided to him.
8. Matt Myers thought that the damages to his vehicle were going to be a lot more than they actually were. Matt Myers indicated that the bumper was hanging off.
9. Matt Myers told Progressive Insurance that the time of the accident was 2:00 P.M. because he wanted the damages to his vehicle to be paid for.

I, SPECIAL AGENT JASON CHIMILE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

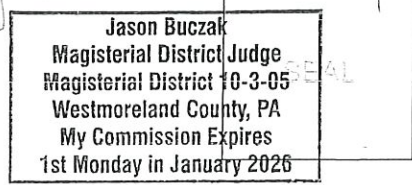
Sworn to me and subscribed before me this 29th day of October 2018


 (Signature of Affiant)

_____ Date _____, Magisterial District Judge

My commission expires first Monday of January, 2019

M.D.J. Buczak Acting for M.D.J. Conway





POLICE CRIMINAL COMPLAINT

Docket Number: 16-47-18	Date Filed: 1/9/18	OTN/LiveScan Number 1643212-10	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: RYAN	Middle: MICHAEL	Last: COFFEY

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ERIE



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

Magisterial District Number: 6-1-04
MDJ: Hon. Paul A. Bizzarro
Address: 460 East 26th Street
Erie, PA 16504

DEFENDANT:

(NAME and ADDRESS):

RYKIA

SHAWNTAE

LAMBERT

First Name

Middle Name

Last Name

Gen

813 E 20th Street, Erie, PA 16503

Telephone: (814)451-6522

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <u>CB 459-18</u>	Date Filed <u>1/1</u>	OTN/LiveScan Number <u>U6 5 2481</u>	Complaint/Incident Number <u>IF20180122</u>	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB <u>06/04/1994</u>	POB	Add'l DOB <u>/ /</u>	Co-Defendant(s) <input type="checkbox"/>
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input checked="" 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 checked="" type="checkbox"/> BLK (Black) <input type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)
Eye Color <input type="checkbox"/> BLK (Black) <input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> BLU (Blue)	<input type="checkbox"/> MAR (Maroon)	<input checked="" type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green)
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	WEIGHT (lbs.) <u>140</u>		
FBI Number	MNU Number	Ft. HEIGHT in. <u>5</u> <u>5</u>		
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification:			
DEFENDANT VEHICLE INFORMATION				
Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>
VIN	Year	Make	Model	Style
Oth. NCIC Veh. Code			Reg. same as Def. <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).

SDAG Kara Cotter

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /
(Date)

I, SSA ROBERT GIFT/DET. SGT. THOMAS GRAY

(Name of the Affiant)

BCI-139 / BADGE - 261

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

of Pennsylvania Office of Attorney General

(Identify Department or Agency Represented and Political Subdivision)

PA0222400

(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 [302] 813 E 20th Street, Erie, PA
(Subdivision Code) (Place-Political Subdivision)

in ERIE County

[25]

(County Code)

on or about JANUARY 13, 2018 AND DATES THEREAFTER



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180122
Defendant Name:	First: RYKIA	Middle: SHAWNTAE	Last: LAMBERT

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	(A)(2)	of the	18	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about January 13, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Esurance any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor advised that her vehicle was damaged by an unknown driver in a hit and run accident, when in fact, the accident occurred while the Actor's brother, Shawn Lambert, an excluded driver on the policy, was operating the vehicle.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>	2	3922	(A)(1)	of the	18	1	F3		
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): **THEFT BY DECEPTION**

Acts of the accused associated with this Offense:

On or about January 13, 2018 and dates thereafter, the Actor intentionally obtained or withheld property, namely monies in excess of \$2000.00, which were paid by Esurance, by creating a false impression, namely, the Actor advised that her vehicle was damaged by an unknown driver in a hit and run accident, when in fact, the accident occurred while the Actor's brother, Shawn Lambert, an excluded driver on the policy, was operating the vehicle.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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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: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180122
Defendant Name:	First: RYKIA	Middle: SHAWNTAE	Last: LAMBERT

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

Robert M. [Signature]

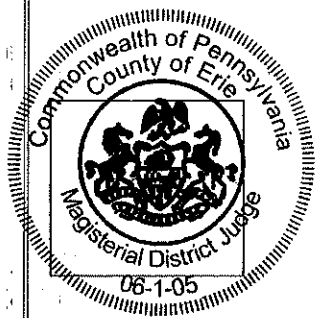
 (Signature of Affiant)

 (Date)

AND NOW, on this date 09-10-2018 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.

06-1-05
 (Magisterial District Court Number)

Timothy S. Beveridge
 (Issuing Authority)
TIMOTHY S. BEVERIDGE
DISTRICT JUDGE 06-1-05
1571 WEST 38th STREET
ERIE, PA 16508
MY COMMISSION EXPIRES 1/2/2024





Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180122
Defendant Name:	First: RYKIA	Middle: SHAWNTAE	Last: LAMBERT

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: January 13, 2018 and dates thereafter

Criminal Complaint No.:

Name of Affiants: Supervisory Special Agent Robert M. Gift
Detective Sergeant Thomas Gray

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

Erie City Police Department
Insurance Fraud Section
Erie, PA

A. Your Affiant, Robert Gift, who is employed as a Supervisory Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since March 2000, is the case agent assigned to the investigation involving the Actor, Rykia Lambert.

Your Affiant, Thomas Gray, is employed as a Detective Sergeant with the Erie City Police Department, and has been employed by said Police Department for almost 27 years and for the past 19 years has been assigned to the Detective Division, investigating property and fraud crimes, and is now the Department Insurance Fraud investigator.

B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Peter Vasquez, Special Investigator with Esurance. Vasquez alleged that the Actor submitted an automobile insurance claim stating that her vehicle was hit and run by an unknown driver, when in fact, the Actor's brother, Shawn Lambert, an excluded driver on the policy was operating the vehicle when the accident occurred. The amount of theft is \$2,980.00.

C. Affiant Gift reviewed the claim submitted and interviewed Peter Vasquez, Special Investigator with Esurance. Vasquez provided the following information:

1. On January 13, 2018, the Actor called Esurance and stated to the claims representative that her vehicle (2013 Chrysler 200) was involved in a hit and run accident involving an unknown driver.
2. After the claim was paid to the Actor in the amount of \$2,980.00, it was learned from Detective Sergeant Earl Mason, Erie City Police Department, that there was a recorded jail call between the Actor and her brother, Shannon Lambert. In the recorded call the Actor informed Shannon that their other brother, Shawn Lambert, was operating her vehicle and caused damage from an accident he was involved in.
3. The Actor told Shannon she had "to lie to the insurance company" and say the vehicle was hit and run by an unknown driver in order to have the damages covered. The Actor knew Shawn had a suspended license and should not have been operating her vehicle.
4. Vasquez confirmed with your Affiant that Esurance would not have paid for the damages to the vehicle if it was known that Shawn Lambert was the operator of the vehicle at the time of the accident.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180122
Defendant Name:	First: RYKIA	Middle: SHAWNTAE	Last: LAMBERT

5. A recorded interview with the Actor was completed by Esurance. The Actor stated that her vehicle was damaged in a hit and run accident by some unknown driver. The claim and the call were both completed from the Actor's residence in Erie, PA.
 6. The total estimate of damages to the Actor's car was \$3,980.00. Esurance paid the claim with the \$1,000.00 deductible. Esurance paid a total of \$2,980.00.
- D. Your Affiants interviewed Shannon Lambert at the Erie County Prison. Shannon provided the following information:
1. Shannon agreed to answer questions and was read his Advice of Rights Warning at that time.
 2. Shannon advised that his sister, the Actor, telephoned him sometime in January of 2018 while he was incarcerated at the Erie County Jail. Shannon confirmed that he knew that the telephone conversations were recorded.
 3. The Actor informed him during the recorded call that their brother, Shawn Lambert, had driven her vehicle and wrecked the car causing approximately \$4,000.00 in damages.
 4. The Actor stated that when she confronted Shawn about the damage he said he could not remember because he was "so drunk".
 5. The Actor then told Shannon that she had to "lie to the insurance company" so the damages would be paid for. The Actor told the insurance company that the vehicle was parked on the street and hit and run by some unknown driver.
 6. Shannon advised that he did confront Shawn about the accident telling him that he was "stupid". Shannon had no further conversations with the Actor or Shawn about the accident or fraudulent insurance claim.
- E. Your Affiants interviewed the Actor at her place of employment, Country Fair located in Erie, PA. The Actor provided the following information:
1. The Actor was asked about the accident and insurance claim she filed in January of 2018 with Esurance. The Actor advised that her brother, Shawn, was apparently driving her vehicle drunk when he was involved in an accident causing substantial damage to her vehicle.
 2. The Actor knew Shawn did not have a valid driver's license and should not have been operating her vehicle so she decided to lie to the insurance company and tell them during the claim process that the vehicle was parked on the street in front of her home and hit by an unknown driver.
 3. The Actor admitted to providing false information to Esurance in order to have them pay for the damages to her vehicle.
 4. The Actor advised that she submitted the insurance claim from her home address in Erie, PA.
 5. The Actor said she received \$2,980.00 from Esurance for the damages to her vehicle.
 6. The Actor was asked about the conversation she had with her other brother, Shannon, who was incarcerated at the time of the accident.
 7. The Actor stated that she did tell Shannon on the recorded jail call that Shawn was driving her car drunk when he wrecked causing damage to the car. The Actor told Shannon that she "had to lie to the insurance company" to have her vehicle fixed.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180122
Defendant Name:	First: RYKIA	Middle: SHAWNTAE	Last: LAMBERT

Based upon the aforementioned facts and circumstances, your Affiants believes that probable cause exists for the issuance of an arrest warrant for the Actor, Rykia Lambert.

I, SSA ROBERT GIFT/DET. SGT. THOMAS GRAY, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

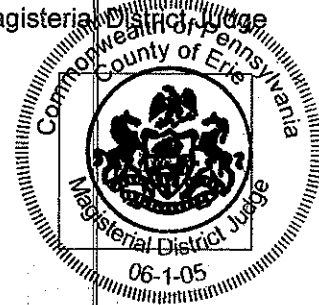
Robert Gift
 (Signature of Affiant)

Sworn to me and subscribed before me this 10th day of SEPT 2018

Date Timothy S. Beveridge, Magisterial District Judge
 Commonwealth of Pennsylvania
 County of Erie

My commission expires first Monday of January,

TIMOTHY S. BEVERIDGE
DISTRICT JUDGE 06-1-05
1571 WEST 38th STREET
ERIE, PA 16508
MY COMMISSION EXPIRES 1/2/2024



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF WASHINGTON

Magisterial District Number: 27-2-01
MDJ: Hon. David W. Mark
Address: 68 East Pike Street, Suite 205
Canonsburg, PA 15317

Telephone: (724)745-5754



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

SHANE KENDAL VALENTINE
First Name Middle Name Last Name Gen

230 Bench Avenue, Washington, PA 15301

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending 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 Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <i>PR-326-18</i>	Date Filed <i>9/17/18</i>	OTN/LiveScan Number <i>U627911-4</i>	Complaint/Incident Number <i>IF-2018-0125</i>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <i>01/19/1978</i>	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
AKA		First Name	Middle Name	Last Name
RACE <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian <input type="checkbox"/> Non-Hispanic	<input checked="" type="checkbox"/> Black <input type="checkbox"/> Unknown	<input type="checkbox"/> Native American <input type="checkbox"/> Unknown
ETHNICITY	<input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)
Hair Color	<input checked="" type="checkbox"/> BLK (Black)	<input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> WHI (White)	<input type="checkbox"/> XXX (Unk./Bald)
Eye Color	<input type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray)
DNA	<input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location	WEIGHT (lbs.)	
FBI Number	MNU Number		Ft. HEIGHT In.	
Defendant Fingerprinted	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification:		6 1

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG DENNIS KISTLER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SPECIAL AGENT JASON CHIMILE

540

(Name of the Affiant)

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

of Pennsylvania Office of Attorney General

(Identify Department or Agency Represented and Political Subdivision)

PA0222400

(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 [204] 230 Bench Avenue, Washington, Pa 15301
(Subdivision Code) (Place-Political Subdivision)

in WASHINGTON County

[63]

(County Code)

on or about January 29, 2018 AND DATES THEREAFTER



POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR-326-18</i>	Date Filed: <i>4/17/18</i>	OTN/LiveScan Number <i>U627911-4</i>	Complaint/Incident Number IF-2018-0125
Defendant Name:	First: SHANE	Middle: KENDAL	Last: VALENTINE

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.
 (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____					
<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:
 On or about January 29, 2018 and dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Progressive Insurance, present or cause to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor filed a claim stating his vehicle was involved in an accident at a time after he added insurance coverage, when in fact, the accident occurred prior to the Actor adding his insurance coverage.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	F3		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:
 On or about January 29, 2018 and dates thereafter, the Actor did with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$2000.00 from Progressive Insurance, the Actor filed a claim stating his vehicle was involved in an accident at a time after he added insurance coverage, when in fact, the accident occurred prior to the Actor adding his insurance coverage.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<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:



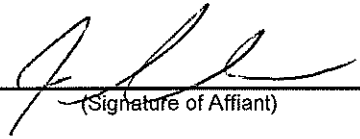
POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR-326-18</i>	Date Filed: <i>9/17/18</i>	OTN/LiveScan Number <i>11627911-4</i>	Complaint/Incident Number IF-2018-0125
Defendant Name:	First: SHANE	Middle: KENDAL	Last: VALENTINE

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date) 9-17 (Year) 2018

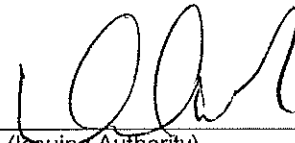


 (Signature of Affiant)

AND NOW, on this date 9-17-18 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.

27-2-01

 (Magisterial District Court Number)



 (Issuing Authority)





Docket Number: <i>CR-326-18</i>	Date Filed: <i>9/17/18</i>	OTN/LiveScan Number <i>U 627911-4</i>	Complaint/Incident Number IF-2018-0125
Defendant Name:	First: SHANE	Middle: KENDAL	Last: VALENTINE

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: January 29, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent Jason Chimile

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place Mezzanine Level
Pittsburgh, PA 15222

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since October 2015, is the case agent assigned to the investigation involving the Actor, Shane Valentine.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Sara Lacey of Progressive Insurance. The investigation revealed that the Actor obtained a Progressive Insurance policy on December 21, 2017. On January 29, 2018 at 6:06 P.M. the Actor reported through the mobile app that his vehicle, a 2006 Chevrolet pickup truck, was involved in a hit and run accident on January 19, 2018. In his mobile app statement the Actor advised that his vehicle was parked at a trailer park near exit 1 in Pennsylvania while he went out with some friends, and when he returned the vehicle was damaged. The Actor stated there was extensive damage to the driver's side rear of his vehicle. Progressive Insurance found a police accident report from the Ohio State Highway Patrol that indicated the Actor was involved in a hit and run accident on December 9, 2017 at 11:06 P.M. which included extensive damage to the driver's side rear of the vehicle a 2006 Chevrolet pickup truck. The Ohio Highway Patrol provided photos of the Actor's damaged vehicle and a police report of the accident that the Actor was involved in on December 9, 2017. The photos from the Ohio Highway State Patrol show the same damage to the Actors vehicle as the photos that the Actor provided to Progressive Insurance when filing his claim on the Progressive Insurance mobile app on January 29, 2018. The attempted amount of theft is \$5,171.35.
- C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:
 - 1. The result of the investigation revealed that the Actor incepted a Progressive Insurance policy on December 21, 2017 for his 2006 Chevrolet 3500 truck.
 - 2. The Actor filed a claim with Progressive Insurance via his mobile app on January 29, 2018 at 6:06 P.M.
 - 3. The Actor stated that he parked his vehicle at a trailer park near exit 1 in Pennsylvania on January 19, 2018 and went out with some people after work. The Actor stated that when he returned from his evening out he discovered damage to the driver's side rear of his 2006 Chevrolet pickup truck.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-326-18	Date Filed: 7/17/18	OTN/LiveScan Number U627911-4	Complaint/Incident Number IF-2018-0125
Defendant Name:	First: SHANE	Middle: KENDAL	Last: VALENTINE

4. Progressive Insurance found a police report from the Ohio State Highway Patrol, dated December 9, 2017, that indicated the Actor reported the same damages to them to the left rear of his pickup truck. The Actor advised the Ohio State Highway Patrol that a vehicle hit the rear of his vehicle and drove away from the scene.
5. An estimate for the damages to the Actor's 2006 Chevrolet pickup truck was completed by Progressive Insurance and it totaled \$5,171.35.

D. On Friday, July 27, 2018 your Affiant, along with Special Agent William McKee, interviewed Lieutenant J.M. Faunda of the Ohio State Highway Patrol. Faunda provided the following information:

1. Faunda was provided a copy of a traffic crash report that was completed by Trooper Jeremy Border on December 9, 2017 and asked to verify its accuracy.
2. Faunda looked on his computer and verified the report was completed by Trooper Jeremy Border on December 9, 2017 at 11:06 P.M. Faunda stated that the report was a hit and run on a 2006 Chevrolet 3500 truck owned by the Actor.
3. Faunda stated that he also had photos that Border had taken at the scene of the accident that showed the damage to the vehicle that the Actor was driving.
4. Faunda provided your Affiant with copies of the photos that Border had taken at the scene of the accident.

E. On Friday, July 27, 2018 your Affiant, along with Special Agent William McKee, interviewed the Actor. The Actor provided the following information:

1. The Actor was asked about the claim that he filed with Progressive Insurance through a mobile app on January 29, 2018 at 6:06 PM.
2. The Actor began to tell me the story that he told Progressive Insurance about him and his friends parking the vehicle, and when he came back found damages to the rear of the vehicle.
3. Your Affiant stopped the Actor and advised him that your Affiant spoke with the Ohio Highway State Patrol and they provided me with a police report and photos of his vehicle from the hit and run accident that his vehicle was involved on December 9, 2017.
4. The Actor admitted that he did not have a valid insurance policy at the time of the accident. The Actor stated that his GEICO Insurance expired a few months prior to the accident in 2017.
5. The Actor advised that after his GEICO Insurance expired he began to shop around and found a Progressive Insurance policy that was cheaper.



POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR-326-18</i>	Date Filed: <i>9/17/18</i>	OTN/LiveScan Number <i>U627911-4</i>	Complaint/Incident Number IF-2018-0125
Defendant Name:	First: SHANE	Middle: KENDAL	Last: VALENTINE

6. The Actor advised that the accident that he told Progressive Insurance happened on January 19, 2018 was a lie and it never happened.
7. The Actor advised that the accident that damaged his vehicle was the one that involved the Ohio Highway Patrol.
8. The Actor advised that he and his friend were driving, and a white truck drove into the rear of his vehicle and then drove away. The Actor stated that he notified the Ohio Highway Patrol the day of the accident and they came to the scene and made a report.
9. The Actor stated that he did not have a valid insurance policy at the time of the accident and the Ohio Highway Patrol could not find the driver of the other vehicle.
10. The Actor advised that he incepted a Progressive Insurance policy after the accident and filed a claim over a mobile app.
11. The Actor was asked why he filed the claim over a mobile app, and he stated so Progressive Insurance would not find out about the actual date and time of the accident.
12. The Actor admitted that he falsified the date of the accident to get the damages to his truck repaired.
13. The Actor stated that Progressive Insurance completed an estimate on his vehicle and it totaled approximately \$5,500.00.

I, SPECIAL AGENT JASON CHIMILE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

[Handwritten Signature]

(Signature of Affiant)

Sworn to me and subscribed before me this

day of

September

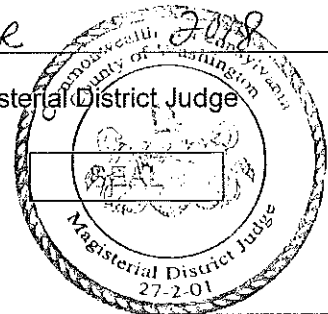
9-17-18

Date

[Handwritten Signature]

, Magisterial District Judge

My commission expires first Monday of January, *2020*



COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF: CAMBRIA
 Magisterial District Number: 47-1-03
 MDJ: Hon. Kevin Price
 Address: 110 Franklin St. Suite 202
 Johnstown, Pa 15901
 Telephone: (814)534-2694



**POLICE CRIMINAL COMPLAINT
 COMMONWEALTH OF PENNSYLVANIA**

DEFENDANT:
SHARON
 First Name

VS.
 (NAME and ADDRESS):
WILLIAMS
 Middle Name Last Name Gen

770 PARK AVE
 JOHNSTOWN, PA 15902

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number: CR-409-18 Date Filed: SEP 13 2018 OTN/LiveScan Number: U 626769-3 Complaint/Incident Number: IF2018-0076 Request Lab Services? YES NO

GENDER: Male Female
 DOB: 05/15/1980 POB: Alabama Add'l DOB: 03/15/1980 Co-Defendant(s):
 First Name: _____ Middle Name: _____ Last Name: _____ Gen: _____
 AKA: _____

RACE: White Asian Black Native American Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

Hair Color: GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color: BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA: YES NO DNA Location: _____ WEIGHT (lbs.): _____

FBI Number: 745587LB9 MNU Number: _____ 260

Defendant Fingerprinted: YES NO Ft. HEIGHT In. _____

Fingerprint Classification: _____ 5 9

DEFENDANT VEHICLE INFORMATION

Plate # KJW6481 State PA Haz mat Registration Sticker (MM/YY) / _____ Comm'l Veh. Ind. School Veh. Oth. NCIC Veh. Code _____ Reg. same as Def.

VIN 1D8HB48P67F561933 Year 2007 Make Dodge Model Durango 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).

SDAG DENNIS KISTLER _____
 (Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, SPECIAL AGENT JAMES KOPERA _____ 438 _____
 (Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General _____ PA0222400 _____
 (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 [401] 770 Park Ave., Johnstown, Pa 15902
 (Subdivision Code) (Place-Political Subdivision)

in CAMBRIA County [11] on or about AUGUST 9, 2017 AND DATES THEREAFTER
 (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number: CR-409-18	Date Filed: SEP 13 2018	OTN/LiveScan Number U 626769-3	Complaint/Incident Number IF2018-0076
Defendant Name:	First: SHARON	Middle:	Last: WILLIAMS

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input checked="" type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	A 2	of the	18	1	F-3		
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<input type="checkbox"/> 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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about August 9, 2017 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Donegal Insurance, present or cause to be presented to Donegal Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor presented information to Donegal Insurance that her vehicle caught on fire, on or about August 9, 2017, after she added comprehensive/collision coverage to her Donegal policy, when in fact, the damage occurred prior to adding full coverage.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input type="checkbox"/>	2	3922	A 1	of the	18	1	F-3		
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<input type="checkbox"/> 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): **CRIMINAL ATTEMPT/THEFT BY DECEPTION**

Acts of the accused associated with this Offense: On or about August 9, 2017 and dates thereafter, the Actor did, with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain over \$2,000.00 from Donegal Insurance, the Actor presented information to Donegal Insurance that her vehicle sustained damage as a result of a vehicle fire on or about August 9, 2017, after she added comprehensive/collision coverage to her Donegal policy, when in fact, the damage occurred prior to adding full coverage.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input type="checkbox"/>				of the					
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<input type="checkbox"/> 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: CR-409-18	Date Filed: SEP 13 2018	OTN/LiveScan Number U 626769-3	Complaint/Incident Number IF2018-0076
Defendant Name:	First: SHARON	Middle:	Last: WILLIAMS

- 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(s) numbered 1 through .
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Date)


 (Signature of Affiant)

AND NOW, on this date SEP 13 2018 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.

47-1-03

(Magisterial District Court Number)


 (Issuing Authority)

SEAL



POLICE CRIMINAL COMPLAINT

Docket Number: CR-409-18	Date Filed: SEP 13 / 2018	OTN/LiveScan Number U 626769-3	Complaint/Incident Number IF2018-0076
Defendant Name:	First: SHARON	Middle:	Last: WILLIAMS

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: August 9, 2017 and dates thereafter

Criminal Complaint No: IF-2018-0076

Name of Affiant: Special Agent James Kopera

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
564 Forbes Avenue
Pittsburgh, PA

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since April 2007, is the case agent assigned to the investigation involving the Actor, Sharon Williams.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Jake Andolina of Donegal Insurance Company. The investigation revealed that the Actor, Sharon Williams, filed a claim with Donegal Insurance Company on August 15, 2017 and indicated that her vehicle, a 2007 Dodge Durango, had caught on fire on August 9, 2017, at 3:00 PM. She added comprehensive/collision coverage to her Donegal policy on August 9, 2017 at 2:21 p.m. The investigation revealed the fire occurred on August 9, 2017 at approximately 1:23 p.m.
- C. Your Affiant reviewed claims filed with Donegal Insurance and found the following:
 - 1. The Actor contacted Producing Agent for Donegal Insurance Megan Selby via email on August 9, 2017 at 1:56 p.m. asking her to return her call, indicating it was an emergency.
 - 2. Between 1:56 p.m. and 2:19 p.m. Selby returned her call.
 - 3. The Actor asked Selby what coverage she had on her vehicle. Selby informed the Actor that she had liability only. The Actor informed her that she wanted to add full coverage. Selby asked her what deductibles she wanted and the Actor informed her she did not care.
 - 4. Selby asked the Actor if her vehicle was in an accident or if any damage had occurred to the vehicle. The Actor stated there was no accident or damage to the vehicle. Selby asked if she could provide photographs of the vehicle. The Actor indicated she would email the photographs to her. The Actor never provided photographs to Selby.
- D. Your Affiant received a Johnstown Police Department incident report. The following information was provided:



POLICE CRIMINAL COMPLAINT

Docket Number: CR-409-18	Date Filed: SEP 13 2018	OTN/LiveScan Number U 626769-3	Complaint/Incident Number IF2018-0076
Defendant Name:	First: SHARON	Middle:	Last: WILLIAMS

1. Officer Dan Schrader was dispatched to a vehicle fire on August 9, 2017 at 1:23 p.m. He arrived on scene at 1:31 p.m. and spoke to the operator of the vehicle, Violet Dozier AKA Violet Keith, who stated she was in route to Conemaugh Hospital to pick up the owner of the vehicle when she was alerted by another driver that her vehicle was smoking. She exited the vehicle and ultimately the vehicle caught on fire and was deemed a total loss by Donegal.

E. Jake Andolina, Special Investigator for Donegal Insurance Company, verified the following information:

1. This loss involves a fire to the Actor's vehicle, a 2007 Dodge Durango, that occurred on 08/09/17 while the vehicle was in being operated by unlisted operator Violet Dozier (Keith). The Actor reported to Donegal on 08/15/17 that her vehicle caught fire while at the intersection of Franklin and Osborne Streets in the City of Johnstown, PA. at 3:00 PM. The fire was extinguished by the Johnstown Fire Department.
2. The Actor informed Donegal Customer Representative Stephanie Hufford that she was at the hospital the day of the loss and was under anesthesia. As such, she had given permission for Ms. Dozier (Keith) (unlisted operator) to use her vehicle. According to the Actor, Ms. Keith was driving down the road when the vehicle just caught on fire.
3. Unlisted operator Violet Keith informed Customer Representative Hufford that she was picking up the Actor from the hospital when she noticed erratic operation of her turn signals. She then noticed a cloud of smoke behind the vehicle as a woman (not identified) stopped her and advised the vehicle was on fire. Ms. Keith and her children exited the vehicle safely without any injuries observing flames coming from underneath the engine.
4. On 08/16/17 Donegal Vehicle Appraiser Josh Berkebile examined the vehicle and deemed it a total loss. A total loss offer was subsequently made to the insured for \$5075.44, which she accepted. Payment has not yet been made.
5. Donegal Insurance claims department learned that the insured had a new policy effective 07/06/17 initially without collision or comprehensive coverages. However, it was determined the Actor just added both coverages to her policy on 08/09/17, the date of this loss.
6. Customer Representative Stephanie Hufford spoke with Donna Moore at the AAA Southern PA office and learned the Actor sent an email to the AAA at 1:58PM on 08/09/17 requesting they call her due to an emergency. When the agent called, the Actor requested to add full coverage to her vehicle.
7. Johnstown Police Officer Schrader interviewed the Actor who indicated her friend (Keith) was driving when she stopped the car and someone notified her that smoke was coming from the engine compartment. The friend (Keith) evacuated the vehicle along with two juveniles when the vehicle erupted in flames. The report states that the Actor was just dropped off at the hospital and was not present when the fire started.
8. A review of the Personal Lines Underwriting File revealed the Actor's application for insurance is dated 07/06/17 and lists the Actor as the only driver and resident of the household. The only



POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR-409-18</i>	Date Filed: <i>SEP 13, 2018</i>	OTN/LiveScan Number <i>U 626769-3</i>	Complaint/Incident Number IF2018-0076
Defendant Name:	First: SHARON	Middle:	Last: WILLIAMS

vehicle listed is the 2007 Dodge Durango. The policy effective period covering this loss is 07/06/17 through 07/06/18. There is no collision or comprehensive coverages listed on the application and initial issued policy. A Policy Change Request dated 08/09/17 (loss date) at 2:21 PM was submitted adding comprehensive, collision, and transportation expense coverages.

F. The Actor provided your Affiant the following information:

1. The Actor stated that on the date of the vehicle fire she was in Conemaugh Hospital getting tests done. She was just finishing with the tests when she received a call from her friend Violet Keith who told her that her car caught fire outside of the hospital. The Actor stated that her accounts of that day are foggy but that she recalls that she sent AAA an email asking for them to call her. She stated that she added comprehensive and collision coverage at some point but could not remember when. She stated she does not recall filing a claim with Donegal Insurance nor does she recall why she added comprehensive and collision to her policy.

I, SPECIAL AGENT JAMES KOPERA, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

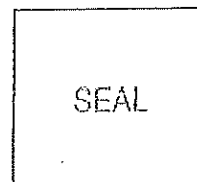
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.


(Signature of Affiant)

Sworn to me and subscribed before me this day of SEP 13 2018

SEP 13 2018 Date , Magisterial District Judge

My commission expires first Monday of January,



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: MERCER



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 35-2-01
MDJ: Hon. Dennis M. Songer
Address: 1217 Hall Avenue
Sharon, PA 16146

DEFENDANT: (NAME and ADDRESS):
SONYA K. TOWNSEND
First Name Middle Name Last Name Gen
1024 Beechwood Avenue, Farrell, PA 16121

Telephone: (724)346-6541

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number **CR#412-18** Date Filed **10/16/18** QTM/Live Scan Number **U 638141-0** Complaint/Incident Number **IF20180111** Request Lab Services? YES NO

GENDER Male Female DOB **12/23/1967** POB _____ Add'l DOB / / _____ Co-Defendant(s)
First Name **AKA** Middle Name _____ Last Name _____ Gen. _____

RACE White Asian Black Native American Unknown

ETHNICITY Hispanic Non-Hispanic Unknown

Hair Color GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA YES NO DNA Location _____ WEIGHT (lbs.) _____

FBI Number _____ MNU Number _____ 220

Defendant Fingerprinted YES NO Ft. HEIGHT In. _____

Fingerprint Classification: _____ 5 8

DEFENDANT VEHICLE INFORMATION

Plate # _____ State _____ Haz mat Registration Sticker (MM/YY) / _____ Comm'l Veh. Ind. School Veh. Oth. NCIC Veh. Code _____ Reg. same as Def.
VIN _____ 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).

SDAG Kara Cotter _____ / / _____
(Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT BCI-139
(Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General PA0222400
(Identify Department or Agency Represented and Political Subdivision) (Police Agency OR# 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 [302] 1024 Beechwood Avenue, Farrell, Pa (Subdivision Code) (Place-Political Subdivision)

in MERCER County [43] on or about MARCH 23, 2018 AND DATES THEREAFTER
(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number: CR-412-18	Date Filed: 10 /16/ 18	OTN/LiveScan Number U 638141-0	Complaint/Incident Number IF20180111
Defendant Name:	First: SONYA	Middle: K.	Last: TOWNSEND

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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 P.A.Code §§ 213.1 - 213.7.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

<input checked="" type="checkbox"/>	1	4117	(A)(2)	of the	18	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about March 23, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated that her vehicle was involved in an accident at a time after she added the additional insurance coverage, when in fact, the incident occurred prior to the Actor adding the additional insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>	2	3922	(A)(1)	of the	18	1	F3		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:

On or about March 23, 2018 and dates thereafter, the Actor did, with the intent to commit the crime of Theft By Deception, any act that constituted a substantial step towards the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from Progressive Insurance, the Actor stated that her vehicle was involved in an accident at a time after she added the additional insurance coverage, when in fact, the incident occurred prior to the Actor adding the additional insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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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: CR-412-18	Date Filed: 10 /16/ 18	OTN/LiveScan Number U 638141-0	Complaint/Incident Number IF20180111
Defendant Name:	First: SONYA	Middle: K.	Last: TOWNSEND

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.) 10-16-18


(Date)

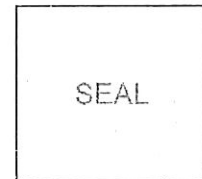

(Signature of Affiant)

AND NOW, on this date Oct. 16th 2018 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.

35-2-01
(Magisterial District Court Number)


(Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number: CR-412-18	Date Filed: 10 /16/18	OTN/LiveScan Number U 638141-0	Complaint/Incident Number IF20180111
Defendant Name:	First: SONYA	Middle: K.	Last: TOWNSEND

AFFIDAVIT of PROBABLE CAUSE

Date of Application:

Date of Violations: March 23, 2018 and dates thereafter

Criminal Complaint No.:

Name of Affiants: Supervisory Special Agent Robert M. Gift

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
Pittsburgh, PA

- A. Your Affiant, who is employed as a Supervisory Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since March 2000, is the case agent assigned to the investigation involving the Actor, Sonya Townsend.
- B. The investigation of the Actor was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral from Larry Meta, Special Investigator with Progressive Insurance. Meta alleged that the Actor submitted an automobile insurance claim stating that her vehicle was in an accident, at a time after she added comprehensive and collision insurance coverage, when in fact, the accident happened prior to the additional coverage being added by the Actor. The Actor further alleged that she was driving the vehicle at the time of the accident, when in fact her daughter, an unlicensed driver, was driving at the time of the accident. The amount of the attempted theft is over \$2,000.00.
- C. Your Affiant reviewed the Progressive file and interviewed Larry Meta, Special Investigator with Progressive Insurance. Meta provided the following information:
 - 1. Brittany Townsend maintained a vehicle insurance policy with Progressive insurance, policy number 912003167. The policy covered a vehicle owned by Brittany Townsend and a Dodge Durango owned by her mother, the Actor.
 - 2. In February of 2017, Brittany removed her only vehicle from the policy but left her mother's vehicle on the policy and left the policy in Brittany's name.
 - 3. On March 3, 2018 Brittany spoke with Progressive Insurance representatives and authorized the Actor to have full access to control the policy. She also added a 2003 Saturn Ion to the policy with liability coverage only.
 - 4. On March 23, 2018, at 8:23 am the Actor called Progressive Insurance and informed the representative that she wanted to add full comprehensive and collision coverage to her vehicle (2003 Saturn Ion). The Actor claimed to be Brittany on the call.
 - 5. The Actor called in a claim to Progressive Insurance on March 24, 2018 and advised that she struck a parked car the day before, after adding the additional coverage. The Actor stated that her vehicle was heavily damaged and un-drivable and had to be towed from the scene. She also stated that her granddaughter had been taken to the hospital.
 - 6. A recorded interview with the Actor was completed by Progressive Insurance on March 28, 2018. The Actor again stated that she was driving the vehicle at the time of the accident and that the accident occurred after the additional coverage had been added. She further stated that the tow company had instructed her to have the



POLICE CRIMINAL COMPLAINT

Docket Number: CR-412-18	Date Filed: 10/16/18	OTN/LiveScan Number U 638141-0	Complaint/Incident Number IF20180111
Defendant Name:	First: SONYA	Middle: K.	Last: TOWNSEND

insurance company contact them. She also claimed that her daughter, Brittany, had added the full coverage to the vehicle on the morning of the accident.

7. On April 2, 2018, the Actor contacted Progressive Insurance to check on the status of her claim. The Actor was defensive and stated "the claim is either going to be paid or not paid and it's that simple". She admitted that she was the one who made the changes to the policy and that she did so around the time of the accident. She again stated that "they either need to pay the claim or deny it".
 8. On April 3, 2018, the Actor was interviewed by Meta. She stated that she added the full coverage before she left the house that morning.
 9. Vince Hines, the owner of the vehicle that was hit, and the Sharon Police Department both stated that the accident occurred on March 23, 2018 at approximately 7:45-8:00 am.
- D. Your Affiant interviewed Tom Reiters with Reiters Towing. Reiters provided the following information:
1. Reiters towed the Actor's 2003 Saturn Ion on the day of the accident. Reiters advised that there was heavy front end damage to the vehicle to include the frame being bent. Reiters estimated the vehicle damage to be at least \$2,500.00 - \$3,000.00 and the vehicle was only worth approximately \$1,500.00.
 2. Reiters charged the Actor \$150.00 for the tow of the vehicle to his location in Brookfield, OH. Reiters stated that he found out shortly thereafter that the Actor did not have insurance on the vehicle. Reiters advised that the vehicle has been stored at his location ever since and has accrued a \$25.00 a day storage fee.
- E. Your Affiant interviewed Officer Adam Zazado with the Sharon City Police Department. Zazado provided the following information:
1. According to Zazado, he was dispatched to an accident scene on March 23, 2018 at approximately 8:09 AM. Zazado stated that upon arrival at the scene he witnessed an unattended vehicle, unit #1, which was leaking fluids and had obviously struck unit #2 in the rear driver's side quarter panel.
 2. Zazado said that a witness saw the accident and then saw a black SUV come to the scene and take the female driver and a young child from the scene.
 3. Zazado was speaking with the owner of unit #2 (Hines) when the owner of unit #1, the Actor, returned to the scene and advised that she had taken her daughter (Brittany Townsend), the driver of unit #1, and her granddaughter to Farrell Schools and returned back to the accident scene to provide her information.
 4. Zazado stated that the Actor advised at the scene of the accident that her daughter, Brittany, was driving at the time of the accident.
 5. Zazado informed your Affiant that later that same day, he was called to the UPMC Hospital in Sharon where he encountered the Actor again. The Actor had taken her granddaughter to the hospital for a check-up for a headache from the auto accident.
 6. Zazado said that the Actor admitted that her daughter, Shantel, was driving and not Brittany as she previously stated. The Actor advised that she was afraid to say Shantel was driving because her license is expired. Zazado informed the Actor that Shantel would be receiving citations in the mail.
- F. Your Affiant reviewed Magisterial Docket Number MJ-35201-TR-0000271-2018 and found the following:



POLICE CRIMINAL COMPLAINT

Docket Number: CR-412-18	Date Filed: 10 / 16 / 18	OTN/LiveScan Number U 638141-0	Complaint/Incident Number IF20180111
Defendant Name:	First: SONYA	Middle: K.	Last: TOWNSEND

1. Shantel Townsend was issued a citation by Officer Adam Zazado for an Accident causing Damage to an Unattended Vehicle with an offense date of March 23, 2018.
2. She pled guilty to the charge on May 7, 2018.

G. Your Affiant reviewed the UPMC medical records for Brooklyn Bender and spoke with UPMC staff:

1. Brooklyn Bender is the 6 year old daughter of Shantel Townsend and was brought to the Emergency Room at UPMC Farrell on March 23, 2018 by her mother.
2. The Actor arrived at the Emergency Room a short time later.
3. They reported that Brooklyn was the backseat passenger in a two vehicle accident. Shantel informed medical staff that the Actor was operating the vehicle when the accident occurred. The time of the accident is listed as 8:00 am.
4. Brooklyn was examined and released. The medical bills totaled \$202.00.
5. The primary insurance on the intake form was listed as "Vehicle Insurance". UPMC staff stated that the Actor and Shantel stated that they would provide the hospital with the insurance information, however, they never followed up with that information. The bill was eventually submitted to medical assistance but still is unpaid.

H. Your Affiant interviewed Shantel Townsend at her home address located in Sharon, PA. Shantel provided the following information:

1. Your Affiant asked Shantel to explain the circumstances surrounding the auto accident she was involved in on March 23, 2018. According to Shantel, she could not remember "nothing" because she has had "like five (5) concussions" since then.
2. Your Affiant then informed Shantel that the Sharon PD accident report states that she was driving the vehicle on the date of the accident. Shantel advised she was driving but could not remember anything about the accident.
3. Your Affiant asked Shantel if she had a valid driver's license now or at the time of the accident. Shantel stated "I have a license". Shantel was informed that her PA driver's license has been expired since January 15, 2016. Shantel then became disruptive and advised that she was not going to participate in the interview any longer.

I. Your Affiant interviewed Brittany Townsend at her home address located in Farrell, PA. Brittany provided the following information:

1. According to Brittany, she had been wanting to change insurance companies because of a job change status and Progressive Insurance "was just too much".
2. Brittany advised that she was able to secure a new auto policy with AIC (Agency Insurance Company) on February 22, 2018. At that time Brittany attempted to cancel her Progressive Insurance policy but was told that if she removed her name from the policy that her mother's (the Actor's) premium would be "sky high" so Brittany stayed on the policy with her mother but had all rights and access transferred to the Actor.
3. Brittany was able to determine that she called Progressive Insurance on March 4, 2018 to give full access to her mother (the Actor) on the account. Brittany said that after that she wanted nothing to do with the policy.



POLICE CRIMINAL COMPLAINT

Docket Number: CR-412-18	Date Filed: 10 / 16 16	OTN/LiveScan Number U 638141-0	Complaint/Incident Number IF20180111
Defendant Name:	First: SONYA	Middle: K.	Last: TOWNSEND

4. Brittany stated she was then informed by the Actor that her sister, Shantel, was involved in an auto accident with the Saturn Ion. The Actor told Brittany that she informed the Sharon PD that Brittany was driving the car at the time of the accident.
 5. Brittany informed your Affiant that she immediately picked up her mother and went to the police department to tell the truth about who was driving the car at the time of the accident. The officer was not at the station when they arrived.
 6. Brittany said that her sister did take her daughter to the hospital because she had a headache from the auto accident.
 7. Brittany advised that she had nothing to do with the auto accident, the insurance policy change, the insurance claim or the hospital visit.
 8. Brittany said that she did provide a recorded statement to Progressive Insurance but only discussed the policy change that occurred. Brittany advised that she had no idea when the policy change was made. No discussion about the accident occurred during the recorded call.
- J. Your Affiant interviewed the Actor at her home address located in Sharon, PA. The Actor provided the following information:
1. According to the Actor, her daughter, Shantel, was involved in an auto accident with the Saturn Ion. Your Affiant asked the Actor if she told the police officer at the scene that her daughter, Brittany, was driving at the time of the accident. The Actor advised that she did tell the officer that but later told the officer the truth that her daughter, Shantel, was driving the car at the time of the accident.
 2. The Actor said that she had taken her granddaughter to the hospital because she had a headache from the auto accident and saw Officer Zazado at the hospital and informed him that Shantel was actually driving the vehicle. The Actor advised that she was afraid to say Shantel was driving because her license is expired.
 3. Your Affiant then questioned the Actor concerning the insurance on the Saturn Ion. The Actor said that she purchased both the Dodge Durango and Saturn Ion and put them on Brittany's insurance policy because it was "easier that way". The Actor insisted that she is an authorized user on the policy.
 4. The Actor claimed that a few days prior to the accident that she was talking about adding full coverage to the vehicle because they were going to be driving out of town for a wedding. The Actor claimed that when she finally added the full coverage to the vehicle it was the day of the accident but before she found out the accident occurred.
 5. The Actor then claimed that after adding the coverage she was notified of the accident and responded to the scene to pick up her daughter and granddaughter.
 6. The Actor stated that she had liability only on both vehicles through Progressive Insurance.
 7. Your Affiant asked the Actor about the claim. The Actor stated that she filed the claim because she thought that was what she was "supposed to do". Your Affiant then asked what type of damage the Actor was claiming occurred during the accident. The Actor stated she was only claiming damage to the car her daughter hit.
 8. The Actor advised that she was not claiming any damage to her vehicle so you (your Affiant) "got not intent".
 9. Your Affiant spoke with the Actor about the doctor's / ER visit for her granddaughter. Your Affiant advised that when you inform the ER that the injuries were caused from an auto accident all bills / payments are made from



POLICE CRIMINAL COMPLAINT

Docket Number: CR-412-18	Date Filed: 10/16/18	OTN/LiveScan Number U 638141-0	Complaint/Incident Number IF20180111
Defendant Name:	First: SONYA	Middle: K.	Last: TOWNSEND

the auto insurance policy. The Actor said she "didn't care about any of that" because she had Access and "all bills would be paid anyways".

Based upon the aforementioned facts and circumstances, your Affiant believes that probable cause exists for the issuance of an arrest warrant for the Actor, Sonya Townsend.

I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

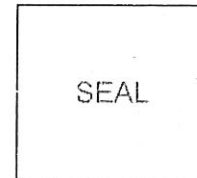
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

Robert M Gift

(Signature of Affiant)

Sworn to me and subscribed before me this 16TH day of OCTOBER 2018
OCT. 16, 2018 Date _____, Magisterial District Judge

My commission expires first Monday of January, **2022**



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: WESTMORELAND

Magisterial District Number: 10-3-02
MDJ: Hon. Charles R. Conway
Address: 519 Washington Avenue
Export, PA 15632

Telephone: (724)327-8322



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

THECLA

Craddock-Coffey

First Name

Middle Name

Last Name

Gen

424 Rose Avenue, Penn Hills, PA 15235

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number: CR 240-18 Date Filed: 10/18/18 OTN/LiveScan Number: 1010420001-5 Complaint/Incident Number: IF-2018-0144 Request Lab Services? YES NO

GENDER: Male Female
DOB: 01/22/1990 POB: AKA
First Name: Middle Name: Last Name: Gen.

RACE: White Asian Black Native American Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

Hair Color: GRY (Gray) RED (Red/Aubn.) SDY (Sandy) BLU (Blue) PLE (Purple) BRO (Brown)
 BLK (Black) ONG (Orange) WHI (White) XXX (Unk./Bald) GRN (Green) PNK (Pink)
 BLN (Blonde / Strawberry)

Eye Color: BLK (Black) BLU (Blue) BRO (Brown) GRN (Green) GRY (Gray)
 HAZ (Hazel) MAR (Maroon) PNK (Pink) MUL (Multicolored) XXX (Unknown)

DNA: YES NO DNA Location: WEIGHT (lbs.):

FBI Number: MNU Number:

Defendant Fingerprinted: YES NO Ft. HEIGHT In.

Fingerprint Classification: 5 6

DEFENDANT VEHICLE INFORMATION

Plate #: State: Haz mat: Registration Sticker (MM/YY) / Comm'l Veh. Ind. School Veh. Oth. NCIC Veh. Code: Reg. same as Def.

VIN: 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).

SDAG JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SPECIAL AGENT JASON CHIMILE

(Name of the Affiant)

540

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

of Pennsylvania Office of Attorney General

(Identify Department or Agency Represented and Political Subdivision)

PA0222400

(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 Export PA 15632 408 2001 Bellbrook Rd
(Subdivision Code) (Place-Political Subdivision)

in WESTMORELAND
County

[02]
(County Code)

on or about MAY 18, 2018 AND DATES THEREAFTER



POLICE CRIMINAL COMPLAINT

Docket Number: 18-046-18	Date Filed: 10/11/18	OTN/LiveScan Number 1142100-5	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

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

(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____
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<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:
On or about May 18, 2018 and dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Progressive Insurance, present or cause to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated she was involved in an accident at a time after insurance coverage was added to her and her husband, Ryan Coffey's, vehicle, when in fact, the accident occurred prior to insurance coverage being added.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	M1		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:
On or about May 18, 2018 and dates thereafter, the Actor did with the intent to commit the crime of Theft by Deception, any act that constituted a substantial step toward the commission of that crime, namely, in an attempt to obtain in excess of \$200.00 from Progressive Insurance, the Actor stated she was involved in an accident at a time after insurance coverage was added to her and her husband, Ryan Coffey's, vehicle, when in fact, the accident occurred prior to the insurance coverage being added.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>	3	4117	(a)(3)	of the	18 PA C.S.	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense: On or about May 18, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, assist, abet, solicit or conspire with another, namely, Ryan Coffey and/or Matt Myers, to prepare or make any statement that is intended to be presented to any insurer or self-insured in connection with, or in support of, a claim that contains false, incomplete or misleading information concerning any fact or thing material to the claim, namely, the Actor stated she was involved in an accident at a time after insurance coverage was added to her and her husband, Ryan Coffey's, vehicle, when in fact, the accident occurred prior to insurance coverage being added.



POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR 240-18</i>	Date Filed: <i>10/29/18</i>	OTN/LiveScan Number <i>110421011-5</i>	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<input type="checkbox"/>					<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:

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
---	---	--	--	---

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

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<input type="checkbox"/>					<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: <u>CR 24-18</u>	Date Filed: <u>10/29/18</u>	OTN/LiveScan Number <u>110420001-5</u>	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.

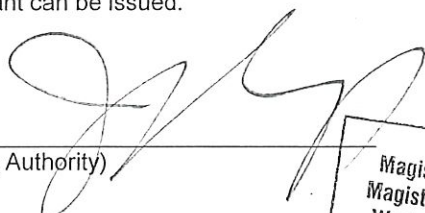
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

(Date) 10-29-18 (Year) 2018  (Signature of Affiant)

AND NOW, on this date 29th day of October 2018 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.

10-3-05
(Magisterial District Court Number)


(Issuing Authority)

Jason Buczak
Magisterial District Judge
Magisterial District 10-3-05
Westmoreland County, PA
My Commission Expires
1st Monday in January 2026

MDJ JASON BUCZAK, ACTING FOR

MDJ Conway



Docket Number: 14-243-18	Date Filed: 10/24/18	OTN/LiveScan Number 11042100-5	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: May 18, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent Jason Chimile

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place Mezzanine Level
Pittsburgh, PA 15222

- A. Your Affiant, who is employed as a Special Agent for the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office, and who has been employed by the Office of Attorney General since October 2015, is the case agent assigned to the investigation involving the Actor, Thecla Craddock-Coffey.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Ashley Fagan of Progressive Insurance. The investigation revealed that the Actor was involved in an accident with a parked vehicle owned by Emily and Matt Myers at a Target parking lot in Monroeville, PA on May 18, 2018 at approximately 12:00 P.M. The Actor called her husband, Ryan Coffey, from the scene of the accident and notified him of the accident. Ryan Coffey advised the Actor that their insurance policy was not up to date. The Actor left a note with her contact information on the windshield of Emily Myers' parked vehicle notifying her that she hit her vehicle in the parking lot. Emily Myers contacted her husband, Matt Myers, at approximately 12:00 P.M. and notified him of the accident. Emily Myers provided Matt Myers with the contact information for the Actor that was left on the windshield.

Matt Myers contacted the Actor and she advised him that he would have to talk to her husband, Ryan Coffey, about their insurance information. Ryan Coffey informed Matt Myers during a phone conversation that his insurance had lapsed and he did not have insurance at the time of the accident. Ryan Coffey incepted a new Progressive Insurance policy on May 18, 2018 at 1:38 P.M. After incepting the policy, Ryan Coffey provided Matt Myers with his new Progressive Insurance information. According to Matt Myers, Ryan Coffey advised Matt Myers to tell Progressive Insurance that the accident occurred at 2:00 P.M., so his vehicle damages would be covered.

After speaking with Ryan Coffey, Matt Myers contacted Progressive Insurance on May 18, 2018 at 3:09 P.M. and filed a claim. In Matt Myers' recorded claim call with Progressive Insurance, Matt Myers stated the accident involving his wife, Emily Myers, at the Target parking lot, took place at 2:00 P.M. Progressive Insurance contacted the Actor on May 18, 2018 at 4:40 P.M. to verify the loss. In the Actor's recorded statement with Progressive Insurance, the Actor stated that the accident in the Target store parking lot happened at 3:00 P.M. Progressive Insurance contacted Emily Myers on May 18, 2018 at 4:51 P.M. to verify the date and time of the accident. Emily Myers said she exited the Target store on May 18, 2018 at 12:07 P.M. Emily Myers provided a copy of her receipt from Target that showed she checked out of the store on May 18, 2018 at 12:07 PM, prior to the inception of the Actor and Ryan Coffey's Progressive Insurance policy. The attempted amount of theft is \$726.32.



POLICE CRIMINAL COMPLAINT

Docket Number: 062416-18	Date Filed: 10/27/18	OTN/LiveScan Number U0421001-5	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:

1. On May 18, 2018, the Actor was backing out of a parking space in the Target parking lot, located at 4004 Monroeville Blvd, Monroeville, PA., when her Chevy Uplander struck a 2015 Cadillac Escalade owned by Matt and Emily Myers.
2. The Actor's husband, Ryan Coffey, incepted a new Progressive Insurance policy on her 2008 Chevy Uplander on May 18, 2018 at 1:38 P.M.
3. The Actor and her husband, Ryan Coffey, had a previous automobile policy with Esurance that was canceled on January 17, 2018.
4. Matt Myers called Progressive Insurance and filed a claim on May 18, 2018 at 3:09 P.M. Matt Myers stated that the Actor struck his wife, Emily Myers', vehicle in the parking lot of a Target store, located in Monroeville, Pa. after 2:00 P.M. on May 18th.
5. Progressive Insurance contacted the Actor on May 18, 2018 at 4:40 P.M. to verify the loss. In the Actor's recorded statement with claims representative Daniel Damello from Progressive Insurance, the Actor stated that the accident in the Target parking lot happened at 3:00 P.M.
6. Progressive Insurance contacted the owner and driver of the 2015 Cadillac Escalade, Emily Myers, on May 18, 2018 at 4:51 P.M., to verify the date and time of the accident. Emily Myers stated that she was in the Target store shopping with her children. When she came out to her vehicle, she found a note on her windshield indicating someone had caused damage to the rear of the vehicle.
7. Emily Myers advised that a short time later, the Actor appeared and notified her that she had caused the damage to her vehicle. Progressive Insurance asked Emily Myers to verify the date and time she exited the Target store and returned to her vehicle. Emily Myers stated that she exited the Target store on May 18, 2018 at 12:07 P.M. Emily Myers provided a copy of her receipt from the Target store that showed she checked out of the store at 12:07 P.M., which was prior to the inception of the Actor and Ryan Coffey's Progressive Insurance policy.

D. Your Affiant, along with Special Agent Richard Grande, interviewed Emily Myers at her residence. Emily Myers provided the following information:

1. Emily Myers was asked about the damage that was caused to her 2015 Cadillac Escalade on May 18, 2018 in the Target store parking lot.
2. Emily Myers stated that after shopping at Target, she exited the store and found a note on the windshield of her vehicle. The note stated; "so sorry I side swiped your car 412-627-3245".



POLICE CRIMINAL COMPLAINT

Docket Number: UL 24010	Date Filed: 10/17/18	OTN/LiveScan Number UL-24010-5	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

3. Your Affiant showed her a copy of the note that Emily Myers had submitted to Progressive Insurance. Emily Myers verified that it was the copy of the note that she had provided to Progressive Insurance.
4. Emily Myers stated that while she was getting her kids and the shopping items into her vehicle, the Actor came up to her and told her that she was sorry that she hit the rear of her vehicle.
5. The Actor told her that she left her phone number on her windshield and she should call her for any information that she needed.
6. Emily Myers advised that she looked at her vehicle in the parking lot and noticed the damage to the left rear of her vehicle.
7. Emily Myers advised that the Actor left the scene before she could get any further information.
8. Emily Myers advised that she notified her husband, Matt Myers, about the accident.
9. Emily Myers was asked what date and time the accident happened.
10. Emily Myers advised that she provided Progressive Insurance with a receipt from her trip to Target with the time and date on it.
11. Your Affiant provided Emily Myers with a copy of the receipt and asked her to verify if it was the receipt that she provided to Progressive Insurance with the correct date and time she was at the Target store when the damage to her vehicle occurred.
12. Emily Myers confirmed that the date of May 18, 2018, and the time of 12:07 P.M., was the correct date and approximate time that the Actor caused damage to her vehicle.

E. Your Affiant, along with Special Agent Richard Grande, interviewed the Actor in Monroeville, PA. The Actor provided the following information:

1. The Actor was asked to describe what happened in regards to the accident she was involved in at the Target parking lot on May 18, 2018.
2. The Actor stated that she was trying to park her Chevy Uplander in the parking lot, when she accidentally hit the rear-end of a white Cadillac Escalade.
3. The Actor advised that she left a note on the windshield of the vehicle with her phone number. The Actor waited around for a while, until the owner of the vehicle returned.
4. When the owner (Emily Myers) returned to her vehicle, the Actor notified her that she hit her vehicle. The Actor advised that she was in a hurry because she had a child with her, so she told the owner to call her if she needed any information.



POLICE CRIMINAL COMPLAINT

Docket Number: 06246-18	Date Filed: 10/27/18	OTN/LiveScan Number 0142101-5	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

5. The Actor contacted her husband and notified him of what had happened. Cell phone records provided by the Actor indicate she called her husband's cell phone number at 11:10 A.M, 11:58 A.M, 12:06 P.M., 12:17 P.M., and 12:24 P.M. on May 18, 2018.
 6. The Actor's husband told her that their insurance policy was not up to date.
 7. The Actor's husband went on-line and reinstated their Progressive Insurance policy after the accident. The Progressive Insurance policy was incepted on May 18, 2018 at 1:38 P.M.
 8. After the Actor left the scene, the other driver's husband, Matt Myers, began calling for her insurance information. The Actor's cell phone records which she provided on September 7, 2018 indicate the Actor received a phone call from Matt Myers' cell phone number (724-708-4642) on May 18, 2018 at 12:22 P.M. and 12:23 P.M.
 9. Your Affiant asked the Actor why she advised Progressive Insurance that the accident was at 3:00 P.M., instead of 12:07 P.M., the actual time of the accident.
 10. The Actor stated that she was afraid she would get in trouble with the police for not having an active insurance policy.
 11. The Actor provided your Affiant with an estimate of the damages to the Myers' 2015 Cadillac Escalade that was provided to her by Matt Myers. The damage amount was \$726.32.
 12. The Actor paid the Myers \$300.00 and was planning on paying them the other half of the money soon.
- F. Your Affiant, along with Special Agent William McKee, interviewed Ryan Coffey in Monroeville, PA. Coffey provided the following information:
1. Ryan Coffey was asked about the Progressive Insurance policy that he obtained on May 18, 2018 at 1:38 P.M.
 2. The Actor called Ryan Coffey on May 18, 2018 and advised him that she had just been involved in an accident. Ryan Coffey did not remember the time. The Actor's cell phone records indicate the Actor's cell phone number placed calls to Ryan Coffey's cell phone number on May 18, 2018 at 11:10 AM, 11:58 A.M. 12:06 P.M., 12:17 PM, and 12:24 PM.
 3. Ryan Coffey knew they did not have a valid insurance policy when the Actor called him from the scene of the accident.
 4. Ryan Coffey's cell phone records that were provided by the Actor, indicate Ryan Coffey made a Toll Free call to Esurance on May 18, 2018 at 12:28 P.M.
 5. After the Actor notified him about the accident, Ryan Coffey obtained a policy with Progressive Insurance. The policy with Progressive Insurance was incepted on May 18, 2018 at 1:38 P.M.



POLICE CRIMINAL COMPLAINT

Docket Number: UK 410-18	Date Filed: 10/27/18	OTN/LiveScan Number VU4-2101-5	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

6. Matt Myers, the husband of Emily Myers, called Ryan Coffey and asked him for their insurance information.
7. Ryan Coffey told Matthew Myers that he only had old insurance information and he did not have a current policy.
8. Matthew Myers called Ryan Coffey a few more times, and at one point he provided Matthew Myers with the new insurance information when Matthew Myers asked him if he had obtained a current valid insurance policy. Matthew Myers asked Ryan Coffey to provide him with the new insurance information.
9. Your Affiant asked Ryan Coffey if he intended to use the new Progressive Insurance policy information to cover the damages to the vehicle that his wife, the Actor, hit and he stated "No".
10. Ryan Coffey advised that he never filed a claim and did not think that the driver of the other vehicle would use his current insurance information to file a claim.
11. Ryan Coffey intended to pay cash for the damages that the Actor caused to the other vehicle in the Target parking lot.
12. Ryan Coffey's cell phone records obtained from the Actor on September 7, 2018 indicate that he made an outgoing call to Matt Myers on May 18, 2018 at 12:58 P.M. and received an incoming call (724-708-4642) from Matt Myers on May 18, 2018 at 2:10 P.M. There are no other phone calls between Matt Myers and Ryan Coffey on May 18, 2018 between 12:00 P.M. and 3:00 P.M.

G. Your Affiant, along with Special Agents, Richard Grande and William McKee, interviewed Matthew (Matt) Myers in Export, PA. Matt Myers provided the following information:

1. Matt Myers was asked about the insurance claim that he filed on May 18, 2018 at 3:09 P.M. with Progressive Insurance, in regards to his wife's accident in the Target parking lot on that same date.
2. Matt Myers' wife, Emily, called him at approximately 12:13 P.M. and notified him of the accident. Myers provided your Affiant with a screen shot of the note that Craddock-Coffey left on Emily Myers windshield. The screen shot indicates a time and date of 12:13 P.M. on May 18, 2018.
3. Matt Myers stated that he initially called the number that the person (the Actor) left on the windshield of his wife's vehicle. The Actor told Matt Myers that she would have to talk to her husband, Ryan Coffey, about their insurance. The Actor's cell phone records indicate she received two calls from Matt Myers cell phone number (at 12:22 P.M. and 12:23 P.M.). After calling the Actor, Matt Myers had a phone conversation with the Actor's husband, Ryan Coffey. Matt Myers asked Ryan Coffey if he had insurance. Ryan Coffey advised Matt Myers that his insurance lapsed and he did not have insurance at that time of the accident.



POLICE CRIMINAL COMPLAINT

Docket Number: 0254578	Date Filed: 10/24/18	OTN/LiveScan Number 01421015	Complaint/Incident Number IF-2018-0144
Defendant Name:	First: THECLA	Middle:	Last: Craddock-Coffey

4. Matt Myers told Ryan Coffey "if you didn't have an insurance policy, you better get one now".
5. Ryan Coffey talked to Matt Myers a short time later and provided Matt Myers with his new Progressive Insurance policy information.
6. Ryan Coffey told Matt Myers to tell Progressive Insurance that the accident happened at 2:00 P.M., so that they would cover the damages to his vehicle.
7. Matt Myers called Progressive Insurance and filed a claim with the insurance information that Ryan Coffey provided to him.
8. Matt Myers thought that the damages to his vehicle were going to be a lot more than they actually were. Matt Myers indicated that the bumper was hanging off.
9. Matt Myers told Progressive Insurance that the time of the accident was 2:00 P.M. because he wanted the damages to his vehicle to be paid for.

I, SPECIAL AGENT JASON CHIMILE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.



 (Signature of Affiant)

Sworn to me and subscribed before me this 24th day of October, 2018
 _____ Date _____, Magisterial District Judge

My commission expires first Monday of January,

MDJ JASON BUCZAK, ACTING FOR
 MDJ Canway

Jason Buczak
 Magisterial District Judge
 Magisterial District 10-3-05
 Westmoreland County, PA
 My Commission Expires
 1st Monday in January 2026

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF WESTMORELAND



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 10-3-02
MDJ: Hon. Charles Conway
Address: 5919 Washington Avenue
Export, Pennsylvania 15632

DEFENDANT:

(NAME and ADDRESS):

TIMMICA

MOORE

First Name

Middle Name

Last Name

Gen

6436 Lindsey Lane, Export, Pennsylvania 15632

Telephone: (724)327-8322

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <u>CV 244-18</u>	Date Filed <u>10/28/18</u>	OTN/Live Scan Number <u>UP417510-3</u>	Complaint/Incident Number <u>IF-2018-0129</u>	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB <u>08/29/1979</u>	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name		Middle Name		Last Name
AKA				
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input checked="" 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 checked="" type="checkbox"/> BLK (Black) <input type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)
<input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> WHI (White)	<input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> BRO (Brown)
<input type="checkbox"/> PLE (Purple)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> MAR (Maroon)
<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)
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number			
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO				Ft. HEIGHT In.
Fingerprint Classification:				5 3

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

JEROME A. ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /
(Date)

I, SPECIAL AGENT RICHARD GRANDE

477

(Name of the Affiant)

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

of Pennsylvania Office of Attorney General

PA0222400

(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 [408] 6436 Lindsey Lane, Export,

Pennsylvania

(Subdivision Code) (Place-Political Subdivision)

in WESTMORELAND

[65]

on or about MARCH 24, 2018 AND DATES THEREAFTER

County

(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number: 17-044-10	Date Filed: 10/19/18	OTN/LiveScan Number 11141781-3	Complaint/Incident Number IF-2018-0129
Defendant Name:	First: TIMMICA	Middle:	Last: MOORE

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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	Number of Victims Age 60 or Older _____
------------------	--	---	---	---

<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F3		
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): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:

On or about March 24, 2018 and dates thereafter, the Actor knowingly with the intent to defraud an insurer, namely, Progressive Insurance, presented or caused to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the claim, namely, the Actor stated her vehicle was involved in an accident at a time after she added insurance coverage, when in fact, the accident occurred prior to the Actor adding her insurance coverage.

Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
------------------	---	---	---	---

<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	M1		
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): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:

On or About March 24, 2018 and dates there after, the Actor did with the intent to commit the crime of Theft by Deception, any act that constitutes a substantial step towards the commission of the crime, namely in an attempt to obtain less than \$2,000.00 from Progressive Insurance, the Actor stated her vehicle was involved in an accident at a time after she added insurance coverage, when in fact, the accident occurred prior to the Actor adding her insurance coverage.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
------------------	--	---	---	---

<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: 17-244-15	Date Filed: 10/27/18	OTN/LiveScan Number 11141 8125	Complaint/Incident Number IF-2018-0129
Defendant Name:	First: TIMMICA	Middle:	Last: MOORE

AFFIDAVIT of PROBABLE CAUSE

Date of Violation: March 24, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent Richard Grande

Law Enforcement Agency: Pennsylvania Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place
Pittsburgh, PA

- A. Your Affiant, Richard Grande, is a Special Agent with the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office. Your Affiant has a combined twenty six (26) years of experience in law enforcement as a Police Officer / Detective and Special Agent and is the case agent assigned to this investigation involving the Actor, Timmica Moore.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Brandt Salnick of Progressive Insurance Special Investigations Unit. It was alleged that the Actor obtained insurance coverage on March 24, 2018 at 9:23 p.m. A complainant contacted Progressive Insurance and filed a claim. The complainant stated that he was involved in an accident with the Actor that caused damage to his vehicle on March 24, 2018 at 8:30 p.m., prior to the Actor obtaining insurance coverage. The Actor then provided false information to Progressive Insurance as to the time of the accident. The attempted amount of theft is approximately \$1,900.00.
- C. Your Affiant reviewed the referral claim provided by Progressive Insurance and found the following:
 1. The Actor's Progressive Insurance auto liability coverage policy had cancelled on November 11, 2017 for non-payment. The Actor purchased a new auto liability coverage auto policy with Progressive Insurance on March 24, 2018 at 9:23 p.m.. On March 25, 2018 a complainant, Dave Pcsolar, filed a claim that he was involved in an accident with the Actor on March 24, 2018 at 8:30 p.m.
 2. The accident occurred on SR. 22 in Monroeville, PA. Pcsolar was traveling east on SR. 22 when the Actor, who was also traveling east on SR. 22, attempted to change lanes. The Actor struck Pcsolar's vehicle in the rear, causing damage. On March 24, 2018 at 9:17 p.m. Pcsolar contacted his insurance company, State Farm Insurance, to advise them of his accident. Pcsolar provided State Farm Insurance with the Actor's information given to him at the time of the accident. State Farm Insurance notified Progressive Insurance of the accident claim. Progressive Insurance started their claim process.
 3. On March 25, 2018 Progressive Insurance Claims Adjuster, Heather Meek, made contact with Pcsolar as part of their claims process. Meek took a statement from Pcsolar on what happened with regard to the accident. Pcsolar stated that he was traveling east on SR. 22 near Pine Valley Drive in Monroeville, PA. Pcsolar was driving in the right lane when he felt a bump and thought that another vehicle struck him from behind.
 4. Pcsolar pulled over, as did the Actor. Pcsolar and the Actor exchanged contact information. Pcsolar's vehicle sustained left rear quarter panel damage, but was drivable. Pcsolar left the scene at that point, as no one was injured, and both vehicles were drivable.
 5. On March 29, 2018 Progressive Insurance Claims Adjuster, Lonette Dercidia, contacted the Actor as part of their claims process. Dercidia took a statement from the Actor on what happened with regard to the accident. Dercidia asked the Actor what date and time the accident happened. The Actor stated the accident occurred between 9:00 and 9:30 p.m. on March 24, 2018.
 6. Dercidia advised the Actor that their records showed that she had just purchased her policy on the same day as the accident. Dercidia asked the Actor what prompted her to get coverage at that time. The Actor stated that she checked her policy online, noticed it was canceled, and purchased coverage at that time. Dercidia asked the Actor if she purchased coverage before or after the accident. The Actor indicated before the accident.

D. Your Affiant, along with Special Agent James Kopera, conducted an interview with Dave Pcsolar. The following information was provided.



POLICE CRIMINAL COMPLAINT

Docket Number: CL94418	Date Filed: 10/25/18	OTN/LiveScan Number L1041/S103	Complaint/Incident Number IF-2018-0129
Defendant Name:	First: TIMMICA	Middle:	Last: MOORE

1. Your Affiant advised Pcsolar this was a follow up to a recent accident he was involved in. Your Affiant asked Pcsolar if he remembered the accident and if he could explain what happened. Pcsolar stated on March 24, 2018 he was traveling east bound on SR. 22 in Monroeville, PA. Pcsolar was in the right lane when he felt a bump and thought he was just hit from behind.
 2. Pcsolar stated he pulled over, as did the Actor, who was driving behind him. Pcsolar discovered that the Actor was driving behind him and attempted to change lanes. The Actor struck Pcsolar's vehicle causing damage to the left rear quarter panel/wheel area.
 3. Pcsolar stated that he exchanged contact information with the Actor, to include her name, address, and phone number. The Actor could not provide him her insurance policy number information, only the insurance company name of Progressive Insurance, at the time of the accident. Pcsolar left the scene after the information exchange, as no one was injured and both vehicles were drivable.
 4. Your Affiant asked Pcsolar if he remembered what time the accident occurred. Pcsolar stated that it was around 8:30 p.m. He was asked what he did after the accident. Shortly after the accident, Pcsolar called his insurance company, State Farm Insurance, and filed an accident claim giving them the Actor's information.
 5. Pcsolar was asked about his vehicle damage. Pcsolar's vehicle was repaired at Kenny Ross Collision Center which was covered by his insurance. Pcsolar did have to pay a \$500.00 deductible.
- E. Your Affiant went to Kenny Ross Collision Center located in Adamsburg, PA. The manager, Gary Swarts, verified that Pcsolar's vehicle was repaired there. The total cost for the repair was \$1,498.91.

Based on the information set forth above, your Affiant believes there is probable cause for the issuance of an arrest warrant for the Actor, Timmica Moore.

I, SPECIAL AGENT RICHARD GRANDE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

R. Grande

(Signature of Affiant)

Sworn to me and subscribed before me this 25th day of October 2018

_____ Date _____, Magisterial District Judge

My commission expires first Monday of January _____

Jason Buczak
Magisterial District Judge
Magisterial District 10-3-05
Westmoreland County, PA
My Commission Expires
1st Monday in January 2026

MDJ JASON BUCZAK, ACTING FOR
MDJ *Causby*



POLICE CRIMINAL COMPLAINT

Docket Number: UL344-10	Date Filed: 1/27/18	OTN/LiveScan Number 1141 SL-3	Complaint/Incident Number IF-2018-0129
Defendant Name:	First: TIMMICA	Middle:	Last: MOORE



POLICE CRIMINAL COMPLAINT

Docket Number: 18-024-18	Date Filed: 10/15/18	OTN/LiveScan Number 11-41-18-2	Complaint/Incident Number IF-2018-0129
Defendant Name:	First: TIMMICA	Middle:	Last: MOORE

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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.)

(Signature of Affiant)

AND NOW, on this date 25th day of October 2018 (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.

10-3-05
 (Magisterial District Court Number)

[Handwritten Signature]
 (Issuing Authority)

Jason Buczak
 Magisterial District Judge
 Magisterial District 10-3-05
 Westmoreland County, PA
 My Commission Expires
 1st Monday in January 2026

MDJ JASON BUCZAK, ACTING FOR
 MDJ [Handwritten Signature]

COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF ALLEGHENY
 Magisterial District Number: 5-2-36
 MDJ: Hon. James Hanley Jr.
 Address: 4371 Murray Avenue
 Pittsburgh, Pennsylvania 15216
 Telephone: (412)521-7782



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

URSULA HOWARD Gen
 First Name Middle Name Last Name
 835 Maginn Street, Pittsburgh, Pennsylvania 15214

NCIC Extradition Code Type

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pending Extradition | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Limited | <input type="checkbox"/> 6-Felony Pending 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 Extradition | |
| <input type="checkbox"/> 4-Felony No Extradition | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-13A-18	Date Filed 10/19/18	OTN/LiveScan Number G-801488-3	Complaint/Incident Number IF-2018-0173	Request Lab Services? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 04/07/1979	POB Pgh	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name AKA		Middle Name	Last Name	Gen.
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input checked="" 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 checked="" type="checkbox"/> BLK (Black) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)	<input type="checkbox"/> PLE (Purple)
Eye Color <input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> MAR (Maroon)	<input type="checkbox"/> WHI (White)	<input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> GRN (Green)
DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location	WEIGHT (lbs.) 145		Ft. HEIGHT In. 5 9
FBI Number	MNU Number			
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification:			

DEFENDANT VEHICLE INFORMATION

Plate #	State	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	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).

SDAG JEROME A. ORIE _____ / / _____
 (Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, SPECIAL AGENT RICHARD GRANDE 477
 (Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General PA0222400
 (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 [301] 835 Maginn Street, Pittsburgh, Pennsylvania (Subdivision Code) (Place-Political Subdivision)

in ALLEGHENY County [02] on or about MAY 21, 2018 AND DATES THEREAFTER
 (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0173
Defendant Name:	First: URSULA	Middle:	Last: HOWARD

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically. (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly 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.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input checked="" type="checkbox"/>	1	4117	(a)(2)	of the	18 PA C.S.	1	F3		
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone							

Statute Description (include the name of statute or ordinance): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:
On or about May 21, 2018 and dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Progressive Insurance, present or cause to be presented to Progressive Insurance any statement forming a part of or in support of any insurance claim, that contained false, incomplete, or misleading information concerning any fact or thing material to the insurance claim, namely, the Actor stated her vehicle was involved in an accident at a time after she added insurance coverage, when in fact, the accident occurred prior to the Actor adding her insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input checked="" type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input type="checkbox"/>	2	3922	(a)(1)	of the	18 PA C.S.	1	M1		
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone							

Statute Description (include the name of statute or ordinance): **CRIMINAL ATTEMPT / THEFT BY DECEPTION**

Acts of the accused associated with this Offense:
On or about May 21, 2018 and dates there after, the Actor did with the intent to commit the crime of Theft by Deception, any act that constitutes a substantial step towards the commission of the crime, namely, in an attempt to obtain in excess of \$200.00 from Progressive Insurance, the Actor stated her vehicle was involved in an accident at a time after she added insurance coverage, when in fact, the accident occurred prior to the Actor adding her insurance coverage.

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input type="checkbox"/>	3	4117	(b)(4)	of the	18 PA C.S.	1	M1		
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone							

Statute Description (include the name of statute or ordinance): **INSURANCE FRAUD**

Acts of the accused associated with this Offense:
On or about May 21, 2018 and dates thereafter, the Actor, knowingly and with the Intent to defraud an Insurer, namely Progressive Insurance, filed an application for automobile insurance containing any false information, or concealed for the purpose of misleading information concerning any fact material thereto, namely, the Actor informed Progressive Insurance during the statement of no loss that she had not been involved in any accidents or sustained any damage to her vehicle during the time the vehicle was uninsured, when in fact, she had recently been involved in an accident.



POLICE CRIMINAL COMPLAINT

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Defendant Name:	First: URSULA	Middle:	Last: HOWARD

- 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(s) numbered 1 through 3.
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently that non-confidential information and documents.

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.)

(Date)

(Signature of Affiant)

AND NOW, on this date October 19, 2018 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.

05-2-36
(Magisterial District Court Number)

(Issuing Authority)

JAMES J. HANLEY, JR.,
MAGISTERIAL DISTRICT JUDGE
MAGISTERIAL DISTRICT 05-2-36
MY COMMISSION EXPIRES ON THE
FIRST MONDAY IN JANUARY, 2024



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AFFIDAVIT of PROBABLE CAUSE

Dates of Violation: May 21, 2018 and dates thereafter

Criminal Complaint No:

Name of the Affiant: Special Agent Richard Grande

Law Enforcement Agency: Office of Attorney General
Insurance Fraud Section
Western Regional Office
1251 Waterfront Place
Pittsburgh, PA

- A. Your Affiant, Richard Grande, is a Special Agent with the Pennsylvania Office of Attorney General, Insurance Fraud Section, Western Regional Office. Your Affiant has a combined twenty six (26) years of experience in law enforcement as a Police Officer/Detective and is the case agent assigned to the investigation involving the Actor, Ursula Howard.
- B. This investigation was initiated by the Western Regional Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Brandt Salnick of Progressive's Special Investigations Unit. It was alleged that the Actor obtained insurance coverage after an accident and then provided false information as to the time of the accident. The attempted amount of theft was under \$1,000.00.
- C. Your Affiant reviewed the claim referral provided by Progressive Insurance and found the following:
 - 1. The Actor had her Progressive Insurance auto policy cancelled for non-payment on February 25, 2018. The Actor was involved in an accident while traveling on Beulah Road in Churchill Borough on May 21, 2018 at or around 12:00 p.m. The Actor rear-ended another vehicle that was stopped in front of her at the intersection of Beulah Road and Penn Avenue. The impact pushed the other vehicle into a vehicle that was stopped in front of the impacted vehicle.
 - 2. All three drivers exchanged information at the scene. The driver of the first vehicle, Joseph Defazio, took photographs at the accident scene. Defazio exchanged information with the Actor, along with the driver of the second vehicle, Kathleen Kammerdiener. All three drivers left the scene after the information exchange.
 - 3. The Actor contacted Progressive Insurance on May 21, 2018 at 12:29 p.m. The Actor reinstated her auto policy at that time. As part of the reinstatement procedure, the Actor gave a recorded statement of no loss. The Actor was asked if she had been involved in any accidents or if her vehicle sustained any damages during her lapse in coverage from February 25, 2018 until May 21, 2018. The Actor replied "no" to that question.
 - 4. On May 22, 2018 claimant, Joseph Defazio, contacted Progressive Insurance to file an accident claim. Defazio advised Progressive Insurance that the Actor rear-ended him while he was stopped at the traffic light at Beulah Road and Penn Avenue. Defazio was asked when the accident happened. Defazio advised the accident occurred on May 21, 2018 around 12:00 p.m. Defazio also provided Progressive Insurance with photographs that he had taken at the accident scene.
 - 5. Progressive Insurance had the accident scene photographs analyzed for any meta data. The meta data showed the two photographs were taken on May 21, 2018 at 12:08 p.m. and 12:10 p.m. Progressive Insurance included these photographs in their referral file.
 - 6. On May 24, 2018 Progressive Insurance Claims Adjuster, Matt Maddamma, contacted the Actor about the accident. Maddamma asked her to explain what happened. The Actor in a recorded statement said that she



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was driving on Beulah Road while holding a cup of coffee and dropped it. The Actor became distracted and did not see the traffic in front of her stopped at the light at Beulah Road and Penn Avenue.

7. The Actor said she struck the car in front of her. The car she rear-ended was pushed into another vehicle in front of it. The Actor related that she got out of her car, as did the other drivers. They all exchanged information. When the Actor was asked when the accident happened, she informed Progressive that it occurred on May 21, 2018 at 1:00 p.m.
- D. Your Affiant, along with Special Agent Amy Adams, conducted an interview with Joseph Defazio. He provided the following information.
1. Your Affiant asked Defazio to explain what happened with regard to the recent accident he was involved in. Defazio related that he was traveling on Beulah Road when he was stopped for the traffic light at Beulah Road and Penn Avenue in Churchill Borough. The next thing he felt was a slight bump from behind which pushed him into another vehicle that was in front of him at the light.
 2. Defazio said that he exited his vehicle, as did the Actor. The drivers did a quick information exchange. Defazio took photographs of the Actor's Progressive Insurance card. Your Affiant asked what damage his vehicle sustained as a result. Defazio related that his rear bumper cover was dislodged, but it was drivable. The damages were estimated to be under \$1,000.00.
 3. Defazio said that all the vehicles involved were drivable and that they all left the scene after the information exchange. Your Affiant asked Defazio if he remembered the date and time of the accident. Defazio stated that it occurred on May 21, 2018 at 12:00 p.m.
- E. Your Affiant received a computer forensics analysis report from Special Agent April-Noelle Campbell that revealed the following.
1. Your Affiant provided Campbell with two photographs taken by Defazio at the scene of the accident involving the Actor. Campbell was able to provide the meta data associated with the photographs.
 2. According to Campbell, the two photographs were taken on May 21, 2018 at approximately 12:08 p.m. and 12:10 p.m. It should be noted that the two photographs were taken before the Actor reinstated her automobile policy with Progressive. The photographs were also taken prior to the accident time provided by the Actor to Progressive Insurance.
- F. Your Affiant conducted an interview with Kathleen Kammerdiener. Kammerdiener provided the following information.
1. Your Affiant asked Kammerdiener if she remembered the accident on May 21, 2018 and if she could explain what happened. Kammerdiener stated she was driving on Beulah Road, but did not know the exact area. Kammerdiener said she was stopped for a traffic light and felt a slight impact from behind.
 2. Kammerdiener got out of her vehicle to discover that there was an accident. Kammerdiener stated that the vehicle that was directly behind her got pushed into her rear bumper. Kammerdiener talked to the driver of the vehicle that struck her vehicle. Kammerdiener also discovered there was a third vehicle involved that was driven by the Actor.
 3. Kammerdiener stated she checked her bumper, but did not see any damage at that time. She said that she exchanged contact information with all the drivers involved and left the scene after that. Your Affiant asked her if she remembered what time the accident occurred. She stated that it was around 12:00 p.m.
- G. Your Affiant, along with Special Agent Bradley Capan, conducted an interview with the Actor. She provided the following information.



POLICE CRIMINAL COMPLAINT

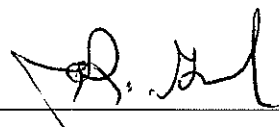
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1. Your Affiant explained that this was a follow up to a recent accident she was involved in. The Actor said that she remembered the accident on May 21, 2018. Your Affiant asked the Actor to explain what happened. The Actor advised that she was driving on Beulah Road and was approaching the intersection of Beulah Road and Penn Avenue in Churchill.
2. The Actor said that she dropped a cup of coffee and got distracted. The Actor did not see the traffic stopped in front of her at Beulah Road and Penn Avenue. The Actor stated that she struck the vehicle that was directly in front of her which caused that vehicle to strike the vehicle in front of it.
3. The Actor related that she got out of her car, as did the other drivers involved. All the drivers did a quick information exchange and they all left the scene.
4. Your Affiant advised the Actor that there was a coverage issue with her insurance. Your Affiant asked her if she knew that her insurance was cancelled at the time of the accident. The Actor stated "yes". Your Affiant asked her if she remembered contacting Progressive Insurance on May 21, 2018 to reinstate her policy. The Actor stated "yes", and that she called them around 12:30 – 1:00 p.m.
5. Your Affiant asked the Actor if she remembered talking to Progressive Insurance about the accident. The Actor stated "yes". Your Affiant asked her if she remembered what time she told them the accident happened. The Actor stated "around "1:00". Your Affiant advised her that the other driver took photographs at the scene and explained that the photographs were analyzed and the meta data showed they were taken at 12:08 and 12:10 p.m.
6. Your Affiant asked the Actor if she got the insurance coverage at 12:29 p.m. to cover any vehicle damage(s) from the accident. The Actor said that she knew she needed insurance so she got some. Your Affiant asked her what prompted her to get insurance right after the accident. The Actor responded that she got it because she needed it.

Based on the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Ursula Howard.

I, SPECIAL AGENT RICHARD GRANDE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAT NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.



 (Signature of Affiant)

Sworn to me and subscribed before me this 19th day of October 2018
10/19/18 Date _____, Magisterial District Judge

