

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: CAMBRIA

Magisterial District Number: 47-1-02  
MDJ: Hon. SUSAN GINDLESERGER  
Address: 701 BELMONT STREET  
JOHNSTOWN, PA 15904

Telephone: (814)266-1066



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

AARON

R

GILLIN

First Name

Middle Name

Last Name

Gen

532 SUMMIT AVE  
JOHNSTOWN, PA 15905

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 <b>CR-47-19</b>	Date Filed <b>FEB 13 2019</b>	OTN/LiveScan Number <b>0678692-0</b>	Complaint/Incident Number <b>IF-2018-0172</b>	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <b>03/10/1975</b>	POB <b>Pa</b>	Add'l DOB <b>/ /</b>	Co-Defendant(s) <input type="checkbox"/>
First Name	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				
Hair Color <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> BLN (Blonde / Strawberry)				
Eye Color <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input checked="" type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)				
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number			240
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO				Ft. HEIGHT In.
Fingerprint Classification:				6 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).

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. ☒ I accuse the above named defendant who lives at the address set forth above

☐ I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_

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

with violating the penal laws of the Commonwealth of Pennsylvania at [413] 532 Summit Ave. Johnstown, Pa  
(Subdivision Code) (Place-Political Subdivision)

15905

in CAMBRIA County

[11]

(County Code)

on or about MAY 7, 2018, AND DATES THEREAFTER





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0172
Defendant Name:	First: AARON	Middle: R	Last: GILLIN

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	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): <b>INSURANCE FRAUD</b>									
Acts of the accused associated with this Offense: On or about May 7, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Nationwide Insurance Company, present or cause to be presented to Nationwide 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 documents to Nationwide Insurance Company for reimbursement of lost wages, when in fact, the documents were forged by the Actor in order to obtain money from Nationwide Insurance 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	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): <b>CRIMINAL ATTEMPT/THEFT BY DECEPTION</b>									
Acts of the accused associated with this Offense: On or about May 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 \$2,000.00 from Nationwide Insurance Company, the Actor presented documents to Nationwide Insurance Company for reimbursement of lost wages, when in fact, the documents were forged by the Actor in order to obtain money from Nationwide Insurance 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"/>	3	4101	A 3	of the	18	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): <b>FORGERY</b>									
Acts of the accused associated with this Offense: On or about May 7, 2018 and various dates thereafter, the Actor, with the intent to defraud Nationwide Insurance Company, uttered a writing that the Actor knew to be forged, namely, in support of a claim for lost wages, the Actor submitted documents to Nationwide Insurance Company to justify entitlement to benefits purportedly authorized by Pete Burns, when in fact, Pete Burns did not complete and/or authorize the completion of the forms.									



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0172
Defendant Name:	First: AARON	Middle: R	Last: GILLIN

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 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)

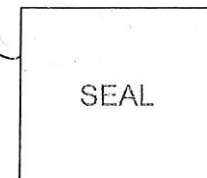
  
(Signature of Affiant)

AND NOW, on this date FEB 13 2019 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.

#47-1-02  
(Magisterial District Court Number)

  
(Issuing Authority)



SEAL





<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint/Incident Number</b> IF-2018-0172
<b>Defendant Name:</b>	<b>First:</b> AARON	<b>Middle:</b> R	<b>Last:</b> GILLIN

**AFFIDAVIT of PROBABLE CAUSE**

**Date of Violation:** May 7, 2018 and dates thereafter

**Criminal Complaint No:** IF-2018-0172

**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, Aaron R. Gillin.
- 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 Tom McMahon of Nationwide Insurance Company. The investigation revealed that the Actor, Aaron R. Gillin, filed a claim with Nationwide Insurance Company on or about May 7, 2018. The Actor provided documents to Nationwide Insurance Company for lost wages purportedly signed by Pete Burns. The documents indicated that the Actor lost wages due to injuries received in a vehicle accident. Two documents that were provided to Nationwide Insurance Company by the Actor were forged with the signature of Pete Burns in order to have Nationwide Insurance Company pay the Actor for lost wages. The amount of attempted theft is \$26,400.00.
- C. Your Affiant reviewed the claim filed with Nationwide Insurance Company and spoke to Tom McMahon, Special Investigator with Nationwide Insurance Company, and found the following:
1. On March 14, 2018, the Actor was a passenger in a Nationwide Insurance Company insured vehicle being operated by Andrew Goldberg. The vehicle was struck by another vehicle at the intersection of Hickory and Oak St. in the City of Johnstown.
  2. As a result of the accident, the Actor received injuries requiring medical treatment. The Actor was transported from the accident scene by ambulance to Conemaugh Hospital.
  3. The Actor filed a claim through Nationwide Insurance Company indicating that he had lost wages for construction jobs that he was unable to complete as a result of his injuries sustained in the vehicle accident.
  4. The Actor provided Nationwide Insurance Company with two forged documents on or about May 7, 2018. The documents were construction billing proposals purportedly written to Pete Burns for work to be completed at a rental property located at 115 Moyer Street owned by Burns. The two proposals totaled \$26,400.00.





## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0172
Defendant Name:	First: AARON	Middle: R	Last: GILLIN

5. Pete Burns reviewed the documents and verified that his signature on the documents were forged and that he does not own a rental property located at 115 Moyer St., Johnstown, Pa.

D. Pete Burns provided the following information to your Affiant:

1. Burns verified that he did hire the Actor to do work on a rental property he owns on or about March-April 2018. Burns confirmed that he signed a contract with the Actor for work to be done at 531 Maple Ave., Johnstown, Pa. Burns stated that he did not sign any contracts with the Actor for work at 115 Moyer St. Johnstown. Any signature of his on those contracts would have been forged.
2. Burns also recalled that he did write a statement, signed it and had it notarized that he did contract with the Actor for him to perform work on his rental property located at 531 Maple Ave. Johnstown, Pa. Due to the Actor being in an automobile accident, he was unable to do the work and Burns had to hire another contractor to do the work.
3. Burns reviewed the documents that the Actor submitted as part of his claim:
  - i. When reviewing the documents, Burns stated that the actual address he owns is not Moyer St, but 315 Boyer St. in Johnstown. He would not have signed a document for work on a property he does not own. Burns never had the Actor perform any work at his 315 Boyer Street address.
  - ii. The first document Burns reviewed was a notarized letter dated 4/30/18 stating that he hired the Actor to do work on his rental property at 531 Maple Ave. Burns stated that the document was legitimate and that due to the vehicle accident the Actor was involved in, he could not perform any of the work. He obtained another contractor to complete the work. The total proposal from the Actor was \$5,800.00. The Second document is the proposal from the Actor to Burns for work to be done at 531 Maple Ave. Burns stated that this proposal was authentic and that the Actor was unable to do the work due to his injuries from an auto accident and that he hired another contractor to do the work. The total proposal from the Actor was \$5,800.00.
  - iii. The third document Burns reviewed was a proposal from the Actor to Burns stating that he was going to do work at Burns' 115 Moyer St. rental property for \$10,400.00. Burns stated that the document is fraudulent, his signature is forged and he does not own a property at that address.
  - iv. The fourth document Burns reviewed was a proposal from the Actor to Burns stating that he was going to do work at Burns' 115 Moyer St. rental property for \$16,000.00. Burns stated that the document is fraudulent, his signature is forged and he does not own property at that address.

E. Andrew Goldberg provided the following information to your Affiant:



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0172
Defendant Name:	First: AARON	Middle: R	Last: GILLIN

1. Goldberg stated that in March of 2018 he was driving his 2007 Pontiac G5 on Hickory St. in Johnstown, Pa. His front seat passenger was his sisters' boyfriend, the Actor. He stated that at the intersection of Hickory and Oak St. his vehicle was struck by another vehicle causing damage to the passenger side of his vehicle. He stated that he received a broken nose and injuries to his right foot. He stated that he recalled the Actor hurt his right leg.

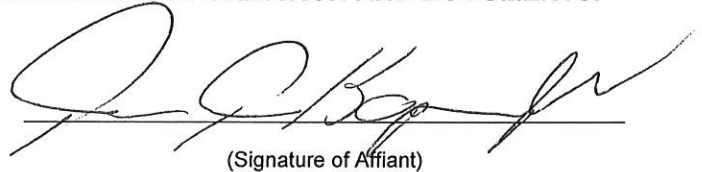
F. Your Affiant re-interviewed Tom McMahon, Special Investigator with Nationwide Insurance Company, and found the following:

1. The Actor was entitled to \$5,300.00 from Nationwide for the work at 531 Maple Ave. that he was unable to do because of the injury.
2. Nationwide would have paid \$26,400.00 based upon the other two documents if they had not determined that they were fraudulent.
3. The Actor was not paid the \$5,300.00 because of the material misrepresentation with the other two documents during the claim.

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, Aaron Gillin.

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 FEB 13 2019 day of FEB 13 2019  
Date Susan M. Wendelberger, Magisterial District Judge  
My commission expires first Monday of January, 2024

SEAL



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: ERIE

Magisterial District Number: 06-1-04  
MDJ: Hon. Paul Bizzarro  
Address: 460 East 26<sup>th</sup> Street  
Erie, PA 16504

Telephone: (814)451-6522



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:

(NAME and ADDRESS):

AMHED

AM

AL-QURAISHI

First Name

Middle Name

Last Name

Gen

379 East 37<sup>th</sup> Street  
Erie, PA 16504

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 <b>CR- 80-19</b>	Date Filed <b>2/13/19</b>	OTN/LiveScan Number <b>U678258-0</b>	Complaint/Incident Number <b>IF-2018-0211</b>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <b>03/23/1989</b>	POB <b>Pa</b>	Add'l DOB <b>/ /</b>	Co-Defendant(s) <input type="checkbox"/>
First Name <b>AKA</b>		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 type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Hair Color <input checked="" type="checkbox"/> BLK (Black) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PLE (Purple) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)	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"/> 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.) <b>185</b>
FBI Number <b>3V1DMAD5M</b>	MNU Number	Ft. HEIGHT In. <b>5 2</b>
Defendant Fingerprinted <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Fingerprint Classification:	

DEFENDANT VEHICLE INFORMATION

Plate # <b>JHV1984</b>	State <b>PA</b>	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) <b>07/19</b>	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 <b>WBAVC9354K038515</b>	Year <b>2008</b>	Make <b>Bmw</b>	Model <b>328xi</b>	Style <b>4d</b>	Color <b>Gold</b>		

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, SPECIAL AGENT DAVID A. DALCAMO

(Name of the Affiant)

457

(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] 379 East 37<sup>th</sup> Street, Erie, PA 16504  
(Subdivision Code) (Place-Political Subdivision)

in ERIE County

[25]

(County Code)

on or about AUGUST 8, 2018 AND VARIOUS DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-80-19</b>	Date Filed: <b>2/13/19</b>	OTN/LiveScan Number <b>U 678258-0</b>	Complaint/Incident Number <b>IF-2018-0211</b>
Defendant Name:	First: <b>AMHED</b>	Middle: <b>AM</b>	Last: <b>AL-QURAISHI</b>

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"/>	<b>1</b>	<b>4117</b>	<b>(a)(2)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>F-3</b>
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	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 8, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, namely, Nationwide Insurance Company, presented or cause to be presented to Nationwide 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 told Nationwide Insurance Company that his vehicle sustained damage to the passenger side, following an accident on August 8, 2018, when in fact, the damage had occurred months earlier in another accident, prior to the Actor purchasing 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 _____			
<input type="checkbox"/>	<b>2</b>	<b>3922</b>	<b>(a)(1)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>F-3</b>
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	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 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 towards the commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from Nationwide Insurance Company, the Actor told Nationwide Insurance Company that his vehicle sustained damage to the passenger side, following an accident on August 8, 2018, when in fact, the damage had occurred months earlier in another accident, prior to the Actor purchasing 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 _____			
<input type="checkbox"/>				<b>of the</b>			
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	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: <b>CR-80-19</b>	Date Filed: <b>2/13/19</b>	OTN/LiveScan Number <b>4 678258-0</b>	Complaint/Incident Number <b>IF-2018-0211</b>
Defendant Name:	First: <b>AMHED</b>	Middle: <b>AM</b>	Last: <b>AL-QURAISHI</b>

- 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 2/13/19 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.

06-1-02  
 (Magisterial District Court Number)

  
 (Issuing Authority)



**POLICE CRIMINAL COMPLAINT**

Docket Number: <b>CR-80-19</b>	Date Filed: <b>2/13/19</b>	OTN/LiveScan Number <b>4 678258-0</b>	Complaint/Incident Number <b>IF-2018-0211</b>
Defendant Name:	First: <b>AMHED</b>	Middle: <b>AM</b>	Last: <b>AL-QURAISHI</b>

**AFFIDAVIT of PROBABLE CAUSE**

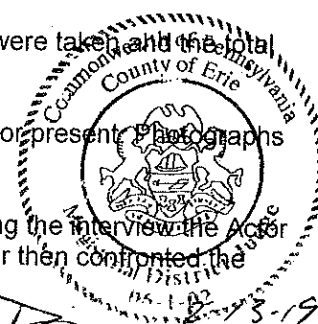
Date of Violation: August 8, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent David A. Dalcamo

Law Enforcement Agency: Pennsylvania Office of Attorney General  
Insurance Fraud Section  
Western Regional Office  
1251 Waterfront Place  
Pittsburgh, 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, Ahmed Al-Quraishi.
- 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 Shahita Foster, of Nationwide Insurance Company. The investigation revealed that the Actor, Ahmed Al-Quraishi, filed a claim for damage to his vehicle that he alleged occurred on August 8, 2018. It was determined that the damage that he claimed occurred on August 8, 2018 had actually occurred prior to the Actor purchasing the vehicle. The amount of the attempted theft was approximately \$2,680.10.
- C. Your Affiant reviewed the claim filed with Nationwide Insurance Company and spoke to Shahita Foster, Special Investigator with Nationwide Insurance Company, and found the following:
  1. On August 9, 2018 the Actor, Ahmed Al-Quraishi, filed a claim with Nationwide Insurance Company on his automobile policy. The Actor stated that on August 8, 2018, at or around 9:30 pm, his 2008 BMW 328xi was damaged while it was parked at the Dollar Tree. The Actor claimed his vehicle was a victim of a hit and run accident and that there was damage to the passenger side of the vehicle.
  2. On August 9, 2018, Nationwide Insurance Company conducted a recorded statement with the Actor. During the recorded statement the Actor stated that his vehicle was damaged while parked and unattended in the parking lot at the Dollar Tree on August 8, 2018, around 9:30 pm.
  3. Nationwide Insurance Company reviewed the claim history on the vehicle and found that the previous owner of the vehicle, who was also insured by Nationwide Insurance Company, filed a claim on June 10, 2018 with the same or similar damage.
  4. Nationwide Insurance Company interviewed the previous owner on August 10, 2018. Through this interview, it was found that the damage was never repaired and that the vehicle was sold to the Actor with the damage to the front passenger side and rear passenger side.
  5. Nationwide Insurance Company inspected the vehicle on June 29, 2018. Photographs were taken and the total damage was estimated at \$2,702.81.
  6. On August 13, 2017, Nationwide Insurance Company inspected the vehicle with the Actor present. Photographs were taken and the total damage was estimated at \$2,680.10.
  7. Shahita Foster conducted a recorded interview with the Actor on August 15, 2018. During the interview the Actor confirmed the previously reported hit and run accident and damage to his vehicle. Foster then confronted the



*[Signature]*  
2/13/19





# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-80-19</b>	Date Filed: <b>2/13/19</b>	OTN/LiveScan Number <b>U678258-0</b>	Complaint/Incident Number <b>IF-2018-0211</b>
Defendant Name:	First: <b>AMHED</b>	Middle: <b>AM</b>	Last: <b>AL-QURAISHI</b>

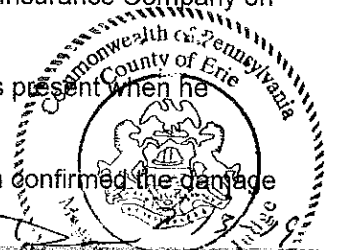
Actor with the previous loss filed by the previous owner, at which time the Actor stated that he wished to withdraw the claim.

D. Your Affiant and Special Agent Bradley Capan conducted an interview with Rodger Sutton, who provided the following information:

1. Sutton was advised of the investigation and agreed to answer questions concerning the 2008 BMW 328xi.
2. Sutton stated that he and his wife were the registered owners of the vehicle, however it was operated by his son Jacob Sutton.
3. Sutton stated that in June of 2018 his son had the vehicle when it was hit and run by another vehicle causing damage to the passenger side.
4. Sutton filed a claim on his Nationwide Insurance Company automobile policy and took the vehicle to Hallman Collision Center to have it inspected.
5. Sutton stated that he received payment from Nationwide Insurance Company, but chose not to have the vehicle repaired.
6. In late July 2018 his son, Jacob, sold the vehicle to his boss' brother. Sutton stated that the Actor purchased the vehicle.
7. Your Affiant asked Sutton if the Actor was aware of the damage when he purchased the vehicle. Sutton stated that he and his son advised both the Actor and the Actor's brother of the damage.
8. Sutton further stated, based on the extent of damage to the passenger side of the vehicle, he feels there was no way the Actor could have not known about the damage.
9. Sutton stated that when his son was transferring the title for the vehicle, the Actor was \$250.00 short and still owes them the funds. He has contacted that Actor numerous times, but never received the payment.

E. Your Affiant and Special Agent Bradley Capan conducted an interview with Rick Bafik, Appraiser, Hallman Champion Collision Center, who provided the following information:

1. Bafik was advised of the investigation and stated that he knew the Actor from past dealing with him concerning other vehicles.
2. Bafik stated that the Actor would regularly bring in damaged vehicles for estimates, but never had any of the vehicles repaired.
3. Bafik stated that on June 29, 2018, he inspected and prepared an estimate for Rodger Sutton on his 2008 BMW for Nationwide Insurance Company.
4. Your Affiant had Bafik review the estimate and photographs prepared by Nationwide Insurance Company on August 13, 2018 for the Actor.
5. Bafik stated that the damage claimed by the Actor is identical to the damage that was present when he inspected the vehicle on June 29, 2018 for Rodger Sutton.
6. Bafik also referred to the photographs that he had taken on June 29, 2018, and again confirmed the damage was the same.



*[Handwritten Signature]*  
2/13/19 Page 2 of 4



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-80-19</b>	Date Filed: <b>2/13/19</b>	OTN/LiveScan Number <b>4 678258-0</b>	Complaint/Incident Number <b>IF-2018-0211</b>
Defendant Name:	First: <b>AMHED</b>	Middle: <b>AM</b>	Last: <b>AL-QURASHI</b>

7. Bafik supplied copies of the estimate he prepared and the associated photographs.
- F. Your Affiant and Special Agent Bradley Capan conducted an interview with Detective Tom Gray, City of Erie Police Department, who provided the following information:
1. Detective Gray was able to locate a police report from the Erie Police Department database involving the Actor.
  2. The report was filed by the Actor on August 9, 2018 at 12:43 pm.
  3. The Actor claimed the his vehicle was hit and run in the parking lot of the Dollar Tree at 379 East 37th Street, Erie, PA on August 8, 2018 at 9:20 pm.
  4. The Actor completed a Citizens Crash Receipt, police department document.
- G. Your Affiant and Special Agent Bradley Capan conducted an interview with the Actor at the Law Office of Eric Hackwelder, who provided the following information:
1. The Actor and his attorney, Eric Hackwelder, were advised of the investigation and agreed the Actor would answer questions concerning the Nationwide Insurance Company claim filed by the Actor.
  2. The Actor stated that he did file a claim with Nationwide Insurance Company on August 8, 2018, involving damage to his 2008 BMW 328 XI.
  3. The Actor admitted that the damage reported in this claim was present at the time he purchased the vehicle on July 31, 2018.
  4. The Actor admitted that he lied to the insurance company when he filed the accident claim with the intent to have Nationwide Insurance Company pay to repair the damage.
  5. The Actor agreed that on two occasions he told Nationwide Insurance Company that he was hit and run in the parking lot at a Dollar Tree in Erie, PA, when in fact the accident never occurred.
  6. The Actor stated that on August 15, 2018, when Nationwide Insurance Company advised him the vehicle had been previously damaged in a loss on June 10, 2018, he advised Nationwide Insurance Company that he no longer wanted to pursue the claim. The Actor stated that he realized that Nationwide Insurance knew he was lying.
  7. The Actor indicated that when he communicated with Nationwide Insurance Company, he did so from his residence at 379 East 37<sup>th</sup> Street, Erie, Pennsylvania.

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, Ahmed Al-Quraishi.

*[Handwritten Signature]*  
*[Handwritten Signature]*  
 Commonwealth of Pennsylvania  
 County of Erie  
 Magisterial District Judge  
 2/13/19





# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-80-19</b>	Date Filed: <b>2/13/19</b>	OTN/LiveScan Number <b>U 678258-0</b>	Complaint/Incident Number <b>IF-2018-0211</b>
Defendant Name:	First: <b>AMHED</b>	Middle: <b>AM</b>	Last: <b>AL-QURASHI</b>

I, SPECIAL AGENT DAVID A. DALCAMO, 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.

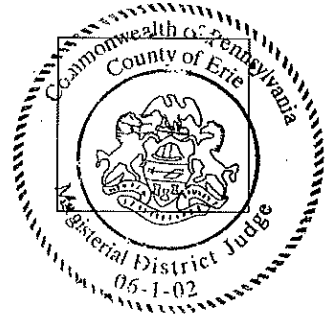
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

*David A. Dalcamo* 2-13-19

(Signature of Affiant)

Sworn to me and subscribed before me this 13 day of February 2019  
2/13/19 Date *[Signature]*, Magisterial District Judge

My commission expires first Monday of January, 2020



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: ALLEGHENY

MDJ: Hon. TOM SWAN  
Magisterial District Number: 05-3-04  
Address: 2060 SAXONBURG BLVD  
GIBSONIA, PA 15044

Phone: 724-265-2380



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:

ALAN

(NAME and ADDRESS):

TALARICO

First Name

Middle Name

Last Name

Gen.

7120 SANLIN DRIVE MOON, PA 15108

NCIC Extradition Code Type

Felony - Full Extradition

Distance: \_\_\_\_\_

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <b>OK 58-19</b>	Date Filed <b>FEB 20 2019</b>	OTN/LiveScan Number <b>G 831040-0</b>	Complaint/Incident Number <b>IF-2018-0292</b>	Request Lab Services? <input type="checkbox"/> Yes
GENDER MALE	DOB 04/11/1967	POB	Add'l DOB	Co-Defendant(s) <input type="checkbox"/>
RACE WHITE	First Name		Middle Name	Last Name Gen.
ETHNICITY	AKA			
HAIR COLOR BRO (BROWN)		EYE COLOR GRN (GREEN)		
DNA	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number		Fl. HEIGHT In.	
Defendant Fingerprinted	5			05
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.
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, JASON CHIMILE

540

(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 \_\_\_\_\_ CTY \_\_\_\_\_ ALLEGHENY COUNTY  
(Subdivision Code) (Place-Political Subdivision)

In Allegheny County

02  
(County Code)

on or about 03/20/2018 12:00



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: FEB 20 2018	OTN/LiveScan Number: G 831040-0	Complaint/Incident Number: IF-2018-0292
Defendant Name:	First: ALAN	Middle:	Last: TALARICO

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 Merit Life 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 provided Merit Life Insurance with disability claim forms allegedly prepared by his doctor and/or employer advising he continued to be disabled and unable to work through on or about September 3, 2018, when in fact, many of the forms were not prepared by his doctor or employer, and he had returned to work on or before April 1, 2018., in violation of 18 Pa.C.S. §4117(a)(2).									

Inchoate Offense	<input 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	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"/> Safety Zone	<input type="checkbox"/> Work Zone			
Statute Description/Acts of the accused associated with this Offense:									
18 3922A1 THEFT BY DECEPTION M1 1 COUNT									
The actor intentionally obtained or withheld property, namely Money with a total value greater than or equal to \$200 and less than or equal to \$2,000 belonging to Merit Life Insurance by deception, in violation of 18 Pa. C.S. §3922.									





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: <b>FEB 20 2019</b>	OTN/LiveScan Number <b>G 831040-0</b>	Complaint/Incident Number <b>IF-2018-0292</b>
Defendant Name	First: <b>ALAN</b>	Middle:	Last: <b>TALARICO</b>

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
Lead?	3	4101	A3	of the	18	1	M1		
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 4101A3 FORGERY M1 1 COUNT The actor, with the intent to defraud or injure or with knowledge that said actor was facilitating a fraud or injury upon another, namely Merit Life Insurance, uttered a writing, namely of another that was altered without their authority, namely, the Actor submitted disability claim forms purportedly prepared by his doctor and/or employer advising he continued to be disabled and unable to work through on or about September 3, 2018, when in fact, many of the forms were not prepared by his doctor or employer, and he had returned to work on or before April 1, 2018., which said actor knew to be forged in a manner specified in sections 4101(a)(1) or (2), in violation of 18 Pa.C.S.§4101(a)(3).									



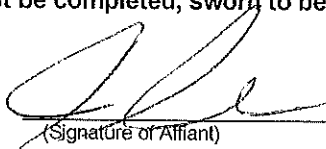
# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: <b>FEB 20 2019</b>	OTN/LiveScan Number <b>G 831040-0</b>	Complaint/Incident Number <b>IF-2018-0292</b>
Defendant Name	First: <b>ALAN</b>	Middle:	Last: <b>TALARICO</b>

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 is comprised of the preceding page(s) numbered        through
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 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.)

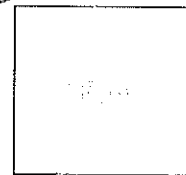
\_\_\_\_\_  
(Date)        **FEB 20 2019**          
(Signature of Affiant)

AND NOW, on this date **Feb. 20, 2019** 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.

HONORABLE TOM SWAN  
DISTRICT COURT 05-3-04  
2060 SAXONBURG BOULEVARD  
(Magisterial District Court Number) **GIBSONIA, PA 19044**

  
(Issuing Authority)





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: FEB 20 2019	OTN/LiveScan Number G 831040-0	Complaint/Incident Number IF-2018-0292
Defendant Name:	First: ALAN	Middle:	Last: TALARICO

## AFFIDAVIT of PROBABLE CAUSE

1. WHEN:

a) Date when Affiant received information:

01\_\_/\_01\_\_/\_2019\_\_

b) Date when the source of information (Police Officers, Informant, Victim, Co-Defendant, Defendant, etc.) received information:

12\_\_/\_17\_\_/\_2018\_\_

2. HOW:

a) How Affiant knows this particular person committed crime: (personal observation, defendant's admissions, etc.):

Based on reliable information received

b) How the source of information knows this particular person committed the crime:

based on reliable information received

c) How both Affiant and/or source of information knows that a particular crime has been committed:

based on reliable information received

3. WHAT CRIMES:

18 4117 A2 INSURANCE FRAUD

18 3922 A1 THEFT BY DECEPTION

18 4101 A3 FORGERY

4. WHERE CRIME(S) COMMITTED:

ALLEGHENY COUNTY

5. WHY AFFIANT BELIEVES THE SOURCE OF INFORMATION:

X 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: FEB 20 2018	OTN/LiveScan Number: G 831040-0	Complaint/Incident Number: IF-2018-0292
Defendant Name:	First: ALAN	Middle:	Last: TALARICO

Date of Violation: March 20, 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, Alan Talarico.

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 Tammy Sexson of Merit Life Insurance. The investigation revealed that the Actor obtained a loan effective May 12, 2017 with Merit Life Insurance affiliate, OneMain Financial (OMF), located in Robinson Township, Pa. The loan that the Actor purchased had credit, accident, and health insurance (A&H), which was underwritten by Merit Life Insurance (Merit). In the event of a covered disability, Merit Life Insurance would cover the Actor's monthly loan payment up to the term of his loan, which was May 15, 2021.

A claim was submitted on or about February 9, 2018, with claim forms submitted after that date alleging a continued disability. At the time of the claim, the Actor was working at Foreign Traffic, Import sales and service. Merit Life paid the Actor benefits through July 31, 2018. In August 2018 Merit discovered that many of the forms submitted by the Actor purportedly signed by his doctor and employer to verify his continued disability through September 3, 2018 were fraudulent, not being completed, prepared or authorized by them. In fact, the Actor returned to partial duty work on March 5, 2018 and full duty on April 1, 2018.

The amount of theft is approximately \$1,250.75 which are the benefits paid by Merit Life Insurance for the time period March 31, 2018 through July 31, 2018.

C. Your Affiant reviewed the claim filed with Merit Life Insurance and found the following:

The Actor obtained a loan on May 12, 2018 through OneMain Financial, located at 5888 Steubenville Pike, Suite 1, Robinson Township PA 15136. When the Actor obtained the loan he also purchased credit, accident, and health insurance on the loan, underwritten by Merit Life Insurance. In the event of a covered disability, Merit Life insurance would cover the Actor's monthly loan payments up to the term of his loan which was May 15, 2021.

On February 9, 2018 Merit received an A&H claim from the Actor, including a form from Lisa Karlik, Controller/Office Manager at the Actor's employer, Foreign Traffic, stating the Actor's last date worked due to disability was January 12, 2018. The claim was approved and a benefit payment of \$325.40 was made to OMF on behalf of the Actor, covering the period from January 23, 2018 thru February 23, 2018.



## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: FEB 20 2019	OTN/LiveScan Number G 831040-0	Complaint/Incident Number IF-2018-0292
Defendant Name	First: ALAN	Middle:	Last: TALARICO

After February 9, 2018 the Actor submitted numerous other forms purportedly prepared by his doctor and/or employer for the purpose of extending his disability. Based upon these claim forms, Merit life Insurance issued benefits covering the disability from January 23, 2018 thru July 31, 2018. The forms submitted included the following:

- received March 20, 2018/dated March 12, 2018, signed by Dr. Lawrence Notaro, extending disability to a date to be determined;
- received March 20, 2018/dated March 12, 2018, signed by Lisa Karlik, stating the Actor's last date worked was January 12, 2018;
- received March 30, 2018/dated March 30, 2018, signed by Dr. Lawrence Notaro, extending disability through April 30, 2018;
- received April 2, 2018/dated March 30, 2018, signed by Dr. Lawrence Notaro, extending disability through April 30, 2018;
- received April 2, 2018/dated April 2, 2018, signed by Lisa Karlik, stating the Actor's last date worked was January 12, 2018;
- received May 2, 2018/dated April 30, 2018, signed by Dr. Lawrence Notaro, extending disability through July 31, 2018;
- received May 2, 2018/dated May 2, 2018, signed by Lisa Karlik, stating the Actor's last date worked was January 12, 2018;
- received August 3, 2018/dated August 1, 2018, signed by Dr. Lawrence Notaro, extending disability through September 3, 2018;
- received August 3, 2018/dated August 2, 2018, signed by Lisa Karlik, stating the Actor's last date worked was January 12, 2018;

On the claim form received by Merit on August 3, 2018, Merit noticed that the doctor's signature did not appear to be the same as on previous claim forms. Merit Life Insurance then sent a verification request to Dr. Notaro with the claim forms containing his purported signatures.

Dr. Notaro replied that he only completed and signed the form dated March 30, 2018. Any other forms were completed and/or submitted without his knowledge or authority. Dr. Notaro verified he had seen the Actor only one time and verified his disability thru May 1, 2018.

Merit also sent a verification request to the Actor's employer, Foreign Traffic Inc. Lisa Karlik replied to Merit Life Insurance's request and informed them that she only completed the form submitted in February 2018. Any other forms were completed and/or submitted without her knowledge or authority. Karlik stated that the Actor returned to partial duty work on March 5, 2018 and full duty on April 1, 2018.

\$1,250.75 in benefits were paid by Merit Life Insurance for the time period March 31, 2018 through July 31, 2018.

D. Your Affiant, along with Special Agent William McKee, interviewed Dr. Lawrence Notaro at his office located in Sewickley, PA. Notaro provided the following information:

1. Notaro was asked if he could provide your Affiant with information as to when he had the Actor as a patient, when he was seen, and the forms that he had filled out in regards to the Actor's disability claim.
2. Notaro advised that for extra work he works at the Sewickley Valley Hospital every 6th weekend admitting and discharging patients from the emergency room, and that is when he first had patient contact with the Actor. Notaro advised that the Actor was in the hospital for a back injury from January 31, 2018 until February 20, 2018.
3. Notaro advised that he discharged the Actor on February 20, 2018 and on February 22, 2018 the Actor came to his office located at 100 Hazel Lane, Suite 201, Sewickley, Pa. Notaro advised that the Actor was at his office looking for pain medication because of the back surgery that he had received.



## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: FEB 20 2019	OTN/LiveScan Number G 831040-0	Complaint/Incident Number IF-2018-0292
Defendant Name	First: ALAN	Middle:	Last: TALARICO

4. Notaro stated that a few weeks later the Actor sent disability forms for him to fill out for insurance purposes.
5. Notaro was provided copies of the medical disability forms that were provided by Merit Life Insurance Company and was asked to verify their accuracy.
6. Notaro advised that he completed the disability form with the date of March 30, 2018 which indicated the Actor should be off work from January 23, 2018 until May 1, 2018 on it, and his office personnel faxed it to Merit Life Insurance. According to Notaro, the disability forms dated March 12, 2018, April 30, 2018, and August 1, 2018 were not completed by him.
7. Notaro stated that someone from Merit Life Insurance contacted him about the disability claim forms and asked him if he had completed the other forms and dated them. Notaro stated "no".
8. Notaro advised that at one point he spoke to the Actor on the phone about the suspicious disability claim forms that were filled out. Notaro advised the Actor that someone was forging his name on the disability claim forms. Notaro stated that the Actor said "sorry" and nothing else was said.
- E. Your Affiant, along with Special Agent William McKee, interviewed Lisa Karlik at Foreign Traffic, located at 4813 Rt. 8, Allison Park, Pa. Karlik provided the following information:
  1. Karlik is the accounting and finance manager at Foreign Traffic.
  2. Karlik was asked if she could provide work information for the Actor.
  3. Karlik advised that the Actor worked at Foreign Traffic as a Mechanic from October 28, 2013 until November 9, 2018.
  4. Karlik advised that the Actor was off work for an injury, but his injury did not occur at Foreign Traffic.
  5. Karlik stated that the Actor was off work from January, 2018 until he returned in March, 2018. Karlik advised that prior to the Actor's injury he was working approximately 30 to 35 hours a week (flat rate). When paid flat rate, the Actor was only paid for hours that he was actively working, rather than merely being at the shop. Karlik advised that the Actor came back to work on March 5, 2018 and worked approximately 30-35 hours a week. For the Actor's light duty he was paid for the hours he was there. On April 1, 2018 he returned to normal full duty, at which time he was paid his flat rate again.
  6. Karlik was asked about the work disability forms that the Actor provided for her to fill out.
  7. Karlik advised that the Actor provided her with the disability form and asked her to fill it out. Karlik stated that the Actor told her the form was because he was not able to work, and if she filled out the form the loan would be taken care of while he was off.
  8. Karlik advised that someone named Tammy from Merit Life Insurance sent her a form to fill out to verify if she had been the one completing the disability forms that were being sent in to them.
  9. Karlik advised that she had completed only one disability form for the Actor and the rest had been forged. Karlik advised that the form from February 2018 is the only form that she had completed.
  10. Karlik was shown the work disability forms that Merit Life Insurance provided to you Affiant. Karlik advised that she did not fill out the forms dated March 12, 2018, April 2, 2018, May 2, 2018 and August 2, 2018.





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: FEB 28 2019	OTN/LiveScan Number G 831040-0	Complaint/Incident Number IF-2018-0292
Defendant Name	First: ALAN	Middle:	Last: TALARICO

11. Karlik advised that she confronted the Actor about the forged disability forms. Karlik advised that the Actor did not really say anything when she confronted him as to why or how the forms were forged.

12. Karlik stated that some of the employees that worked in the back with the Actor notified her that he was faxing disability forms to the insurance company.

13. Karlik advised that the Actor's last day of work before injury was January 12, 2018 and the last check he received was on February 7, 2018, for which he was paid using 36 hours of his vacation.

14. Karlik stated that the Actor did not work in February because the owner, David, gave him an advance on his vacation and sick time.

F. Your Affiant, along with Special Agent William McKee, interviewed Charles Pavlik Jr. at OneMain Financial, located at 5888 Steubenville Pike Suite 1, Robinson Township Pa. Pavlik provided the following information:

1. Pavlik is a Personal Loan Specialist at OneMain Financial.
2. Pavlik was asked to provide information on the loan that the Actor obtained through them.
3. Pavlik advised that the Actor came to OneMain Financial for a personal loan with collateral on May 12, 2017.
4. Pavlik advised that when the Actor took out the personal loan he also obtained insurance on the loan through Merit Life Insurance. Pavlik advised that the insurance could be used if the Actor was injured and could not pay on the loan. Pavlik stated that Merit Life Insurance would then pay for the Actor's loan payments.
5. Pavlik stated that as long as the Actor had a doctor fill out the one disability form and his employer fill out the other form and send them in to Merit Life Insurance the loan would be paid for, for the term of his loan.

G. Your Affiant interviewed Tammy Sexson. Sexson provided the following information:

1. Sexson is a special investigator at Merit Life Insurance.
2. Sexson was asked if the Actor had to be totally disabled for Merit Life Insurance to pay for the Actor's loan payments.
3. Sexson advised that Merit Life Insurance would pay the loan payments on the Actor's loan if he was back to work on partial work duty, but they would only pay partial work duty for up to a period of 12 months. Sexson advised that after a period of 12 months Merit Life Insurance would stop paying the Actor's loan payments unless the doctor stated he would have to be on full disability.
4. Sexson stated that the flex hours that the Actor worked would not have mattered. Sexson stated that as long as the Actor was working his normal work duties on a normal daily basis, the hours that he worked on a job would not matter. Sexson advised that if they knew the Actor was working his normal work duties, flex hours or not, they would not have been paying for his loan payments.
5. According to Sexson, the Actor was paid from January to July of 2018, and he received \$1,932.06 total. Sexson stated that

**POLICE CRIMINAL COMPLAINT**

Docket Number:	Date Filed: FEB 20 2019	OTN/LiveScan Number G 831040-0	Complaint/Incident Number IF-2018-0292
Defendant Name	First: ALAN	Middle:	Last: TALARICO

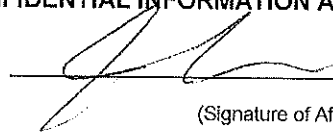
the Actor deserved \$681.31 for the time he was off work and the time he was working light duty. Sexson advised that the Actor was overpaid \$1,250.75.

6. Sexson stated that they found out about the forged disability claim forms when they called the doctor office to verify a date on one of the claim forms. Sexson stated that one of the clerical staff at the doctor office stated that the doctor was not in the office on the date that the form was signed.

7. Sexson advised that the Actor was faxing the disability claim forms to them from Foreign Traffic (#724-449-9966) based upon the fax notations at the top of several of the forms.

I, 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.

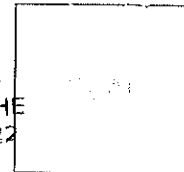


(Signature of Affiant)

Sworn to me and subscribed before me this 20<sup>th</sup> day of February 2019  
2/20/19 Date [Signature], Magisterial District Judge

My commission expires first Monday of January,

TOM SWAN,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-3-04  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2022



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF ALLEGHENYMagisterial District Number: 05-2-07  
MDJ: Hon. Jeffrey L. Herbst  
Address: Parkway Building - Suite 1500  
339 Old Haymaker Road  
Monroeville, PA 15146  
Telephone: (412)372-1125POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

BEATRICE

LAILA

ELIAS-AUSI

First Name

Middle Name

Last Name

Gen

8828 Hampton Landing Drive East, Jacksonville, FL 32256

## 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 <b>CR-184-19</b>	Date Filed 03/29/2019	OTN/LiveScan Number G833701-1	Complaint/Incident Number IF-2018-0233	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 03/21/1993	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 type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown				
ETHNICITY <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				
Hair Color <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> BLN (Blonde / Strawberry)				
Eye Color <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input checked="" type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)				
DNA	<input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location		WEIGHT (lbs.)
FBI Number	MNU Number			130
Defendant Fingerprinted	<input type="checkbox"/> YES <input type="checkbox"/> NO			Ft. HEIGHT In.
Fingerprint Classification:				5 7

## 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 BRADLEY CAPAN

BADGE #452

(Name of the Affiant)

(PSP/MPPOETC -Assigned Affiant ID Number &amp; 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 [446] 108 Leslie Road, Monroeville,  
Pennsylvania 15146 (Subdivision Code) (Place-Political Subdivision)

in ALLEGHENY County

[02]

(County Code)

on or about JULY 5, 2018 AND VARIOUS DATES THEREAFTER





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 03/29/2019	OTN/LiveScan Number G833701-1	Complaint/Incident Number IF-2018-0233
Defendant Name:	First: BEATRICE	Middle: LAILA	Last: ELIAS-AUSI

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
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 July 5, 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 her vehicle was involved in a hit and run accident after obtaining a Progressive Insurance policy, when in fact, the accident occurred prior to the Actor obtaining the 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 _____				
<input type="checkbox"/>	2	4117	(a)(3)	of the	18 PA C.S.	1	F3	
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense 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 July 5, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely Progressive Insurance, 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 contains any false, incomplete, or misleading information concerning any fact or thing material to the claim, namely, the Actor stated her vehicle was involved in a hit and run accident after obtaining a Progressive Insurance policy, when in fact, the accident occurred prior to the Actor obtaining the policy, and the Actor solicited another, namely Katelyn Frings, to provide false information in support of the claim.

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	3922	(a)(1)	of the	18 PA C.S.	1	F3	
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense 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 July 5, 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 her vehicle was involved in a hit and run accident after obtaining a Progressive Insurance policy, when in fact, the accident occurred prior to the Actor obtaining the policy.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 03/29/2019	OTN/LiveScan Number G833701-1	Complaint/Incident Number IF-2018-0233
Defendant Name:	First: BEATRICE	Middle: LAILA	Last: ELIAS-AUSI

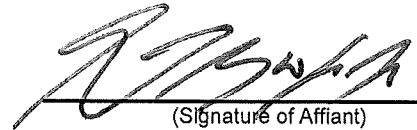
2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties 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 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.)**

MARCH 29, 2019

(Date)

  
(Signature of Affiant)

AND NOW, on this date


3/29/19

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.

05-2-07

(Magisterial District Court Number)

  
(Issuing Authority)

JEFFREY L. HERBST,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-07  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 03/29/2019	OTN/LiveScan Number G833701-1	Complaint/Incident Number IF-2018-0233
Defendant Name:	First: BEATRICE	Middle: LAILA	Last: ELIAS-AUSI

## AFFIDAVIT of PROBABLE CAUSE

**Date of Violation:** July 5, 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.
- 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 Katie Thomas, an investigator for Progressive Insurance. The investigation revealed that the Actor, Beatrice Laila Elias-Ausi, obtained a Progressive Insurance policy on February 14, 2018 at 10:09 PM which became effective on February 16, 2018. On July 5, 2018, the Actor filed a claim with Progressive Insurance stating that her vehicle was involved in a hit and run accident on July 3, 2018 while parked in Monroeville, Pennsylvania. The Actor submitted photographs depicting the damage to her vehicle to Progressive Insurance and an analysis of those photographs indicated that they were taken on February 13, 2018, prior to the inception of the policy. The amount of attempted theft is approximately \$2,601.47.
- C. Your affiant spoke with Katie Thomas, an investigator for Progressive Insurance. She provided the following information:
1. On February 14, 2018, the Actor obtained a Progressive Insurance policy on her 2016 Mazda 3 that became effective on February 16, 2018. The Actor was advised her policy would take effect on February 16, 2018 to coincide with when her previous GEICO insurance policy lapsed.
  2. On July 5, 2018, the Actor contacted Progressive Insurance and filed a claim stating that her vehicle had been involved in a hit and run accident on July 3, 2018 while parked in Monroeville, Pennsylvania.
  3. The Actor claimed damage that included the entire passenger side of the vehicle including the front headlight, front bumper, front quarter panel, front door, rear door, rear quarter panel, and rear bumper.
  4. Progressive Insurance conducted an estimate on the damage to the vehicle and determined the cost of repairs would be \$3,601.47. Less the Actor's \$1,000.00 deductible, Progressive Insurance would have been required to pay \$2,601.47 to repair the vehicle.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 03/29/2019	OTN/LiveScan Number G833701-1	Complaint/Incident Number IF-2018-0233
Defendant Name:	First: BEATRICE	Middle: LAILA	Last: ELIAS-AUSI

5. Thomas analyzed photographs submitted by the Actor depicting the damage to the passenger side front of her vehicle and those photographs were determined to have been taken on February 13, 2018, prior to her policy inception.
  6. Thomas obtained an image from a license plate reader (LPR) depicting the rear of the Actor's vehicle parked in Monroeville, Pennsylvania. The image was dated February 13, 2018 at 3:24 PM and damage on the passenger side rear bumper is visible on the vehicle. However, Thomas could not determine who captured the original photograph.
- D. Your Affiant went to A.L. Recovery located at 3150 Leechburg Road, Pittsburgh, PA 15239 and spoke with owner Michael Pletz. He provided the following information:
1. A.L. Recovery is a towing business that specializes in financial institution repossessions of vehicles that are delinquent on their loan payments. Repossessions are the only form of towing performed by A.L. Recovery.
  2. Pletz operates five vehicles with an LPR system and those vehicles are in operation in the Greater Pittsburgh area about 20 hours per day. The data from the LPR system is uploaded to DRN, which is a company in Texas.
  3. Pletz was able to confirm through his account representative at DRN that the photograph depicting the Actor's 2016 Mazda 3 with Pennsylvania registration JYW-3768 that was dated February 13, 2018 at 3:24 PM was an accurate representation of their records.
  4. According to Pletz, the photograph taken on February 13, 2018 at 3:24 PM was taken by his company, A.L. Recovery.
- E. Your Affiant reviewed a recorded telephone call from July 5, 2018, at 12:40 PM, where the Actor contacted Progressive Insurance and spoke with Yvette Lahham to file an accident claim. The following information was learned:
1. When asked when the accident occurred the Actor stated "It was July 3, 2018".
  2. When asked what time she discovered the damage the Actor stated "Around, like six seven PM".
  3. The Actor stated that while parked at Monroeville Mall in Monroeville, Pennsylvania she discovered her vehicle was struck by an unknown vehicle.
- F. Your Affiant reviewed a recorded telephone call where the Actor spoke with Shannon Halverstadt from Progressive Insurance. The following information was learned:
1. When asked by Halverstadt who took the photographs that were submitted to Progressive Insurance the Actor replied "me".





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 03/29/2019	OTN/LiveScan Number G833701-1	Complaint/Incident Number IF-2018-0233
Defendant Name:	First: BEATRICE	Middle: LAILA	Last: ELIAS-AUSI

2. Halverstadt asked the Actor "We had that you had discovered this on, uh, July the 3<sup>rd</sup> of this year?" and she replied "yes".

G. Your Affiant requested the Pennsylvania Office of Attorney General, Computer Forensics Unit, analyze the photographs the Actor submitted to Progressive Insurance. Special Agent Michael Mihalko conducted the analysis and learned the following:

1. The first image was a .JPG file titled, "Correspondence\_SubmittedPhoto\_74.jpg" and depicts accident damage on the front passenger side headlight and bumper. The image metadata indicated that it was taken on February 13, 2018, at 17:30:00 hours.
2. The second image was a .JPG file titled, "Correspondence\_SubmittedPhoto\_75.jpg" and depicts accident damage on the front passenger side headlight, bumper, quarter panel, and tire. The image metadata indicated that it was taken on February 13, 2018, at 17:35:53 hours.
3. The third image was a .JPG file titled, "Correspondence\_SubmittedPhoto\_76.jpg" and depicts accident damage on the front passenger side headlight, bumper, quarter panel, and tire. The image metadata indicated that it was taken on February 13, 2018, at 17:38:56 hours.
4. The fourth image was a .JPG file titled, "Correspondence\_SubmittedPhoto\_77.jpg" and depicts accident damage on the front passenger side headlight, bumper, quarter panel, and tire. The image metadata indicated that it was taken on February 13, 2018, at 17:38:50 hours.
5. The EXIF data GPS coordinates indicated that all of the images were taken in the Giant Eagle parking lot located at 4010 Monroeville Boulevard, Monroeville, Pennsylvania 15146.

H. Your Affiant went to Lens Crafters located at 370 Mall Circle Drive, Monroeville, PA 15146 and spoke with manager Katelyn Frings. She provided the following information:

1. The Actor was employed at this location up until sometime in July 2018 and then completed an internal transfer to one of their locations in Florida upon moving.
2. Frings stated that on February 7, 2018 while travelling to work she was involved in an accident in her vehicle. According to Frings, she recalled that the Actor's accident was within a week of hers and was not on July 3, 2018.
3. Frings was not aware of any other accident the Actor's vehicle was involved in.
4. After the Actor moved to Florida in July 2018, the Actor contacted Frings via text message and requested that Frings write the Actor a letter stating her accident was in July 2018. Frings declined this request.

Based upon the aforementioned facts and circumstances, your Affiant believes that probable cause exists for the issuance of an arrest warrant for the Actor, Beatrice Laila Elias-Ausi.



# POLICE CRIMINAL COMPLAINT


Docket Number:	Date Filed: 03/29/2019	OTN/LiveScan Number G833701-1	Complaint/Incident Number IF-2018-0233
Defendant Name:	First: BEATRICE	Middle: LAILA	Last: ELIAS-AUSI

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 THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

  
(Signature of Affiant)

Sworn to me and subscribed before me this 29 day of 2019

Date  Magisterial District Judge

My commission expires first Monday of January,

JEFFREY L. HERBST  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-207  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: ALLEGHENY

MDJ: Hon. JAMES J HANLEY, JR.  
Magisterial District Number: 05-2-36  
Address: 4371 MURRAY AVENUE  
LOWER LEVEL REAR  
PITTSBURGH, PA 15217  
Phone: 412.521.7782



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:  
CHANTEL

(NAME and ADDRESS):  
HAYDEN

First Name Middle Name Last Name Gen.  
1313 MILL STREET, PITTSBURGH, PA 15221

NCIC Extradition Code Type

Felony - Full Extradition

Distance: \_\_\_\_\_

DEFENDANT IDENTIFICATION INFORMATION

Docket Number 08-32-19	Date Filed 03/21/19	OTN/LiveScan Number G 833219-2	Complaint/Incident Number IF-2018-0266	Request Lab Services? <input type="checkbox"/> Yes
GENDER FEMALE	DOB 01/09/1992	POB	Add'l DOB	Co-Defendant(s) <input type="checkbox"/>
RACE BLACK	First Name	Middle Name	Last Name	Gen.
ETHNICITY	AKA			
HAIR COLOR BLK (BLACK)	EYE COLOR BRO (BROWN)			
DNA	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number		Ft. HEIGHT in.	
Defendant Fingerprinted				5 02
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.
VIN	Year	Make	Model	Style	Color		<input type="checkbox"/>

Office of the attorney for the Commonwealth ☐ Approved ☐ Disapproved because: \_\_\_\_\_

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

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

I, JASON CHIMILE	540
(Name of the Affiant)	(PSP/MPOTC -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 _____ CTY ALLEGHENY COUNTY	
(Subdivision Code) (Place/Political Subdivision)	
In Allegheny County	02 on or about 06/25/2018 12:00
(County Code)	



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 833219-2	Complaint/Incident Number IF-2018-0266
Defendant Name	First: CHANTEL	Middle:	Last: HAYDEN

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.)

<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						
X	1	3922	A1	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 3922A1 THEFT BY DECEPTION F3 1 COUNT The actor intentionally obtained or withheld property, namely, Money with a total value greater than \$2,000 belonging to Sentry Insurance by deception, in violation of, 18 Pa. C.S. §3922.									

<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						
	2	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 Sentry 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 comprehensive coverage claim stating that her vehicle was involved in an accident after hitting a deer, when in fact, the accident did not occur as a result of the Actor hitting a deer with her vehicle, and the Actor's comprehensive policy would not have provided coverage for the accident, in violation of 18 Pa.C.S. §4117(a)(2).									





Docket Number:	Date Filed:	OTN/LiveScan Number G 833219-2	Complaint/Incident Number IF-2018-0266
Defendant Name	First: CHANTEL	Middle:	Last: HAYDEN

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 is comprised of the preceding page(s) numbered            through
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 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.)

MARCH 21, 2019

(Date)

(Signature of Affiant)

(Signature of Affiant)

AND NOW, on this date MARCH 21, 2019 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



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 833219-2	Complaint/Incident Number IF-2018-0266
Defendant Name	First: CHANTEL	Middle:	Last: HAYDEN

## AFFIDAVIT of PROBABLE CAUSE

1. WHEN:

a) Date when Affiant received information:

12\_\_/20\_\_/\_2018\_\_

b) Date when the source of information (Police Officers, Informant, Victim, Co-Defendant, Defendant, etc.) received information:

11\_\_/20\_\_/\_2018\_\_

2. HOW:

a) How Affiant knows this particular person committed crime: (personal observation, defendant's admissions, etc.):

Information received from reliable source

b) How the source of information knows this particular person committed the crime:

information received from reliable source

c) How both Affiant and/or source of information knows that a particular crime has been committed:  
based on investigation and information received

3. WHAT CRIMES:

18 4117 A2 INSURANCE FRAUD  
18 3922 A1 THEFT BY DECEPTION

4. WHERE CRIME(S) COMMITTED:

ALLEGHENY COUNTY

5. WHY AFFIANT BELIEVES THE SOURCE OF INFORMATION:

X 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 833219-2	Complaint/Incident Number IF-2018-0266
Defendant Name	First: CHANTEL	Middle:	Last: HAYDEN

Date of Violation: June 25, 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, Chantel Hayden.

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 Jason Dunn, Special Investigator with Sentry Insurance. The investigation revealed that the Actor had a Sentry Insurance policy on her 2003 Chevy Impala with comprehensive coverage only that started on May 9, 2018. According to Jason Dunn, the Actor's comprehensive policy would cover her vehicle for theft, vandalism, fire, natural disasters, falling objects, and damage done to her vehicle caused by an animal. The Actor contacted Sentry Insurance on June 25, 2018 at 5:17 P.M and reported that she struck a deer and then drove into a guardrail on June 12, 2018. The Actor's damages were paid under her Sentry comprehensive insurance policy because the Actor stated she hit a deer. Sentry Insurance paid for the damages to her vehicle on July 27, 2018 based on the statements the Actor made that indicated that she struck a deer and hit a guard rail causing damage to her vehicle. Sentry Insurance received a subrogation demand from Nationwide Insurance on September 14, 2018 at 10:16 A.M., which included a police report. The police report from the Pittsburgh Police Department indicated that the Actor was involved in an accident on June 12, 2018 while DUI. The report indicated that the Actor swerved into a guardrail and then drove onto property located at 676 Baldwin Road, Pittsburgh, Pa., causing damage to retaining walls located on the property. There was no mention of a deer involved in the accident report, or indication of a deer causing the Actor's vehicle to swerve off the roadway. Dunn stated that if Sentry Insurance had known the actual cause of the accident, they would not have paid for the damages to her vehicle or the property located at 676 Baldwin Road. The amount of theft is \$5,534.50.

C. Your Affiant reviewed the claim filed with Sentry Insurance and found the following:

1. The Actor incepted a comprehensive only insurance policy with Sentry Insurance on May 9, 2018. The Actor reported the accident to Sentry Insurance on June 25, 2018 at 5:17 P.M.

2. The Actor advised Sentry Insurance that on June 12, 2018 she was coming around a bend when she hit a deer, and then subsequently sideswiped a guard rail.

3. On September 14, 2018 Sentry Insurance received a subrogation demand from Nationwide Insurance, the insurance carrier for property owner, Sherry Hoover, which included a police report. The police report indicated that the Actor was driving her vehicle under the influence (DUI) when she drove into a guard rail, and then drove into the homeowner's, Sherry Hoover's, driveway, causing damage to her brick retaining walls. There was no indication of the Actor striking a deer in the police report.



## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 833219-2	Complaint/Incident Number IF-2018-0266
Defendant Name	First: CHANTEL	Middle:	Last: HAYDEN

4. Sentry Insurance paid for damages to the Actor's vehicle which totaled \$2,394, her impound fee of \$100.00, the guard rail which was \$587.50, and the damage to Hoover's property that totaled \$2,453.00.

5. According to Jason Dunn, Special Investigator for Sentry Insurance, they paid for damages to the Actor's vehicle on July 27, 2018, and the Hoover's property damage on November 8, 2018. Dunn stated that they would not have paid for the Actor's vehicle or the damages to the retaining wall on the Hoover property if they would have known the accident was not a result of the Actor's vehicle striking a deer.

D. On Tuesday, January 15, 2019, your Affiant, along with Special Agent William McKee interviewed Justin Hoover at his residence, located at 676 Baldwin Road, Pittsburgh, PA. Hoover provided the following information:

1. Hoover was asked if he was home on June 12, 2018 when a vehicle being driven by the Actor drove onto his property causing damage to the retaining wall in the front of his residence.
2. Hoover advised that his mother is the owner of the residence, but he was at home on the night of the incident.
3. Hoover indicated that a vehicle crashed into their yard at approximately 11:30 P.M. and destroyed the retaining wall on both sides of their driveway.
4. When Hoover heard the crash he went outside to see what had happened.
5. Hoover observed a female standing outside a black Chevy Impala bearing the license plate # KVH9023.
6. The female seemed very intoxicated and became very aggressive toward him so he called the police.
7. The police arrived and Hoover had no further communication with the driver of the vehicle.
8. Hoover was shown photos of the vehicle and asked to verify if it was the same vehicle that drove into the retaining walls in the front of his residence. Hoover verified the vehicle as being the vehicle that was being driven by the Actor and drove into the retaining walls.
9. Hoover was asked if the Actor said anything to him about hitting a deer as the reason that she crashed her vehicle. Hoover stated that the Actor did not say anything about a deer. According to Hoover, the Actor appeared to be clearly intoxicated and that is why he believed that she crashed her vehicle.

E. On Tuesday, January 15, 2019, your Affiant, along with Special Agent William McKee, interviewed the Actor at her residence. The Actor provided the following information:

1. The Actor was asked about the accident that she was involved in on the evening of June 12, 2018.
2. The Actor stated that it was raining and she lost control of her vehicle. The Actor stated that she crashed into a guard rail and then into the retaining walls in the front yard of the Hoover residence.
3. The Actor was asked what she told Sentry Insurance as to the cause of the accident.
4. The Actor advised that she purchased her insurance over the phone through Sentry Insurance's under carrier, Viking



## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 833219-2	Complaint/Incident Number IF-2018-0266
Defendant Name	First: CHANTEL	Middle:	Last: HAYDEN

Insurance.

5. The Actor advised that she obtained the Sentry Insurance policy on May 9, 2018 and she could only afford comprehensive insurance coverage. The Actor stated that she was paying approximately \$165.00 a month for comprehensive insurance and would have had to pay over \$300.00 a month for full comprehensive and collision coverage insurance.
6. The Actor advised that she lied to Sentry Insurance when she told them that she hit a deer and crashed into the guard rail.
7. The Actor admitted that there was no deer involved in the crash and she acknowledged being intoxicated at the time of the incident.
8. The Actor stated that she knew that if she told them that she hit a deer the damage to her vehicle would be covered under her comprehensive insurance policy.
9. The Actor admitted to lying to Sentry Insurance about the cause of the accident so the damages to her vehicle would be paid. The Actor asked what she needed to do to make it right.

F. On Friday, January 18, 2019, your Affiant, along with Special Agent William McKee, interviewed Officer Steven Crichley. Crichley provided the following information:

1. Crichley was provided a copy of the police accident report that he completed on June 12, 2018 and asked if he could verify it, and provide any details on the incident.
2. Crichley advised that the police crash report was accurate.
3. Crichley stated that the driver of the vehicle, the Actor, was highly intoxicated when the accident occurred.
4. Crichley advised that the Actor drove into a guardrail and then crashed into brick retaining walls at the residence located at 676 Baldwin Road, Pittsburgh, Pa.
5. Crichley was asked if the Actor mentioned anything about a deer causing her to veer off the road and crash her vehicle. Crichley stated "no".
6. Crichley was asked if there was any evidence of the Actor hitting a deer at the scene of the accident and he stated "no".





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 833219-2	Complaint/Incident Number IF-2018-0266
Defendant Name	First: CHANTEL	Middle:	Last: HAYDEN

I, 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 21<sup>st</sup> day of MARCH, 2019

3/21/19 Date , Magisterial District Judge

My commission expires first Monday of January,

OFFICE OF THE JUDGE  
JAMES J. HANIFY, JR.  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-36  
COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024

JAMES J. HANIFY, JR.,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-36  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF WASHINGTON

Magisterial District Number: 27-2-01

MDJ: Hon. DAVID W. MARK

Address: 68 EAST PIKE STREET  
CANONSBURG, PA 15317

Telephone: (724)745-5754

POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:

(NAME and ADDRESS):

ELIJAH

HAZEKI

YARBROUGH

First Name

Middle Name

Last Name

Gen

345 NORTH JOHNSON ROAD, HOUSTON, PA 15342

## 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

Pocket Number <u>CL-139-19</u>	Date Filed <u>3/28/19</u>	OTN/LiveScan Number <u>U092887-6</u>	Complaint/Incident Number <u>IF2018-0272</u>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
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GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <u>03/08/1996</u>	POB _____	Add'l DOB <u>/ /</u>	Co-Defendant(s) <input type="checkbox"/>	Gen.
	First Name <u>AKA</u>	Middle Name	Last Name		

RACE ☐ White ☐ Asian ☒ Black ☐ Native American ☐ UnknownETHNICITY ☐ Hispanic ☐ Non-Hispanic ☐ UnknownHair 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: \_\_\_\_\_ 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"/>
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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, WILLIAM MCKEE / ROBERT M GIFT  
(Name of the Affiant)

(PSP/MPOETC -Assigned Affiant ID Number &amp; 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 Doewith violating the penal laws of the Commonwealth of Pennsylvania at [419] 345 N. Johnson Rd., Houston, Pa  
14342 (Subdivision Code) (Place-Political Subdivision)

in WASHINGTON County [63]

(County Code)

on or about NOVEMBER 4, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CE-139-19</b>	Date Filed: <b>3/28/19</b>	OTN/LiveScan Number <b>U092887-6</b>	Complaint/Incident Number <b>IF2018-0272</b>
Defendant Name:	First: <b>ELIJAH</b>	Middle: <b>HAZEKI</b>	Last: <b>YARBROUGH</b>

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"/>	<b>1</b>	<b>4117</b>	<b>(a)(2)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>F-3</b>	
Lead?	Offense #	Section	Subsection	PA Statute (Title)		Counts	Grade	NCIC Offense 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): <b>INSURANCE FRAUD</b>								
Acts of the accused associated with this Offense: On or about November 4, 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 that he was involved in a vehicle accident after purchasing his Progressive Insurance policy, when in fact, he was involved in the accident prior to purchasing the insurance policy, in an effort to have the damages paid by Progressive.								

<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"/>	<b>2</b>	<b>3922</b>	<b>(a)(1)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>M-1</b>	
Lead?	Offense #	Section	Subsection	PA Statute (Title)		Counts	Grade	NCIC Offense 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): <b>CRIMINAL ATTEMPT / THEFT BY DECEPTION</b>								
Acts of the accused associated with this Offense: On or about November 4, 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 monies in an amount less than \$2,000.00 from Progressive Insurance, the Actor stated that he was involved in a vehicle accident after purchasing his Progressive Auto policy, when in fact, he was involved in the accident prior to purchasing the insurance policy, in an effort to have the damages paid by Progressive.								

<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"/>				<b>of the</b>				
Lead?	Offense #	Section	Subsection	PA Statute (Title)		Counts	Grade	NCIC Offense 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: <b>CE-139-19</b>	Date Filed: <b>3/28/19</b>	OTN/LiveScan Number <b>U692887-6</b>	Complaint/Incident Number <b>IF2018-0272</b>
Defendant Name:	First: <b>ELIJAH</b>	Middle: <b>HAZEKI</b>	Last: <b>YARBROUGH</b>

- 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)

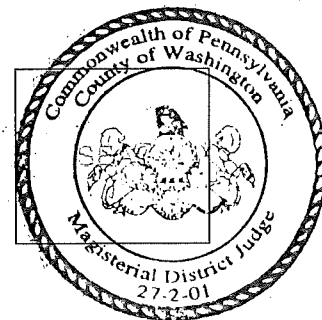
*Robert M. Cft*  
(Signature of Affiant)

AND NOW, on this date 3-28-19 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)

*[Signature]*  
(Issuing Authority)





Docket Number: 02-139-19	Date Filed: 3/28/19	OTN/LiveScan Number 469288772	Complaint/Incident Number IF2018-0272
Defendant Name:	First: ELIJAH	Middle: HAZEKI	Last: YARBROUGH

**AFFIDAVIT of PROBABLE CAUSE**

**Date of Violation:** November 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, 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, Elijah Yarbrough.
- 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 (Progressive). The investigation revealed that the Actor was involved in an auto accident when he struck a deer on November 4, 2018, while operating his 2002 Ford Explorer. The vehicle sustained damage to the left side fender, lights, wheel and the driver door would not open. The vehicle only had liability coverage through Progressive at time of the accident. Shortly after the accident on November 4, 2018, the Actor added comprehensive/collision coverage to the Progressive policy. The Actor provided false/fraudulent information to Progressive during the claim process that he was involved in the accident after he added the comprehensive/collision coverage on the Progressive auto policy in order to have Progressive pay for the damages. The amount of the attempted theft was less than \$2,000.00.
- C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:
1. On November 4, 2018, the Actor was the listed driver on his mother's (Brenda Lacks) Progressive policy. The policy only had liability coverage.
  2. On November 4, 2018, 2018 at approximately 10:59 PM the Actor telephoned Progressive and reported that he struck a deer while operating his 2002 Ford Explorer near the BP gas station in Canonsburg, PA. The Actor's girlfriend, Stephanie Laurick, was a passenger in the vehicle at the time of the accident. During the telephone call the Actor was informed that the policy on the vehicle was for liability only and that deer strikes were not covered. The Actor was informed that deer strikes are covered under comprehensive/collision coverage.





# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-139-19</b>	Date Filed: <b>3/28/19</b>	OTN/LiveScan Number <b>4692887-6</b>	Complaint/Incident Number <b>IF2018-0272</b>
Defendant Name:	First: <b>ELIJAH</b>	Middle: <b>HAZEKI</b>	Last: <b>YARBROUGH</b>

3. On November 4, 2018, at approximately 11:03 PM the Actor telephoned Progressive and added the comprehensive/collision coverage to his vehicles policy.
4. On November 4, 2018, at approximately 11:20 PM the Actor telephoned Progressive and reported that he had just struck a deer after he added comprehensive/collision coverage to the vehicle policy.
5. On November 6, 2018, at approximately 8:59 AM Progressive Representative Brandon Hast conducted a recorded interview with the Actor. During the interview, Hast informed the Actor that each telephone call that he made to Progressive on November 4, 2018 in regard to his deer strike claim was recorded and time stamped. Hast explained to the Actor that the recordings indicated that he reported the deer strike and was informed that it was not covered because the vehicle was insured under a liability policy only. Hast told the Actor that in another recorded call that he added comprehensive coverage to cover the deer strike. Furthermore, Hast informed the Actor that in a subsequent recorded call he reported he struck the deer after adding the comprehensive coverage to have the damages covered. The Actor denied the timeline and said that he struck the deer after he added the comprehensive coverage. Hast told the Actor that Progressive would continue to look into the claim and that he would be in touch with him.
6. On November 6, 2018, at approximately 9:01 AM the Actor called Progressive back and requested to withdraw the claim. The Actor said "my buddy is going to handle the damages for me".
7. Progressive denied the claim prior to having an estimator inspect the Actor's vehicle and did not determine the cost of the loss.

D. Brenda Lacks was interviewed by your Affiant and Special Agent Jason Chimile and provided the following information:

1. Lacks is the Actor's mother. Lacks' name is listed as the owner and the insured on the 2002 Ford that the Actor was operating when he struck a deer. According to Lacks, the Actor is listed as the primary driver on the Progressive policy and makes the monthly premium payment. Lacks does not use/operate the Ford Explorer, only the Actor does.



# POLICE CRIMINAL COMPLAINT

Docket Number: CL-139-19	Date Filed: 3/28/19	OTN/LiveScan Number UL092887-6	Complaint/Incident Number IF2018-0272
Defendant Name:	First: ELIJAH	Middle: HAZEKI	Last: YARBROUGH

2. Lacks recalled that a couple days after the Actor struck the deer on 11/4/18 that she went on-line to check the Progressive policy to make sure it was paid. While doing so she discovered that a claim had been made. Lacks telephoned Progressive to enquire as to why a claim was made. That was when she was informed that the Actor hit a deer while operating the vehicle.
3. The Progressive representative informed Lacks that at the time the accident occurred the vehicle only had liability insurance and a deer strike would not have been covered. Also, she was informed that the Actor added the necessary coverage on the policy in order to have the damages covered after the accident occurred. She was told that the Actor then telephoned and reported that the accident occurred after adding the coverage.
4. Lacks thought that something was wrong and that it sounded like insurance fraud. Lacks did not say anything to the Actor about what she discovered. The Actor eventually told her about the accident several days later after she spoke with Progressive.

E. Stephanie Laurick was interviewed by your Affiant and Supervisory Special Agent Robert Gift and provided the following information:

1. Laurick is the Actor's girlfriend and they live together. Laurick was a passenger in the Actor's Ford Explorer on 11/4/18 when the vehicle was struck by a deer. Laurick said that the deer came out of nowhere and slammed into the vehicle while they were traveling near the BP gas station near the I79 off ramp.
2. Laurick said that they traveled to their residence and the Actor telephoned Progressive Insurance about the accident. Laurick said that was when the Actor discovered he did not have the correct coverage and made additional calls adding the new coverage to the vehicle policy.

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

1. The Actor was involved in a vehicle accident on 11/4/18 when he struck a deer while operating his 2002 Ford Explorer. The Actor's girlfriend, Stephanie Laurick, who he lives with, was a passenger in his vehicle when the accident occurred.



# POLICE CRIMINAL COMPLAINT

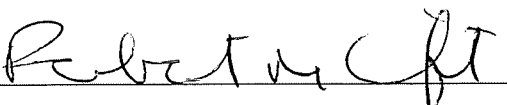
Docket Number: 02-139-19	Date Filed: 3/28/19	OTN/LiveScan Number 4692887-6	Complaint/Incident Number IF2018-0272
Defendant Name:	First: ELIJAH	Middle: HAZEKI	Last: YARBROUGH

2. After the Actor struck the deer he telephoned Progressive Insurance and reported that he hit a deer. The Progressive representative informed the Actor that he only had liability coverage on his vehicle and that deer hits are not covered. The representative explained that comprehensive/collision coverage pays for deer strikes.
3. After hanging up, the Actor called Progressive back and added comprehensive/collision onto his policy. After adding the coverage on, the Actor called Progressive again and reported that he had just struck the deer after adding comprehensive/collision coverage.
4. The Actor acknowledged that he provided a false statement to Progressive when he reported that the deer hit occurred after adding comprehensive/collision coverage. The Actor did it in an effort to have the damages to his vehicle covered by insurance.

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, Elijah Hazeki Yarbrough.

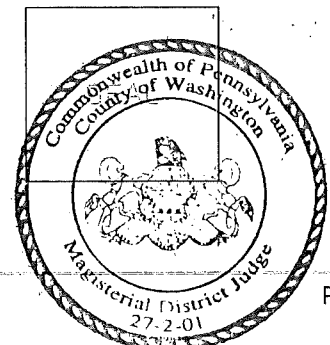
I, WILLIAM MCKEE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

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.

  
(Signature of Affiant)

Sworn to me and subscribed before me this 28th day of March 2019  
\_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January, 2020



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: BUTLER

Magisterial District Number: 50-3-01  
MDJ: Hon. William S. O'Donnell  
Address: 520 Kelly Boulevard  
Slippery Rock, PA 16057

Telephone: (724)794-6221



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

KATHERINE

J

YOVA

First Name

Middle Name

Last Name

Gen

2001 Moores Corner, Slippery Rock, PA 16057

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-36-19	Date Filed 2/19/19	OTN/LiveScan Number 0679701-1	Complaint/Incident Number IF20180250	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 12/23/1981	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"/> Black <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 checked="" type="checkbox"/> NO	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number			175
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> 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 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 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 [410] 240 S. Main St, Harrisville, Pa  
(Subdivision Code) (Place-Political Subdivision)

in BUTLER County

[10]

(County Code)

on or about MAY 25, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-36-19</b>	Date Filed: <b>2/19/19</b>	OTN/LiveScan Number <b>0679701-1</b>	Complaint/Incident Number <b>IF20180250</b>
Defendant Name:	First: <b>KATHERINE</b>	Middle: <b>J</b>	Last: <b>YOVA</b>

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	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	

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

Acts of the accused associated with this Offense:

On or about August 22, 2018 and dates thereafter, the Actor intentionally obtained and withheld property, namely monies in excess of \$2,000.00, which were paid by Erie Insurance, by creating a false impression, namely, the Actor fraudulently obtained insurance coverage on her vehicle by answering "no" to the question "Has any driver or household member ever been arrested for ANY reason", when in fact, the Actor has a lengthy criminal history and had been arrested on several occasions and Erie would not have insured the Actor if she had answered truthfully, then filed a claim for damage to her 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 _____
------------------	--	---	---	---

<input type="checkbox"/>	2	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 May 25, 2018 and dates thereafter, the Actor, knowingly and with the intent to defraud an insurer, namely Erie 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, answered "no" to the question "Has any driver or household member ever been arrested for ANY reason", when in fact, the Actor has a lengthy criminal history and has been arrested on several occasions and Erie would not have insured the Actor if she had answered truthfully.

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	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 August 22, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Erie 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 fraudulently obtained insurance coverage on her vehicle by answering "no" to the question "Has any driver or household member ever been arrested for ANY reason", when in fact, the Actor has a lengthy criminal history and had been arrested on several occasions and Erie would not have insured the Actor if she had answered truthfully, then filed a claim for damage to her vehicle.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-36-19	Date Filed: 2/19/19	OTN/LiveScan Number 0679701-1	Complaint/Incident Number IF20180250
Defendant Name:	First: KATHERINE	Middle: J	Last: YOVA

- 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.)**

2/19/19

(Date)

Robert M. CPT  
(Signature of Affiant)

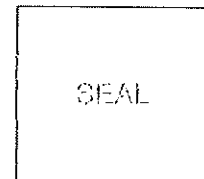
AND NOW, on this date 2/19/19 I certify that the complaint has been properly completed and verified.

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

50-3-01

(Magisterial District Court Number)

[Signature]  
(Issuing Authority)





**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b> CR-36-19	<b>Date Filed:</b> 2/19/19	<b>OTN/LiveScan Number</b> 0679701-1	<b>Complaint/Incident Number</b> IF20180250
<b>Defendant Name:</b>	<b>First:</b> KATHERINE	<b>Middle:</b> J	<b>Last:</b> YOVA

**AFFIDAVIT of PROBABLE CAUSE****Date of Application:****Date of Violations:**

May 25, 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, Katherine Yova.
- 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 Lauren Lackey, Special Investigator with Erie Insurance. Lackey alleged that the Actor applied for automobile insurance coverage with the Turner Insurance Agency located in Harrisville, PA on May 25, 2018. While applying for the coverage the Actor answered "no" to the question "Has any driver or household member been arrested for ANY reason?" The Actor has been arrested approximately thirty (30) times and has fifteen (15) convictions. Lackey advised that if the Actor had answered "yes" to the question truthfully, Erie Insurance would not have issued a policy. On August 22, 2018 the Actor was involved in a single vehicle accident that caused approximately \$2,793.00 in damage that Erie Insurance paid. The amount of the theft is \$2,793.00; which is money Erie Insurance would not have paid if the policy had not been issued.
- C. Your Affiant reviewed the claim file provided by Lackey and found the following information:
1. On May 25, 2018, the Actor incepted a new automobile policy with Erie Insurance at the Turner Insurance Agency located in Harrisville, PA. During the application process the Actor answered "no" to the question "Has any driver or household member been arrested for ANY reason?" The Actor has a lengthy criminal history and has been arrested on several occasions.
  2. Lackey advised that if the Actor had answered "yes" to the question Erie Insurance would not have issued a policy or insured the Actor.
  3. On August 22, 2018, the Actor made a claim with Erie Insurance stating that she was involved in a single vehicle accident. Erie Insurance paid the Actor \$2,793.00 for the damages to her vehicle from the accident.
- D. Your Affiant interviewed Doug Flickinger. Flickinger is an insurance agent with the Turner Insurance Agency and is the agent who issued a policy to the Actor. Flickinger provided the following information:
1. According to Flickinger, he received an internet lead quote online that the Actor had completed. Flickinger received an email regarding the quote for the Actor, her husband, Michael Yova, and all vehicle information.
  2. Flickinger advised that after receiving the online quote he contacted the Actor by telephone. Flickinger stated that per his agency policy, he went over each and every question on the insurance application with the customer.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-36-19	Date Filed: 2/19/19	OTN/LiveScan Number 0679701-1	Complaint/Incident Number IF20180250
Defendant Name:	First: KATHERINE	Middle: J	Last: YOVA

3. Flickinger said that he specifically asked the Actor question B under the driver's question section that read "Has any driver or member of the household ever been arrested for ANY reason?". Flickinger stated the Actor answered "no" to the question.
  4. According to Flickinger, had the Actor answered "yes" to the question he would have stopped the application process at that time because he knew that the customer would not be able to obtain insurance through Erie Insurance.
  5. Flickinger advised that after the application was complete he emailed the finalized application to the Actor for her to e-sign and then she was to return to him for completion.
  6. Your Affiant asked Flickinger how the Actor paid for the automobile policy. Flickinger said that the Actor specifically asked to have the payment done through an automatic draft each month. Flickinger stated that the Actor was supposed to bring in the initial down payment to the agency but never did.
  7. Flickinger advised that the Actor never made one (1) payment to Erie Insurance for the automobile insurance policy.
- E. Your Affiant reviewed the Actor's criminal history and found the following:
1. The Actor has been arrested approximately thirty (30) times in the last fifteen (15) years.
  2. The Actor has been convicted approximately fifteen (15) times in the last fifteen (15) years.
  3. The Actor's convictions include bad checks, theft and Insurance Fraud pre-dating the May 25, 2018 application.
- F. Your Affiant, along with Special Agent William McKee interviewed the Actor at her place of employment located in Slippery Rock, PA. The Actor provided the following information:
1. According to the Actor, in August of 2018 she was involved in a single vehicle accident in which a deer ran out in front of her vehicle causing her to swerve and hit a bridge barrier. The Actor advised that there was minor damage to her vehicle but she still decided to submit a claim with her insurance company, Erie Insurance.
  2. The Actor advised that she had recently changed her automobile insurance coverage in May of 2018 from Allstate Insurance to Erie Insurance. The Actor stated that she did this because she was paying approximately \$350.00 a month for the Allstate Insurance coverage and was paying only \$180.00 a month for the Erie Insurance coverage.
  3. Your Affiant inquired into how she completed the insurance coverage change. The Actor said she first obtained the insurance coverage quote online. After receiving the quote the Actor submitted the insurance application online and admitted to e-signing the document.
  4. Your Affiant allowed the Actor to review the document in question. The Actor agreed that the document was in fact the document she had completed for the Erie Insurance coverage.
  5. The Actor advised that she was then required to go to the insurance agency, Turner Insurance Agency, and complete the same application/document in person.
  6. The Actor was then asked about question B under the driver's question section that read "Has any driver or member of the household ever been arrested for ANY reason?". The Actor answered "no" to the question.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-8649	Date Filed: 2/19/19	OTN/LiveScan Number D 679701-1	Complaint/Incident Number IF20180250
Defendant Name:	First: KATHERINE	Middle: J	Last: YOVA

7. The Actor admitted to having a pretty substantial criminal history but stated that she answered "no" to the question both online and in person at the insurance agency because "she was embarrassed" and "people look at you differently" if you answer yes to having a criminal history.
8. The Actor admitted to your Affiant to providing false / fraudulent information on the application.

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

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 19 day of February 2019  
Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2022



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: SOMERSET

Magisterial District Number: 16-3-01  
MDJ: Hon. SUSAN MANKAMYER  
Address: 805 ATKINSON WAY  
BOSWELL, PA 15531

Telephone: (814)629-9775



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

KELLY

VARNER

First Name

Middle Name

Last Name

Gen

5805 SOMERSET PIKE  
BOSWELL, PA 15531

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-41-2019	Date Filed 3/28/2019	OTN/LiveScan Number U692817-6	Complaint/Incident Number IF-2018-0235	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 09/22/1975	POB Pa	Add'l DOB / /	Co-Defendant(s) <input checked="" 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 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 type="checkbox"/> BRO (Brown) <input checked="" type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)				
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	WEIGHT (lbs.)		
FBI Number	MNU Number	110		
Defendant Fingerprinted <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Ft. HEIGHT In.			
Fingerprint Classification:	5			3

DEFENDANT VEHICLE INFORMATION

Plate # KMP0065	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 checked="" type="checkbox"/>
VIN JF2GPAWC3D2863579	Year 2013	Make Subaru	Model Crosstrek	Style	Color Black		

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 JEROEM 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 [404] 5805 Somerset Pike, Boswell, Pa  
15522 (Subdivision Code) (Place-Political Subdivision)

in SOMERSET County

[56]

(County Code)

on or about JULY 19, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0235
Defendant Name:	First: KELLY	Middle:	Last: VARNER

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	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): <b>INSURANCE FRAUD</b>									

Acts of the accused associated with this Offense: On or about July 19, 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 vehicle insurance, when in fact, the accident occurred prior to her obtaining 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	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): <b>CRIMINAL ATTEMPT/THEFT BY DECEPTION</b>									
Acts of the accused associated with this Offense: On or about July 19, 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 insurance, when in fact, the accident occurred prior to obtaining the 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:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0235
Defendant Name:	First: KELLY	Middle:	Last: VARNER

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 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.)**

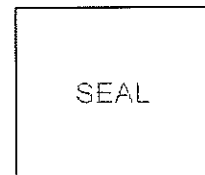
3/28/19  
(Date)

[Signature]  
(Signature of Affiant)

AND NOW, on this date March 28, 2019 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.

16-3-01  
(Magisterial District Court Number)

[Signature]  
(Issuing Authority)



**POLICE CRIMINAL COMPLAINT**

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0235
Defendant Name:	First: KELLY	Middle:	Last: VARNER

**AFFIDAVIT of PROBABLE CAUSE**

**Date of Violation:** July 19, 2018 and dates thereafter

**Criminal Complaint No:** IF-2018-0235

**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, Kelly Varner.
- 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 Chelsea Reidlinger of Progressive Insurance Company. The investigation revealed that the Actor, Kelly Varner, purchased an insurance policy with Progressive Insurance Company on July 19, 2018 at approximately 3:48 PM. Later on that same date, the Actor filed a claim with Progressive Insurance Company. During the reporting of the claim, the Actor told Progressive Insurance that her husband Sean had struck a deer on his way home from work at approximately 5:00 PM on July 19, 2018. The Progressive Insurance Company investigation revealed that the accident occurred at approximately 5:00 AM on July 19, 2018 when the Actor's husband Sean struck a deer on his way to work.
- C. Your Affiant reviewed the Progressive Insurance Company file and spoke with Chelsea Reidlinger, Special Investigator with Progressive Insurance Company. The following was found:
1. The Actor purchased a full coverage automobile policy with Progressive Insurance Company at the Watt Insurance Agency on July 19, 2018 at approximately 3:48 PM.
  2. On July 19, 2018 at approximately 5:30 PM, the Actor filed a claim with Progressive Insurance stating that her husband Sean had been in accident at approximately 5:00 PM that same day while driving their 2013 Subaru Crosstrek.
  3. Sean Varner was interviewed by Progressive Insurance and stated that the accident occurred on July 19, 2018 at 5:00 AM.
  4. Progressive Insurance verified with Sean Varner's employer, Monaloh Basin Engineers, that the accident occurred on his way to work at approximately 5:00 AM.
  5. Progressive Insurance verified with Sean Varner's employer, Monaloh Basin Engineers, that Varner worked until 6PM on the day of the accident, therefore, the accident could not have occurred at approximately 5:00 PM.





## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0235
Defendant Name:	First: KELLY	Middle:	Last: VARNER

6. Progressive Insurance estimated the damages to be \$2,822.17.

D. Tammy Watt of Watt Insurance Agency provided the following information to your Affiant:

1. Watt verified that the Actor came to her office on July 19, 2018 at approximately 3:30 PM and purchased an automobile insurance policy through Progressive Insurance Company.
2. The policy was a full coverage policy for vehicles owned by her and her husband that included a 2013 Subaru Crosstrek.

E. Bill Parisi, supervisor of Sean Varner, provided the following information to your Affiant:

1. Parisi verified that Sean Varner was an employee of Monaloh Basin Engineers and he was his supervisor. On or about July 19, 2018, Parisi noticed that Varner was driving a pick-up truck to work. He asked Varner what had happened and he stated that he struck a deer with his Subaru Crosstrek on his way to work and had to return home and get another vehicle.
2. Parisi stated that the discussion he had with Varner was either prior to work or in the morning on the day Varner struck the deer.

F. The Actor provided the following information:

1. The Actor stated that on July 19, 2018, her husband Sean notified her that he struck a deer on his way to work while driving their 2013 Subaru Crosstrek. The accident occurred at approximately 5:00 AM. The Actor realized that her Nationwide Insurance policy had just expired. The Actor stated that she panicked realizing that her insurance would not cover the damages so she went to The Watt Insurance Agency on the same day at approximately 3:30 PM and obtained a new policy with Progressive Insurance.
2. When obtaining the new policy, the Actor did not disclose that her husband had just been in an accident. The Actor returned home after obtaining the new policy. At approximately 5:30 PM, the Actor called Progressive Insurance and filed a claim indicating that her husband had struck a deer on his way home from work at around 5 PM. The Actor provided Progressive Insurance with photographs she had taken at approximately 5:45 PM on July 19<sup>th</sup> as proof of when the accident occurred.
3. The Actor admitted that the accident did occur on July 19<sup>th</sup> early in the morning when her husband was on his way to work. The Actor provided Progressive Insurance with the wrong time of the accident in hopes that they would cover the damages to the vehicle.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0235
Defendant Name:	First: KELLY	Middle:	Last: VARNER

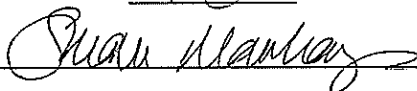
Based upon the information set forth above, your Affiant believes that there is probable cause for the issuance of an arrest warrant for the Actor, Kelly Varner.

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.

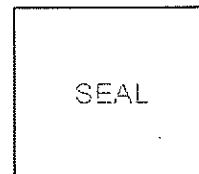
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

  
(Signature of Affiant)

Sworn to me and subscribed before me this 28 day of March 2019

Date , Magisterial District Judge

My commission expires first Monday of January, 2024



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: ALLEGHENY

MDJ: Hon. EUGENE F RIAZZI  
Magisterial District Number: 05-2-13  
Address: 687 O'NEIL BLVD  
MCKEESPORT, PA 15132

Phone: 412.664.4612



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:  
KIM

(NAME and ADDRESS):  
PAGE

First Name Middle Name Last Name Gen.  
2125 1/2 DUQUESNE AVENUE MCKEESPORT, PA 15132

NCIC Extradition Code Type

Felony - Full Extradition

Distance: \_\_\_\_\_

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <u>CR-142-19</u>	Date Filed <u>3-20-19</u>	OTN/LiveScan Number <u>G 833218-1</u>	Complaint/Incident Number <u>IF-2018-0267</u>	Request Lab Services? <input type="checkbox"/> Yes
GENDER FEMALE	DOB 10/15/1974	POB	Add'l DOB	Co-Defendant(s) <input type="checkbox"/>
RACE BLACK	First Name	Middle Name	Last Name	Gen.
ETHNICITY	AKA			
HAIR COLOR BLK (BLACK)	EYE COLOR BRO (BROWN)			
DNA	DNA Location	WEIGHT (lbs.)		
FBI Number	MNU Number	Ft. HEIGHT In.		
Defendant Fingerprinted		5 03		
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.
VIN	Year	Make	Model	Style	Color		<input type="checkbox"/>

Office of the attorney for the Commonwealth ☐ Approved ☐ Disapproved because: \_\_\_\_\_

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

name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, JASON CHIMILE

(Name of the Affiant)

540

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

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

CTY

(Subdivision Code)

ALLEGHENY COUNTY

(Place/Political Subdivision)

In Allegheny County

02

(County Code)

on or about 10/09/2018 12:00

ORIGINAL

**POLICE CRIMINAL COMPLAINT**

Docket Number: <b>CR-142-19</b>	Date Filed: <b>3-20-19</b>	OTN/LiveScan Number <b>G 833218-1</b>	Complaint/Incident Number <b>IF-2018-0267</b>
Defendant Name	First: <b>KIM</b>	Middle:	Last: <b>PAGE</b>

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						
<b>X</b>	<b>1</b>	<b>4117</b>	<b>A2</b>	<b>of the</b>	<b>18</b>	<b>1</b>	<b>F3</b>		
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 stating 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., in violation of 18 Pa.C.S.§4117(a)(2).									

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
	<b>2</b>	<b>3922</b>	<b>A1</b>	<b>of the</b>	<b>18</b>	<b>1</b>	<b>M1</b>		
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 3922A1 THEFT BY DECEPTION M1 1 COUNT									
The actor intentionally obtained or withheld property, namely Money with a total value greater than or equal to \$200 and less than or equal to \$2,000 belonging to Progressive Insurance by deception, in violation of 18 Pa. C.S. §3922.									

**ORIGINAL**



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CE-142-19</b>	Date Filed: <b>3-20-19</b>	OTN/LiveScan Number <b>G 833218-1</b>	Complaint/Incident Number <b>IF-2018-0267</b>
Defendant Name	First: <b>KIM</b>	Middle:	Last: <b>PAGE</b>

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 is comprised of the preceding page(s) numbered        through
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 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)

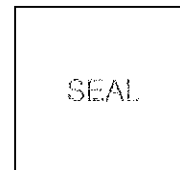
\_\_\_\_\_  
(Signature of Affiant)

AND NOW, on this date 3-20-19 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.

05-2-13  
(Magisterial District Court Number)

\_\_\_\_\_  
(Issuing Authority)



EUGENE F. RIAZZI, JR.,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-13  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2020

ORIGINAL

**POLICE CRIMINAL COMPLAINT**

Docket Number: <b>CR-142-19</b>	Date Filed: <b>3-20-19</b>	OTN/LiveScan Number <b>G 833218-1</b>	Complaint/Incident Number <b>IF-2018-0267</b>
Defendant Name	First: <b>KIM</b>	Middle:	Last: <b>PAGE</b>

**AFFIDAVIT of PROBABLE CAUSE****1. WHEN:**

a) Date when Affiant received information:

12\_\_/20\_\_/\_2018\_\_

b) Date when the source of information (Police Officers, Informant, Victim, Co-Defendant, Defendant, etc.) received information:

11\_\_/20\_\_/\_2018\_\_

**2. HOW:**

a) How Affiant knows this particular person committed crime: (personal observation, defendant's admissions, etc.):  
based on information received

b) How the source of information knows this particular person committed the crime:  
based on information received from reliable source

c) How both Affiant and/or source of information knows that a particular crime has been committed:  
based on information received from reliable source

**3. WHAT CRIMES:**

18 4117 A2 INSURANCE FRAUD  
18 3922 A1 THEFT BY DECEPTION

**4. WHERE CRIME(S) COMMITTED:**

ALLEGHENY COUNTY

**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

ORIGINAL



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-142-19</b>	Date Filed: <b>3-20-19</b>	OTN/LiveScan Number <b>G 833218-1</b>	Complaint/Incident Number <b>IF-2018-0267</b>
Defendant Name	First: <b>KIM</b>	Middle:	Last: <b>PAGE</b>

Date of Violation: October 9, 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, Kim Page.

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. The investigation revealed that the Actor purchased a Progressive Insurance policy on July 12, 2018. The Actor called Progressive Insurance on October 9, 2018 and reported a claim. The Actor stated that on October 9, 2018 while her vehicle was parked it was involved in a hit and run causing damage to the passenger's side rear of her vehicle. The Actor stated there were no witnesses and the police were not notified of the incident. On October 15, 2018 Progressive Insurance inspected the Actor's vehicle. The damage to the Actor's vehicle did not appear to be new damage. There was dirt in the broken rear taillight and there was old tape residue on the vehicle. Progressive Insurance ran the Actor's license plate through their license plate reader database. The database indicated that the Actor's vehicle was captured in the Monroeville, Pa. area on April 11, 2018 with the same damage that she was claiming occurred from the hit and run accident on October 9, 2018. Progressive Insurance confronted the Actor with the photo that they obtained from running her license plate through their license plate reader database. The Actor apologized for the situation and stated that she just wanted to get her vehicle repaired. The attempted amount of theft is \$1,804.34.

C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:

1. The investigation revealed that the Actor purchased a Progressive Insurance policy on July 12, 2018. The Actor reported a claim to Progressive Insurance on October 9, 2018 at 12:56 P.M. The Actor stated that her 2014 Kia Optima was involved in a hit and run accident while the vehicle was parked outside of her mother's residence located at North Euclid Avenue, Pittsburgh, Pa.
2. The Actor stated that she woke up in the morning on October 9, 2018 to take her kids to daycare when she noticed the damage to the driver's side rear bumper and taillight area of her vehicle. The Actor stated that there were no witnesses to the accident and she did not call the police.
3. The Actor stated that she had a friend of hers tape the bumper and taillight so that they would stay on.
4. Progressive Insurance inspected the Actor's vehicle on October 15, 2018. Progressive Insurance determined that the damage did not appear to be fresh. There was dirt in the broken lamp, and old tape residue on the vehicle where the Actor claimed the damages occurred.

ORIGINAL



**POLICE CRIMINAL COMPLAINT**

Docket Number: <b>CP-142-19</b>	Date Filed: <b>3-20-19</b>	OTN/LiveScan Number <b>G 833218-1</b>	Complaint/Incident Number <b>IF-2018-0267</b>
Defendant Name	First: <b>KIM</b>	Middle:	Last: <b>PAGE</b>

5. Progressive Insurance ran the Actor's license plate in their license plate reader database. The Actor's 2014 Kia Optima was captured on Progressive Insurance's vehicle sightings report on April 11, 2018 with the same damages that the Actor was claiming on the hit and run accident that occurred on October 9, 2018.

D. Special Agent Bradly Capan interviewed Michael Pletz, owner of A.L. Recovery. Pletz provided the following information:

1. A.L. Recovery is a towing business that specializes in financial institution repossessions of vehicles that are delinquent on their loan payments. Pletz stated that he does operate five vehicles with license plate readers and they are in operation about 20 hours a day. The information collected from the license plate readers is uploaded to DRN which is located in Fort Worth, TX and stored at this location.
2. Pletz was able to contact his account representative at DRN who confirmed that the photograph of Page's vehicle (KMY1544 / PA) taken on April 11, 2018 at 1848 hours in or near Monroeville, PA was taken by A.L. Recovery. The photograph depicts damage to the passenger side rear quarter panel and bumper and Pletz was able to confirm the authenticity of the photograph as taken by A.L. Recovery.
3. The Vehicle Sightings Report from Progressive Insurance reveals that the Actor's 2014 Kia Optima, license plate KMY-1544 was parked in Monroeville, Pa. on April 11, 2018. The photo shows the rear passenger side of the Actor's vehicle with tape along the bumper and on the rear taillight.
4. The total amount in damages to the Actor's vehicle totaled \$1,804.34.

E. On Tuesday, December 11, 2018, your Affiant, along with Special Agent William McKee, interviewed Dave Trunzo at his residence located at 2123 Duquesne Avenue, McKeesport, Pa. Trunzo provided the following information:

1. Trunzo was asked if he knew his neighbors, the Actor and Frank Richardson. Trunzo stated that he did not personally know them but he has seen them before.
2. Trunzo was asked if he has seen their black Kia Optima parked out front, and he stated "yes".
3. Trunzo was asked if he has noticed the tape on the rear bumper and taillight area of the vehicle.
4. Trunzo advised that he has seen the tape on the vehicle. Trunzo stated that the tape on the rear bumper and taillight area has been on the vehicle since they moved into the residence, located at 2125 1/2 Duquesne Avenue, McKeesport, PA.

F. On Tuesday, December 11, 2018, your Affiant, along with Special Agent William McKee interviewed Frank Richardson at his residence located at 2125 1/2 Duquesne Avenue, McKeesport, Pa. Richardson provided the following information:

1. Richardson was asked if he taped the rear bumper and taillight of his girlfriend, the Actor's, black Kia Optima.
2. Richardson advised that he did the repairs to the vehicle. Richardson stated that he could not remember when he put the tape on the rear of the vehicle.
3. Richardson was asked what happened to the vehicle to cause the damage to the rear end. Richardson stated that he did not know what happened to the vehicle.

ORIGINAL

**POLICE CRIMINAL COMPLAINT**

Docket Number: <b>CR-142-19</b>	Date Filed: <b>3-20-19</b>	OTN/LiveScan Number <b>G 833218-1</b>	Complaint/Incident Number <b>IF-2018-0267</b>
Defendant Name	First: <b>KIM</b>	Middle:	Last: <b>PAGE</b>

4. Richardson was asked if he had any pictures of the vehicle from after the accident and he stated "no".
5. Richardson was asked when he and the Actor moved into the residence located at 2125 1/2 Duquesne Avenue, McKeesport, Pa. Richardson advised that he and the Actor moved into the residence in June, 2017.
- G. On Tuesday, December 11, 2018 your Affiant, along with Special Agent William McKee interviewed the Actor at her residence located at 2125 1/2 Duquesne Avenue, McKeesport, Pa. The Actor provided the following information:
  1. The Actor was asked if she could explain the damages to the rear passenger's side bumper, and the claim that she filed with Progressive Insurance.
  2. The Actor advised that she lied to Progressive Insurance about when the damages to her vehicle occurred when she filed a claim with them.
  3. The Actor stated that the accident occurred when she was driving on the parkway and she was insured with Nationwide Insurance.
  4. The Actor advised that she had liability coverage only on her Nationwide Insurance policy so she never filed a claim with them.
  5. The Actor advised that someone hit her vehicle from the rear on the parkway and when they pulled over to exchange information the other person gave her false information.
  6. The Actor stated that they never called the police for the accident and she could not get in touch with the driver of the other vehicle.
  7. The Actor advised that the statement that she told Progressive Insurance about her vehicle being parked at her mother's residence in East Liberty, Pa. when the damage occurred was made up.
  8. The Actor advised that she purchased a Progressive Insurance policy on July 12, 2018 and filed a claim for the damages to her vehicle so that she could get her vehicle fixed.

**ORIGINAL**

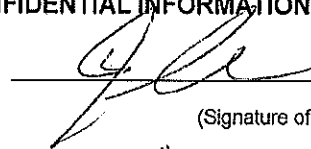


# POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR-142-19</i>	Date Filed: <i>3-20-19</i>	OTN/LiveScan Number G 833218-1	Complaint/Incident Number IF-2018-0267
Defendant Name	First: KIM	Middle:	Last: PAGE

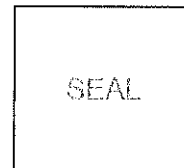
I, JASON CHIMILE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

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 20 day of March, 2019  
\_\_\_\_\_  
Date \_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January,



EUGENE F. RIAZZI, JR.,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-13  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2020

ORIGINAL

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: BEDFORD

Magisterial District Number: 57-3-02  
MDJ: Hon. H. Cyril Bingham Jr.  
Address: 120 West John Street  
Bedford, Pa 15522

Telephone: (814)623-6918



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

LEVI

W

LOGSDON

First Name

Middle Name

Last Name

Gen

134 Earl Emerick Rd.  
Hyndman, Pa 15545

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-39-2019	Date Filed 03/01/19	OTN/LiveScan Number U 683940-5	Complaint/Incident Number IF-2018-0199	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 01/27/1993	POB Pa	Add'l DOB / /	Co-Defendant(s) <input checked="" 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				
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)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)	<input type="checkbox"/> PLE (Purple) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)	<input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)
Eye Color <input type="checkbox"/> BLK (Black) <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"/> 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.)
FBI Number	MNU Number			200
Defendant Fingerprinted <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Ft. HEIGHT In.
Fingerprint Classification:				5 10

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, 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. ☒ 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] 109 Reservoir Rd. Bedford, Pa  
15522 (Subdivision Code) (Place-Political Subdivision)

in BEDFORD County

[07]

(County Code)

on or about JUNE 27, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-39-2019</b>	Date Filed: <b>03/01/19</b>	OTN/LiveScan Number <b>U 683940-5</b>	Complaint/Incident Number <b>IF-2018-0199</b>
Defendant Name:	First: <b>LEVI</b>	Middle: <b>W</b>	Last: <b>LOGSDON</b>

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"/>	<b>1</b>	<b>4117</b>	<b>A 2</b>	<b>of the</b>	<b>18</b>	<b>1</b>	<b>F-3</b>
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	<b>Accident Number</b>			<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone
Statute Description (include the name of statute or ordinance): <b>INSURANCE FRAUD</b>							

Acts of the accused associated with this Offense: On or about June 27, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Agency Insurance Company, present or cause to be presented to Agency 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 Agency Insurance Company that an accident occurred at a time after comprehensive and collision vehicle insurance was obtained, when in fact, the accident occurred prior to obtaining the comprehensive and collision 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"/>	<b>2</b>	<b>3922</b>	<b>(A)(1)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>M-1</b>
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	<b>Accident Number</b>			<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone
Statute Description (include the name of statute or ordinance): <b>CRIMINAL ATTEMPT/THEFT BY DECEPTION</b>							

Acts of the accused associated with this Offense: On or about June 27, 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 between \$200.00 and \$2,000.00 from Agency Insurance Company, the Actor stated that an accident occurred at a time after comprehensive and collision insurance was obtained, when in fact, the accident occurred prior to obtaining the comprehensive and collision 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"/>	<b>3</b>	<b>4117</b>	<b>(a)(3)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>F-3</b>
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	<b>Accident Number</b>			<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone
Statute Description (include the name of statute or ordinance): <b>INSURANCE FRAUD</b>							

Acts of the accused associated with this Offense: On or about June 27, 2018, and dates thereafter, the Actor did knowingly and with the intent to defraud Agency Insurance Company, assist, abet, solicit or conspire with another, namely, Makayla Mock, 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 Mock agreed to tell Agency Insurance Company that Makayla Mock was involved in an accident at a time after adding comprehensive and collision coverage to the insurance, when in fact, the accident occurred prior to adding comprehensive and collision insurance to the insurance policy.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-39-2019	Date Filed: 03/01/19	OTN/LiveScan Number U 683940-5	Complaint/Incident Number IF-2018-0199
Defendant Name:	First: LEVI	Middle: W	Last: LOGSDON

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 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 March 1, 2019 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.

57-3-02  
(Magisterial District Court Number)

  
(Issuing Authority)

SEAL



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-39-2019</b>	Date Filed: <b>03/01/19</b>	OTN/LiveScan Number <b>U 683940-5</b>	Complaint/Incident Number <b>IF-2018-0199</b>
Defendant Name:	First: <b>LEVI</b>	Middle: <b>W</b>	Last: <b>LOGSDON</b>

## AFFIDAVIT of PROBABLE CAUSE

**Date of Violation:** June 27, 2018 and dates thereafter

**Criminal Complaint No:** IF-2018-0199

**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, Levi W. Logsdon.
- 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 Byron Edgecomb of Agency Insurance Company. The investigation revealed that Makayla Mock struck a deer at 11:37 PM on June 26, 2018. Mock contacted Agency Insurance and added comprehensive and collision coverage to her policy at 11:12 AM on June 27, 2018. The Actor and/or Makayla Mock then filed a claim with Agency Insurance on July 11, 2018 and claimed that Mock struck a deer on July 10, 2018, at a time after Mock obtained comprehensive and collision coverage, when in fact, the accident occurred prior to obtaining the comprehensive and collision coverage.
- C. Your Affiant reviewed the Agency Insurance Company file and spoke with Byron Edgecomb, Special Investigator with Agency Insurance Company, and found the following:
1. Makayla Mock purchased a liability only insurance policy for a 2006 Ford Focus on May 17, 2018 with Agency Insurance Company.
  2. Makayla Mock added comprehensive and collision coverage to the policy on June 27, 2018, at approximately 11:12 AM.
  3. The Actor contacted Agency Insurance Company on July 11, 2018 and filed a claim on behalf of Makayla Mock. The Actor stated that the accident occurred the previous night on July 10, 2018.
  4. Makayla Mock provided a recorded statement to Agency Insurance Company on July 16, 2018 and stated that the accident occurred on July 10, 2018. Mock sent photographs the night of the accident and the metadata showed the pictures were taken on June 26, 2018 at 11:54 PM, confirming the photographs were taken prior to Mock adding comprehensive and collision insurance to her policy.





# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-39-2019</b>	Date Filed: <b>03/01/19</b>	OTN/LiveScan Number <b>U 683940-5</b>	Complaint/Incident Number <b>IF-2018-0199</b>
Defendant Name:	First: <b>LEVI</b>	Middle: <b>W</b>	Last: <b>LOGSDON</b>

5. Byron Edgecomb provided your Affiant with the original photographs sent by Mock. The photograph metadata was analyzed by Supervisory Special Agent John O'Brien of the Pennsylvania Office of Attorney General. The report submitted by O'Brien verified the photographs were taken on June 26, 2018 at 11:54 PM.
6. In a recorded call from Agency Insurance Company the Actor stated that the accident occurred at a time after Mock obtained comprehensive and collision coverage. Specifically, Byron Edgecomb of Agency Insurance Company told the Actor that Mock obtained her insurance coverage on June 27, 2018, and then asked the Actor if the accident occurred before or after that date. The Actor stated that he was 100 percent sure the accident occurred after that date. The Actor further verified that he did call in the claim on July 11, 2018.

D. Bedford PA State Police provided the following information to your Affiant:

1. Accident report PA 2018-716104 written by PA State Trooper Rusty Hays was provided to your Affiant. The report verifies the accident involving Makayla Mock occurred on June 26, 2018 at 11:37 PM.
2. The vehicle, a 2006 Ford Focus, was being operated by Mock at the time of the accident.

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

1. The Actor stated sometime in the summer of 2018 his mother, Kim Clites, received a phone call from Makayla Mock close to midnight. Mock told his mother that she had struck a deer and asked if she could come and help her. His mother then contacted him and both he and his mother drove to Buffalo Mills and met Mock. The Actor stated that when they got to the accident scene an ambulance was treating Mock and the police were there. He could not recall what police department. The Actor stated that after Mock was treated, she and his mother drove her car, a 2006 Ford Focus, to her house and the Actor followed behind them. The Actor stated that he could not recall the date of the accident but recalled that sometime after the accident Mock dropped her car off at his house where it was examined by her insurance company.
2. The Actor stated that sometime after the accident Mock had asked his mother if she would call in the claim to Mock's insurance because she did not know what to do. At some point his mother then asked him to call in the claim. The Actor stated that he did call Mock's insurance company and told them that the accident occurred the night before. He stated he could not recall any of the dates but he did acknowledge that the accident could not have occurred the night before he called the insurance. He agreed that the accident must have occurred earlier than he told the insurance company after admitting it did not happen the night before he called in the claim.

F. Makayla Mock provided the following information to your Affiant:

1. Mock stated that on or about June 26, 2018, she left work at Wal-Mart and was traveling home on route 96 when a deer ran across the road and struck her 2006 Ford Focus. She



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-39-2019	Date Filed: 03/01/19	OTN/LiveScan Number U 683940-5	Complaint/Incident Number IF-2018-0199
Defendant Name:	First: LEVI	Middle: W	Last: LOGSDON

stated that after the deer hit, she pulled off the road and called Kim Clites, the mother of her ex-boyfriend, the Actor. She stated that an ambulance and the PA State Police arrived. When talking to Clites, she asked if she could come to the accident scene and help her get home.

2. Clites arrived on the scene, along with the Actor. Mock stated that she and Clites then drove her car to her house and the Actor followed behind them. The following day, Mock realized that she only had liability coverage on her car so she called her insurance company and added comprehensive coverage so that her insurance would cover the cost of repairs. She stated that she knew it was wrong but that she panicked and knew she did not have the money to get the car fixed.
3. A day or two after the accident Mock drove the car to the Actor's house, hoping that he would be able to fix it. She stated that about two weeks after the accident she contacted Clites and the Actor and asked them to call her insurance company and give them a wrong date and time of the accident.
4. Mock stated that she instructed the Actor to tell them the accident occurred on July 10, 2018, and that she would also tell the insurance that same date. She stated that she did speak to her insurance company and admitted that she told them the wrong date of the accident in hopes that they would pay for the damages.
5. Mock verified that she took photographs of the damage to the car right after the accident and sent them to her insurance company. She also verified that there were no other accidents to her car between the day of the deer strike and the date the claim was filed.
6. Mock stated that while the car was at the Actor's house, an appraiser from her insurance company appraised the damage. A copy of the appraisal shows that the damage totaled \$1,296.57 and she had a \$500.00 deductible.

G. The Actor was again interviewed by your Affiant after your Affiant obtained additional information from Mock, and he provided the following information:

1. The Actor was asked if Mock contacted him and asked him to file a claim for her and lie about the day and time of the accident. The Actor admitted that she did call him and told him what day and time to tell the insurance company so that her insurance would cover the damages to her car.
2. The Actor stated that Mock promised him that when she got the insurance money he would be able to pay off the loan on her car. The Actor admitted that he got a personal loan for approximately \$2,500.00 dollars and gave the money to Mock so that she could purchase the Ford Focus. The Actor stated that after getting the call from Mock telling him to call her insurance company, he did make the call and lied to them in order for her to get money in hopes that she would help him pay off his loan.
3. The Actor verified that the day and time of the accident he told Mock's insurance company was not the correct day and time of the accident.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-39-2019	Date Filed: 03/01/19	OTN/LiveScan Number U 683940-5	Complaint/Incident Number IF-2018-0199
Defendant Name:	First: LEVI	Middle: W	Last: LOGSDON

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, Levi W. Logsdon.

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 First day of March 2019  
03/01/19 Date \_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January, 2022

SEAL

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: CRAWFORD

Magisterial District Number: 30-2-01  
MDJ: Hon. Samuel V. Pendolino  
Address: 894 Diamond Park  
Meadville, PA 16335

Telephone: (814)724-2736



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

LEWIS

EDWARD

BENTLEY

JR  
Gen

First Name

Middle Name

Last Name

306 Randolph Street, Meadville, PA 16335

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-053-19	Date Filed 02 / 20 / 2019	OTN/LiveScan Number U 680207-3	Complaint/Incident Number IF20180121	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 03/05/1976	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name		Middle Name	Last Name	Gen.
RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown				
ETHNICITY <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				
Hair Color <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> BLN (Blonde / Strawberry)				
Eye Color <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input 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 11

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, 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 [301] 306 Randolph Street, Meadville, Pa  
16335 (Subdivision Code) (Place-Political Subdivision)

in CRAWFORD County

[20]

(County Code)

on or about MARCH 16, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR 053-19</b>	Date Filed: <b>2/20/19</b>	OTN/LiveScan Number <b>4680207-3</b>	Complaint/Incident Number <b>IF20180121</b>
Defendant Name:	First: <b>LEWIS</b>	Middle: <b>EDWARD</b>	Last: <b>BENTLEY JR</b>

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"/>	<b>1</b>	<b>4117</b>	<b>(a)(2)</b>	<b>of the</b>	<b>18</b>	<b>1</b>	<b>F3</b>		
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<b>PennDOT Data (if applicable)</b>	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 16, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Erie 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 claimed that damages to the front and rear of his vehicle were caused by a hit and run driver while the unattended vehicle was parked in front of his house, when in fact, the damages to the front of the vehicle occurred when an excluded driver on the policy was operating the car.

<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"/>	<b>2</b>	<b>3922</b>	<b>(a)(1)</b>	<b>of the</b>	<b>18</b>	<b>1</b>	<b>M1</b>		
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<b>PennDOT Data (if applicable)</b>	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 16, 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 commission of that crime, namely, in an attempt to obtain between \$200.00 and \$2,000.00 from Erie Insurance Company, the Actor claimed that damages to the front and rear of his vehicle were caused by a hit and run driver while the unattended vehicle was parked in front of his house, when in fact, the damages to the front of the vehicle occurred when an excluded driver on the policy was operating the car.

<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"/>				<b>of the</b>					
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<b>PennDOT Data (if applicable)</b>	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: <b>CR-053-19</b>	Date Filed: <b>2/20/19</b>	OTN/LiveScan Number <b>4680207-3</b>	Complaint/Incident Number <b>IF20180121</b>
Defendant Name:	First: <b>LEWIS</b>	Middle: <b>EDWARD</b>	Last: <b>BENTLEY JR</b>

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.)**

2-20-19

(Date)

912

(Signature of Affiant)

AND NOW, on this date 2-20-19 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.

30-2-01

(Magisterial District Court Number)

(Issuing Authority)

SEAL



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-053-19</b>	Date Filed: <b>2/29/19</b>	OTN/LiveScan Number <b>U 680207-3</b>	Complaint/Incident Number <b>IF20180121</b>
Defendant Name:	First: <b>LEWIS</b>	Middle: <b>EDWARD</b>	Last: <b>BENTLEY JR</b>

## AFFIDAVIT of PROBABLE CAUSE

Date of Application: **2-20-19**

Date of Violations: **March 16, 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, Lewis E. Bentley, Jr.
- 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 Lauren Lackey, Special Investigator with Erie Insurance. Lackey alleged that the Actor included pre-existing damages to his hit and run claim on his 2010 Chevrolet Equinox. Lackey's investigation revealed that the front end damages were caused during an accident that occurred on February 19, 2018. At the time of the accident, Brandon Irwin, an excluded driver, was operating the vehicle. The total amount of attempted theft was \$1,231.78.
- C. Your Affiant reviewed the claim filed with Erie Insurance and spoke with Lauren Lackey and found the following:
1. On November 6, 2017, the Actor went to Schwab Insurance Agency to add Brandon Irwin to his automobile insurance policy. The Actor told the agent that Irwin was residing with him at 306 Randolph Street in Meadville, PA. The Actor was told that his premiums would increase \$700.00 because of Irwin's criminal record. The Actor decided not to add Irwin to his policy. The Actor was then told that if he wanted his policy to remain the same, he would need to exclude Irwin as a driver on his policy.
  2. On December 8, 2017, the Actor signed an Erie Insurance Named Person Exclusion Endorsement form stating that Brandon Irwin was an excluded person on his policy. The form stated that "Erie shall not be liable to anyone for any loss, damage, cause of action, or claim, including but not limited to, a liability claim, property damage claim, comprehensive or collision claim, first party benefit claim, uninsured motorist claim, underinsured motorist claim, vicarious liability claim, or any other claim, arising from the operation of any motor vehicle being operated by Brandon Irwin."
  3. On March 16, 2018 at 11:49 am, the Actor filed a claim for damages to his vehicle that he said occurred during a hit and run accident that he alleged occurred in front of his house earlier that day. The Actor told Erie Insurance that an unknown male was driving a red colored vehicle when they hit his Chevrolet Equinox that was parked in front of his house. There was damage to the front grill and bumper cover and back bumper cover.





## POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-053-19</b>	Date Filed: <b>2/29/19</b>	OTN/LiveScan Number <b>4 680207-3</b>	Complaint/Incident Number <b>IF20180121</b>
Defendant Name:	First: <b>LEWIS</b>	Middle: <b>EDWARD</b>	Last: <b>BENTLEY JR</b>

4. On March 16, 2018, Irwin got two separate estimates for the damages at Dillaman Auto Body. The front estimate was \$1,731.78 minus the Actor's \$500.00 deductible and the rear estimate was \$1,659.05 minus the Actor's \$500.00 deductible.
5. On March 19, 2018, Erie claims Representative Angela Petrungaro interviewed the Actor via the telephone. The Actor told Petrungaro that he personally took the vehicle to the body shop, and that the shop's system would not allow them to write one estimate. The Actor said that the damages happened all at one time. He said that on the day of the accident, an unknown male knocked on the door and told his family that an older gentleman in a red truck had hit his parked vehicle twice and then left. According to the unknown male at the door, the gentleman driving the truck was attempting to unload items from the truck. He hit the rear first and then drove around and tried to back in again and hit the front of the Actor's car. The Actor said that he called the police and was informed to contact his insurance company if his car was drivable. The police did not respond.
6. On March 20, 2018, Erie Insurance Special Investigator Lauren Lackey contacted the Meadville Police Department. There was no record of a hit and run on March 16, 2018. However, there was a report of an accident on February 19, 2018 where Irwin was a driver. The police report number was 18-0001963.
7. On March 26, 2018, Lackey interviewed the Actor at his residence. He provided the following information:

Irwin never lived with the Actor. The only people living with the Actor were his father and brother. Irwin drove the Actor's Equinox to Dillaman Auto Body to get the estimate of damages because the Actor had a migraine headache. On the day of the accident, the Actor's girlfriend, , informed him that someone had just hit his car. The Actor did not witness the accident. There was no pre-existing damages on the car, nor had it been involved in any other accident. The Actor was not familiar with Irwin having been in any accidents in February. The Actor took the vehicle to the body shop. They had to give him two separate estimates because there was too much damage. The Actor is the only person who has keys to the vehicle and they are always in his pocket. He called the police, but they did not respond.

8. Erie would not have covered the loss on February 19, 2018 because Irwin was listed as an excluded driver on the policy.
9. On March 26, 2018, Lackey interviewed Dillaman Auto Body employee Thomas Whalen. Whalen provided Lackey the following information:

Irwin brought the car in for the estimates. Whalen did not witness him driving it, however, he was the only person with the car. Irwin gave all of his information to June, the other employee. Irwin then spoke with Whalen. He told Whalen that he had two different losses. Somebody hit the front end of his vehicle a few weeks ago and then was rear-ended the night before he had the estimates done. That person hit him and took off. Whalen gave Irwin two separate estimates because he was told that there were two separate losses. It was not the shop's practice to do multiple estimates unless the customer said that they needed them separate. He described Irwin as a



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-053-19</b>	Date Filed: <b>2/20/19</b>	OTN/LiveScan Number <b>4680207-3</b>	Complaint/Incident Number <b>IF20180121</b>
Defendant Name:	First: <b>LEWIS</b>	Middle: <b>EDWARD</b>	Last: <b>BENTLEY JR</b>

younger male with a full head of darker hair in his mid-twenties.

D. Your Affiant interviewed Dillaman Auto Body shop employees Thomas Whalen and June Deeter. They provided the following information:

1. Deeter is the co-owner of Dillaman Auto Body. She worked the front reception area and greeted Irwin when he brought the car in for the estimate. She did not request to see identification. He verbally identified himself as Brandon Irwin. She entered that into the computer along with the vehicle identification number, license plate, mileage, and production date. She then provided that information to Whalen. She described the person identifying himself as Irwin as a younger male with dark hair. According to Deeter's work log, Irwin had the two estimates for the 2010 Chevrolet Equinox done on March 16, 2018 at 8:22 am.
2. Whalen is employed by Dillaman Auto Body as an estimator. He met with Irwin after receiving the original information from Deeter. The male he met with was a younger person in his twenties with dark hair. The reason that there were two separate estimates was because Irwin indicated to him that there were two separate losses and one would be covered by an insurance claim. The estimate for the front end damages was marked as customer pay. The estimate for the rear end damages was marked as a possible insurance claim. There was no insurance company listed. The damages were more extensive on the rear of the vehicle. They only write more than one estimate if there is an indication of more than one loss. If there was only one loss, there would only be one estimate. The amount of damages would not have anything to do with the number of estimates.

E. Your Affiant received the Meadville Police Department Call Summary Sheet for incident number C18-0001963 which occurred on February 19, 2018 at 4:15 pm. There was no report written. The call was listed as an accident. The only person involved in the accident listed on the report was Brandon Irwin. The call notes indicate that it was a non-reportable motor vehicle accident with no injuries, and both vehicles were drivable.

F. Your Affiant interviewed Erie Insurance Agent Connie Graff. She provided the following information:

1. On December 13, 2017, she received a signed Named Person Exclusion Endorsement excluding Brandon Irwin from the Actor's policy that was signed and dated December 8, 2017.
2. On March 16, 2018 at about 3:37 pm, the Actor called her office to report a claim. The Actor spoke with Graff and told her that one of his friends witnessed a car hit both the front and back of his vehicle and leave the scene. The Actor called the police, but they would not respond. The Actor already had two estimates of damages prior to calling Graff. According to the Actor, there were two estimates because the body shop said that they had to do it that way.

G. Your Affiant interviewed Brandon Irwin. He provided the following information:

1. In November of 2017, Irwin agreed to take over the Actor's car payments on the Actor's 2010 Chevrolet Equinox. They kept the vehicle in the Actor's name. Irwin was staying at the Actor's



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-053-19</b>	Date Filed: <b>2/20/19</b>	OTN/LiveScan Number <b>4680207-3</b>	Complaint/Incident Number <b>IF20180121</b>
Defendant Name:	First: <b>LEWIS</b>	Middle: <b>EDWARD</b>	Last: <b>BENTLEY JR</b>

house at the time of the agreement. He lived there approximately a month. Because they were leaving the car in the Actor's name, the Actor attempted to add Irwin to his car insurance. He was denied due to Irwin's criminal history, however, Irwin was unaware that he was then listed as an excluded driver.

2. Irwin confirmed that after they made the agreement, Irwin was the one driving the car the majority of the time. Irwin was involved in a car accident on February 19, 2018 when he rear-ended another car. There was front end damage on the Equinox as a result of that accident. The Actor was with him at the time of the accident. Irwin was unable to remember who was driving at the time of the accident.
3. Irwin was not present in March when the car was hit while parked in front of the Actor's house. However, Irwin confirmed that the damage to the front end of the vehicle was from the accident in February.
4. Irwin took the car to Dillaman Auto Body for the estimates at the Actor's request. Irwin requested two separate estimates because he knew that the damages to the front end were not related the rear end damages.

H. Your Affiant interviewed the Actor at his residence. He provided the following information:

1. In November of 2017, the Actor and Irwin made an agreement that Irwin would take over the payments of the Actor's 2010 Chevrolet Equinox. The car would remain in the Actor's name.
2. The Actor attempted to add Irwin to his car insurance policy because he was going to be driving the Actor's car. His insurance agent told him that they could not add Irwin to the policy because of his criminal history.
3. The Actor signed a form with Erie Insurance indicating that he was aware that Irwin would be an excluded driver on his policy and therefore was not permitted to operate the vehicle while it was insured by Erie.
4. The Actor admitted that Irwin drove the car on February 19, 2018 and was involved in a vehicle accident. Irwin rear-ended a car in front of him and caused front end damage to the Equinox.
5. Irwin took the car to the auto body shop after the car was hit in front of the Actor's house in March of 2018.
6. The Actor admitted that the front end damage was from the February accident when Irwin was driving the car and not the March accident.

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



# POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR-053-19</i>	Date Filed: <i>2/20/19</i>	OTN/LiveScan Number <i>4680207-3</i>	Complaint/Incident Number IF20180121
Defendant Name:	First: LEWIS	Middle: EDWARD	Last: BENTLEY JR

*After*

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 THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

*A L*

(Signature of Affiant)

Sworn to me and subscribed before me this 20 day of Feb 2019

Date *[Signature]*, Magisterial District Judge

My commission expires first Monday of January, 1-2022



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: BEDFORD

Magisterial District Number: 57-3-02  
MDJ: Hon. H. Cyril Bingham Jr.  
Address: 120 West John Street  
Bedford, Pa 15522

Telephone: (814)623-6918



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:

(NAME and ADDRESS):

MAKAYLA

L

MOCK

First Name

Middle Name

Last Name

Gen

109 RESERVOIR RD  
BEDFORD, PA 15522

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-38-2019	Date Filed 03/01/19	OTN/LiveScan Number U 683936-1	Complaint/Incident Number IF-2018-0199	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 12/06/1996	POB Pa	Add'l DOB / /	Co-Defendant(s) <input checked="" type="checkbox"/>
First Name		Middle Name		Last Name
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 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 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.) 110	
FBI Number	MNU Number		Ft. HEIGHT in. 5 3	
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO				
Fingerprint Classification:				

DEFENDANT VEHICLE INFORMATION

Plate # KSM0374	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 1FAHP34N76W174455	Year 2006	Make Ford	Model FOCUS	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

(Name of the Affiant)

438

(PSP/MPOTC -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 [401] 109 Reservoir Rd. Bedford, Pa  
15522 (Subdivision Code) (Place-Political Subdivision)

in BEDFORD County

[05]

(County Code)

on or about JUNE 27, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-38-2019</b>	Date Filed: <b>03/01/19</b>	OTN/LiveScan Number <b>U 683936-1</b>	Complaint/Incident Number <b>IF-2018-0199</b>
Defendant Name:	First: <b>MAKAYLA</b>	Middle: <b>L</b>	Last: <b>MOCK</b>

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?	Offense # <b>1</b>	Section <b>4117</b>	Subsection <b>A 2</b>	PA Statute (Title) <b>of the 18</b>	Counts <b>1</b>	Grade <b>F-3</b>	NCIC Offense 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): <b>INSURANCE FRAUD</b>							

Acts of the accused associated with this Offense: On or about June 27, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Agency Insurance Company, present or cause to be presented to Agency 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 Agency Insurance Company that an accident occurred at a time after comprehensive and collision vehicle insurance was obtained, when in fact, the accident occurred prior to her obtaining the comprehensive and collision 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?	Offense # <b>2</b>	Section <b>3922</b>	Subsection <b>(A)(1)</b>	PA Statute (Title) <b>of the 18 PA C.S.</b>	Counts <b>1</b>	Grade <b>M-1</b>	NCIC Offense 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): <b>CRIMINAL ATTEMPT/THEFT BY DECEPTION</b>							

Acts of the accused associated with this Offense: On or about June 27, 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 between \$200.00 and \$2,000.00 from Agency Insurance Company, the Actor stated that an accident occurred at a time after comprehensive and collision insurance was obtained, when in fact, the accident occurred prior to obtaining the comprehensive and collision 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?	Offense # <b>3</b>	Section <b>4117</b>	Subsection <b>(a)(3)</b>	PA Statute (Title) <b>of the 18 PA C.S.</b>	Counts <b>1</b>	Grade <b>F-3</b>	NCIC Offense 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): <b>INSURANCE FRAUD</b>							

Acts of the accused associated with this Offense: On or about June 27, 2018, and dates thereafter, the Actor did knowingly and with the intent to defraud Agency Insurance Company, assist, abet, solicit or conspire with another, namely, Levi Logsdon, 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 agreed with Levi Logsdon to tell Agency Insurance Company that she was involved in an accident at a time after adding comprehensive and collision coverage to the insurance, when in fact, the accident occurred prior to adding comprehensive and collision insurance to the insurance policy.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-38-2019	Date Filed: 03/01/19	OTN/LiveScan Number U 683936-1	Complaint/Incident Number IF-2018-0199
Defendant Name:	First: MAKAYLA	Middle: L	Last: MOCK

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 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 March 01, 2019 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.

57-3-02  
(Magisterial District Court Number)

  
(Issuing Authority)

SEAL



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-38-2019</b>	Date Filed: <b>03/01/19</b>	OTN/LiveScan Number <b>U 683936-1</b>	Complaint/Incident Number <b>IF-2018-0199</b>
Defendant Name:	First: <b>MAKAYLA</b>	Middle: <b>L</b>	Last: <b>MOCK</b>

## AFFIDAVIT of PROBABLE CAUSE

**Date of Violation:** June 27, 2018 and dates thereafter

**Criminal Complaint No:** IF-2018-0199

**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, Makayla L. Mock.
- 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 Byron Edgecomb of Agency Insurance Company. The investigation revealed that the Actor, Makayla Mock, struck a deer at 11:37 PM on June 26, 2018. The Actor contacted Agency Insurance and added comprehensive and collision coverage to her policy at 11:12 AM on June 27, 2018. The Actor and/or Levi Logsdon then filed a claim with Agency Insurance on July 11, 2018 and claimed that the Actor struck a deer on July 10, 2018, at a time after the Actor obtained comprehensive and collision coverage, when in fact, the accident occurred prior to obtaining the comprehensive and collision coverage.
- C. Your Affiant reviewed the Agency Insurance Company file and spoke with Byron Edgecomb, Special Investigator with Agency Insurance Company, and found the following:
1. The Actor purchased a liability only insurance policy for a 2006 Ford Focus on May 17, 2018 with Agency Insurance Company.
  2. The Actor added comprehensive and collision coverage to the policy on June 27, 2018 at approximately 11:12 AM.
  3. Levi Logsdon contacted Agency Insurance Company on July 11, 2018 and filed a claim on behalf of the Actor. Logsdon stated that the accident occurred the previous night on July 10, 2018.
  4. The Actor provided a recorded statement to Agency Insurance Company on July 16, 2018 and stated that the accident occurred on July 10, 2018. The Actor sent photographs the night of the accident and the metadata showed the pictures were taken on June 26, 2018 at 11:54 PM, confirming the photographs were taken prior to the Actor adding comprehensive and collision insurance to her policy.





# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-38-2019</b>	Date Filed: <b>03/01/19</b>	OTN/LiveScan Number <b>U 683936-1</b>	Complaint/Incident Number <b>IF-2018-0199</b>
Defendant Name:	First: <b>MAKAYLA</b>	Middle: <b>L</b>	Last: <b>MOCK</b>

5. Byron Edgecomb provided your Affiant with the original photographs sent by the Actor. The photograph metadata was analyzed by Supervisory Special Agent John O'Brien of the Pennsylvania Office of Attorney General. The report submitted by O'Brien verified the photographs were taken on June 26, 2018 at 11:54 PM.
6. In a recorded call from Agency Insurance Company Logsdon stated that the accident occurred at a time after the Actor obtained comprehensive and collision coverage. Specifically, Byron Edgecomb of Agency Insurance Company told him that the Actor obtained her insurance coverage on June 27, 2018, and then asked Logsdon if the accident occurred before or after that date. Logsdon stated that he was 100 percent sure the accident occurred after that date. Logsdon further verified that he did call in the claim on July 11, 2018.

D. Bedford PA State Police provided the following information to your Affiant:

1. Accident report PA 2018-716104 written by PA State Trooper Rusty Hays was provided to your Affiant. The report verifies the accident involving the Actor occurred on June 26, 2018 at 11:37 PM.
2. The vehicle, a 2006 Ford Focus, was being operated by the Actor at the time of the accident.

E. Levi Logsdon provided the following information to your Affiant:

1. Logsdon stated sometime in the summer of 2018 his mother, Kim Clites, received a phone call from the Actor close to midnight. The Actor told his mother that she had struck a deer and asked if she could come and help her. His mother then contacted him and both he and his mother drove to Buffalo Mills and met the Actor. Logsdon stated that when they got to the accident scene an ambulance was treating the Actor and the police were there. He could not recall what police department. He stated that after she was treated, she and his mother drove her car, a 2006 Ford Focus, to her house and Logsdon followed behind them. He stated that he could not recall the date of the accident but recalled that sometime after the accident the Actor dropped her car off at his house where it was examined by her insurance company.
2. Logsdon stated that sometime after the accident he recalled that the Actor had asked his mother if she would call in the claim to her insurance because she did not know what to do. At some point his mother then asked him to call in the claim. He stated that he did call the Actor's insurance company and told them that the accident occurred the night before. He stated he could not recall any of the dates but he did acknowledge that the accident could not have occurred the night before he called the insurance. He agreed that the accident must have occurred earlier than he told the insurance company. He ultimately admitted the accident did not happen the night before he called in the claim.

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

1. The Actor stated that on or about June 26, 2018, she left work at Wal-Mart and was traveling home on route 96 when a deer ran across the road and struck her 2006 Ford Focus. She stated that after the deer hit, she pulled off the road and called Kim Clites, the mother of her ex-boyfriend, Levi Logsdon. She stated that an ambulance and the PA State Police arrived.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-38-2019	Date Filed: 03/01/19	OTN/LiveScan Number U 683936-1	Complaint/Incident Number IF-2018-0199
Defendant Name:	First: MAKAYLA	Middle: L	Last: MOCK

When talking to Clites, she asked if she could come to the accident scene and help her get home.

2. Clites arrived on the scene along with Levi Logsdon. The Actor stated that she and Clites then drove her car to her house and Logsdon followed behind them. The following day, the Actor realized that she only had liability coverage on her car so she called her insurance company and added comprehensive coverage so that her insurance would cover the cost of repairs. She stated that she knew it was wrong but that she panicked and knew she did not have the money to get the car fixed.
  3. A day or two after the accident the Actor drove the car to Logsdon's house, hoping that he would be able to fix it. She stated that about two weeks after the accident she contacted Clites and Logsdon and asked them to call her insurance company and give them a wrong date and time of the accident.
  4. The Actor stated that she instructed Logsdon to tell them the accident occurred on July 10, 2018 and that she would also tell the insurance that same date. She stated that she did speak to her insurance company and admitted that she told them the wrong date of the accident in hopes that they would pay for the damages.
  5. The Actor verified that she took photographs of the damage to the car right after the accident and sent them to her insurance company. She also verified that there were no other accidents to her car between the day of the deer strike and the date the claim was filed.
  6. The Actor stated that while the car was at Logsdon's house, an appraiser from her insurance company appraised the damage. A copy of the appraisal shows that the damage totaled \$1,296.57 and she had a \$500.00 deductible.
- G. Levi Logsdon was again interviewed by your Affiant after your Affiant obtained additional information from the Actor, and he provided the following information:
1. Logsdon was asked if the Actor contacted him and asked him to file a claim for her and lie about the day and time of the accident. Logsdon admitted that she did call him and told him what day and time to tell the insurance company so that they would cover the damages to her car.
  2. Logsdon stated that she promised him that when she got the insurance money he would be able to pay off the loan on her car. He admitted that he got a personal loan for approximately \$2,500.00 dollars and gave the money to the Actor so that she could purchase the Ford Focus. He stated that after getting the call from the Actor telling him to call her insurance company, he did make the call and lied to them in order for her to get money in hopes that she would help him pay off his loan.
  3. Logsdon verified that the day and time of the accident he told her insurance company was not the correct day and time of the accident.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-38-2019	Date Filed: 03/01/19	OTN/LiveScan Number U 683936-1	Complaint/Incident Number IF-2018-0199
Defendant Name:	First: MAKAYLA	Middle: L	Last: MOCK

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, Makayla Mock.

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.

Sworn to me and subscribed before me this First day of March 2019  
03/01/19 Date [Signature], Magisterial District Judge  
My commission expires first Monday of January, 2022  
[Signature]  
(Signature of Affiant)  
SEAL

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: ALLEGHENY

MDJ: Hon. JAMES J HANLEY, JR.  
Magisterial District Number: 05-2-36  
Address: 4371 MURRAY AVENUE  
LOWER LEVEL REAR  
PITTSBURGH, PA 15217  
Phone: 412.521.7782



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT: (NAME and ADDRESS):  
MARIE D RODRIGUEZ  
First Name Middle Name Last Name Gen.  
201 STANWIX STREET PITTSBURGH, PA 15222

NCIC Extradition Code Type

Felony - Full Extradition

Distance: \_\_\_\_\_

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-17-19	Date Filed 02/21/19	OTN/LiveScan Number G 831108-5	Complaint/Incident Number IF20180191	Request Lab Services? <input type="checkbox"/> Yes
GENDER FEMALE	DOB 02/26/1981	POB	Add'l DOB	Co-Defendant(s) <input type="checkbox"/>
RACE UNKNOWN	First Name	Middle Name	Last Name	Gen.
ETHNICITY	AKA			
HAIR COLOR BRO (BROWN)	EYE COLOR BRO (BROWN)			
DNA	DNA Location			WEIGHT (lbs.)
FBI Number	MNU Number			FT. HEIGHT in.
Defendant Fingerprinted				5 06
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.
VIN	Year	Make	Model	Style	Color		<input type="checkbox"/>

Office of the attorney for the Commonwealth ☐ Approved ☐ Disapproved because: \_\_\_\_\_

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

name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, WILLIAM MCKEE

(Name of the Affiant)

416

(PSP/IMPOETC -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 301 PITTSBURGH CITY  
(Subdivision Code) (Place-Political Subdivision)

In Allegheny County

02  
(County Code)

on or about 03/07/2018 12:00



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 831108-5	Complaint/Incident Number IF20180191
Defendant Name	First: MARIE	Middle: D	Last: RODRIGUEZ

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	3922	A1	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 3922A1 THEFT BY DECEPTION F3 1 COUNT The actor intentionally obtained or withheld property, namely, monies with a total value greater than \$2,000 belonging to Progressive Insurance by deception, in violation of, 18 Pa. C.S. §3922.									

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
	2	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 reported to Progressive Insurance that due to injuries sustained in an auto accident that she was unable to work at her place of employment (Urban Designs) and claimed reimbursement for lost wages, when in fact, the Actor was not employed at such time and was not entitled to lost wages., in violation of 18 Pa.C.S. §4117(a)(2).									



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 831108-5	Complaint/Incident Number IF20180191
Defendant Name	First: MARIE	Middle: D	Last: RODRIGUEZ

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903						
Lead?	3	4104	A	of the	18	1	M1		
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 4104A TAMPERING WITH RECORDS OR IDENTIFICATION M1 1 COUNT The actor, with knowledge that said actor had no privilege to do so, falsified, destroyed, removed or concealed a writing or record, or distinguishing mark or brand or other identification, namely with the knowledge that she had no privilege to do so, the Actor falsified or caused to be falsified a paystub purporting that it was legitimate, and presented it to Progressive Insurance claiming that she was employed and entitled to lost wages, when in fact, she was not employed and not entitled to lost wages., with the intent to deceive or injure anyone or to conceal any wrongdoing, in violation of 18 Pa.C.S. §4104(a).									



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 831108-5	Complaint/Incident Number IF20180191
Defendant Name	First: MARIE	Middle: D	Last: RODRIGUEZ

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 is comprised of the preceding page(s) numbered        through
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 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 FEB 21, 2019 I certify that the complaint has been properly completed and verified.

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

(Magisterial District Court Number)

(Issuing Authority)

JAMES J. HANLEY, JR.,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-36  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024

**POLICE CRIMINAL COMPLAINT**

Docket Number:	Date Filed:	OTN/LiveScan Number G 831108-5	Complaint/Incident Number IF20180191
Defendant Name	First: MARIE	Middle: D	Last: RODRIGUEZ

**AFFIDAVIT of PROBABLE CAUSE****1. WHEN:**

- a) Date when Affiant received information:

08/09/2018

- b) Date when the source of information (Police Officers, Informant, Victim, Co-Defendant, Defendant, etc.) received information:

08/09/2018

**2. HOW:**

- a) How Affiant knows this particular person committed crime: (personal observation, defendant's admissions, etc.):

investigation and actor statements

- b) How the source of information knows this particular person committed the crime:

investigation and actor statements

- c) How both Affiant and/or source of information knows that a particular crime has been committed:

investigation and actor statements

**3. WHAT CRIMES:**

18 4117 A2 INSURANCE FRAUD

18 3922 A1 THEFT BY DECEPTION

18 4104 A TAMPERING WITH RECORDS OR IDENTIFICATION

**4. WHERE CRIME(S) COMMITTED:**

201 STANWIX STREET, PITTSBURGH, PA 15222

**5. WHY AFFIANT BELIEVES THE SOURCE OF INFORMATION:**

X Source is presumed reliable, i.e. other Police Officer, Eyewitness, Victim of Crime, etc.

X Source has given information in the past which has led to arrest and/or conviction

Defendant's reputation for criminal activity

X This source made declaration against his/her penal interest to the above offense

X Affiant and/or other Police Officers corroborated details of the information





## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 831108-5	Complaint/Incident Number IF20180191
Defendant Name	First: MARIE	Middle: D	Last: RODRIGUEZ

Date of Violation: March 7, 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, 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, Marie Rodriguez.

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. The investigation revealed that the Actor was involved in a hit and run accident when she was sitting on the side of the road in her vehicle. The Actor was injured as a result. Subsequently, the Actor filed a claim with her automobile insurer, Progressive Insurance. As part of her claim, the Actor claimed wage loss in the amount of \$4,000.00 because she was unable to work due to injuries sustained in the accident. Progressive discovered that the Actor was not employed at the time she was involved in the accident.

C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:

1. On 2/25/2018 at approximately 2:48 PM the Actor was in her vehicle (2018 GMC Terrain) stopped on the berm of I-90 in New York while gathering money for the toll ahead. The Actor's vehicle was side swiped by a semi-truck. As a result, the Actor sustained injuries and her vehicle was damaged. The New York State Police responded to the accident scene. The Actor's vehicle was towed from the scene. The tow truck driver drove the Actor to UPMC Hamot Hospital in Erie, Pennsylvania where she was admitted. The Actor sustained a concussion and neck injury. The Actor was released from the hospital on 2/28/2018. After being released, the Actor caught a 12:50 PM Greyhound bus from Erie to Pittsburgh. While on the bus, the Actor telephoned her auto insurer (Progressive) at approximately 3:57 PM to report the accident and file a claim. The Actor reported lost wages as part of her insurance claim.
2. On 3/27/2018 the Actor provided a copy of a paystub indicating that she was employed at Urban Design Associates and that she earned \$6,500.00 for the month of January. During the claim process, the Actor informed Progressive that she was on bed rest. On 4/23/2018 Progressive issued the Actor a check for \$4,000.00 for wage loss. The Actor received \$2,000.00 for lost wages between 2/25/18-3/24/18 and \$2,000.00 for lost wages between 3/25/18-4/24/18.
3. On 5/4/2018 the Actor informed Progressive that she remained off work and that her return to work date was 5/10/18.
4. On 5/11/18 Gail Armstrong of Urban Design Associates (UDA) informed Progressive that the Actor was not employed at UDA. Armstrong said that UDA has 17 employees and that the Actor was never one of them.

D. Your Affiant interviewed Barry Long and he provided the following information:



## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 831108-5	Complaint/Incident Number IF20180191
Defendant Name	First: MARIE	Middle: D	Last: RODRIGUEZ

1. Long is the President and CEO of Urban Design Associates (UDA) located at 3 PPG Place, 3rd Floor, Pittsburgh, PA 15222.
2. Long said that the Actor was never an employee of UDA and he does not know who she is. Long viewed an Earnings Statement provided to Progressive by the Actor, purportedly from UDA. Long advised that the document is not legitimate and that UDA does not generate earnings statements in that manner.

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

1. On 2/25/2018 the Actor was traveling through New York while operating her vehicle when she pulled over on the side of the road. While she was sitting in her vehicle on the side of the road, the Actor's vehicle was struck/side swiped by a tractor trailer. As a result of the accident, the Actor was injured and hospitalized for a few days.
2. As a result, the Actor filed a claim with her insurance carrier, Progressive Insurance Company. As part of her claim, the Actor indicated that she was employed at Urban Design Associates (UDA) located at PPG Place in Pittsburgh, and that she suffered lost wages.
3. The Actor acknowledged that she was not employed at the time of the accident and was never an employee of UDA. The Actor provided a fraudulent Earnings Statement purportedly from UDA in the amount of \$6,500.00. As a result, Progressive paid her \$4,000.00.
4. The Actor said that she would take out a loan to pay the money back to Progressive.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number G 831108-5	Complaint/Incident Number IF20180191
Defendant Name	First: MARIE	Middle: D	Last: RODRIGUEZ

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 21<sup>st</sup> day of FEBRUARY, 2019

2/21/19 Date [Signature], Magisterial District Judge

My commission expires first Monday of January,

JAMES J. HANLEY, JR.,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-36  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF INDIANA

Magisterial District Number: 40-3-03  
MDJ: Hon. Jennifer Rega  
Address: 147 East Market Street, Blairsville,  
Pennsylvania 15717

Telephone: (724)459-7203



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:

(NAME and ADDRESS):

RICO

COLLINS

First Name

Middle Name

Last Name

Gen.

31 South Walnut Street, Blairsville, Pennsylvania 15717

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 Determ.

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <b>CR 33 19</b>	Date Filed <b>2/8/19</b>	OTN/LiveScan Number <b>U676838-1</b>	Complaint/Incident Number <b>IF-2017-0126</b>	SID	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 01/06/1971	Place of Birth	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>	Gen.
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	First Name				
ETHNICITY <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Middle Name				
Hair Color <input checked="" type="checkbox"/> BLK (Black) <input type="checkbox"/> BLN (Blonde / Strawberry) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> XXX (Unk./Bald)	Last Name				
Color <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> PLE (Purple) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> RED <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White)	Gen.				
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)	Driver License				
<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)	State				
State	License Number				Expires / /
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	FBI Number				Weight 235 lbs.
Fingerprint Classification	MNU Number				Height 5 Ft. 9 In.
DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location				Defendant a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO
DEFENDANT VEHICLE INFORMATION					
Plate Number	State	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY)	Commercial Veh. <input type="checkbox"/>	School Veh. <input type="checkbox"/>
VIN	Year	Make	Model	Style	Color
					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 JEROME A. ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /  
(Date)

I, SPECIAL AGENT RICHARD GRANDE

(Name of the Affiant)

477

(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 [402] 31 South Walnut Street, Blairsville,  
Pennsylvania (Subdivision Code) (Place-Political Subdivision)

in INDIANA County

[32]

on or about AUGUST 6, 2016 AND DATES THEREAFTER

(County Code)



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2017-0126
Defendant Name:	First: RICO	Middle:	Last: COLLINS

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	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 August 6, 2016 and dates thereafter, the Actor, knowingly and with the intent to defraud an insurer or self-insured, namely, Nationwide Insurance, did present or cause to be presented to Nationwide 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 submitted two receipts to Nationwide Insurance to obtain replacement costs of items stolen following an alleged burglary at his residence, when in fact, the two receipts submitted to Nationwide were falsified.

<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	(a0(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 August 6, 2016 and dates thereafter, the Actor committed an attempt when, with the intent to commit the crime of Theft by Deception, the Actor did any act that constituted a substantial step towards the commission of the crime, namely, in an attempt to obtain in excess of \$2,000.00 from Nationwide Insurance, the Actor submitted two receipts to obtain replacement costs of items stolen following an alleged burglary at his residence, when in fact, the two receipts submitted to Nationwide were falsified.

<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	4101	(a)(3)	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): **FORGERY**

Acts of the accused associated with this Offense: On or about August 6, 2016 and dates thereafter, the Actor unlawfully uttered the writing of another which he knew to be forged, namely, the Actor submitted two receipts to Nationwide Insurance to obtain replacement costs of items stolen following an alleged burglary at his residence, when in fact, the two receipts submitted to Nationwide were falsified.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2017-0126
Defendant Name:	First: RICO	Middle:	Last: COLLINS

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"/>	4	4104	(a)	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): **TAMPERING WITH RECORDS OR IDENTIFICATION**

Acts of the accused associated with this Offense: On or about August 6, 2016 and dates thereafter, the Actor, knowing he had no privilege to do so, falsified, destroyed, removed or concealed any writing or record, or distinguishing mark or brand or other identification with intent to deceive or injure anyone or to conceal any wrongdoing, namely, the Actor submitted two receipts to Nationwide Insurance to obtain replacement costs of items stolen following an alleged burglary at his residence, when in fact, the two receipts submitted to Nationwide were falsified.

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:

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-2017-0126
Defendant Name:	First: RICO	Middle:	Last: COLLINS

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 4.

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

\_\_\_\_\_ 2/8/19 \_\_\_\_\_  
(Date) (Signature of Affiant)

AND NOW, on this date 2/8/19 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.

40-3-03  
(Magisterial District Court Number)

*Jennifer J. Rada*  
(Issuing Authority)

8541

Jennifer J. Rada  
District Justice  
Magisterial District 40-3-03  
Blairsville, PA 16717  
My Commission Expires January 2020



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2017-0126
Defendant Name:	First: RICO	Middle:	Last: COLLINS

## AFFIDAVIT of PROBABLE CAUSE

**DATE OF VIOLATION:** August 6, 2016 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**  
**564 Forbes Avenue**  
**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 seven (27) 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, Rico Collins.
- B. This investigation was initiated by the Western Region Office of the Insurance Fraud Section of the Office of Attorney General based upon a referral of information to this office by Thomas Cesario of Nationwide Insurance, Special Investigation Unit. It was alleged that the Actor submitted two fabricated receipts as proof of property ownership stating those items were stolen in a burglary. One receipt was written out for an entire collection of R&B albums that totaled \$7,200.00. The other was written out for 188 DVD singles that totaled \$2,657.18.
- C. Your Affiant reviewed the claim filed with Nationwide Insurance by the Actor and found the following:
1. On August 6, 2016, at 12:34 p.m., the Actor called Nationwide Insurance to file a renters' claim for a burglary to his apartment. The Actor talked to Nationwide Insurance Claims Representative, Michelle Goldman. The Actor told her that he just got home that day from being out of town for the past three weeks and his apartment had been burglarized. The Actor related that several items were stolen from inside to include: jewelry, cash, electronics, CDs, DVDs, and a complete record collection. Goldman asked him if he filed a police report. The Actor replied "yes, Blairsville Police took a report". She advised him that he would need to provide proof of ownership for items stolen as part of the claims process. The Actor's policy was inception on January 26, 2016.
  2. On August 22, 2016 the Actor submitted a Sworn Statement in Proof of Loss to Nationwide Insurance as part of his claim. The Actor listed all the items that were alleged to have been stolen in the apartment burglary to include the following: A complete R&B record collection, 188 DVD movies, a laptop computer, jewelry, \$1500.00 in cash, and two ladies purses. The Actor listed his total value of loss at \$25,000.00. The Actor had the document notarized on August 12, 2016 by Leslie C. Jones, Notary Public of Aliquippa, Pennsylvania.
  3. On October 10, 2016 Thomas Cesario, a Special Investigator with Nationwide Insurance met with the Actor. Cesario conducted a recorded interview with the Actor. Cesario went over what had occurred on August 6, 2016 when the Actor discovered his apartment burglarized. The Actor stated that he was out of town visiting relatives in Chicago for two weeks around July 2016. When he returned home on August 6, 2016, he discovered his apartment burglarized. The Actor stated that he filed a police report with the Blairsville Police Department.
  4. On November 1, 2016 Nationwide paid the Actor \$11,209.75 without receipts. This was for the items listed on his Statement in Proof of Loss that he submitted. Michelle Goldman, a Claims Associate with Nationwide was contacted and stated that the amount was determined by depreciating his listed items by half in value. She also related that it was also minus a \$500.00 deductible.





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2017-0126
Defendant Name:	First: RICO	Middle:	Last: COLLINS

5. Goldman further stated that the Actor inquired as to why the amount paid for his claim was not the full \$25,000.00 he submitted. Goldman advised the Actor he would have to submit receipts for proof of loss to receive any further payment(s) on his claim. Goldman explained to the Actor that the \$11,209.75 was the maximum Nationwide could pay on the claim without receipts.
6. On February 23, 2017 the Actor submitted copies of two receipts for items he alleged were stolen in the burglary claim. Special Investigator Cesario was able to verify that the two receipts submitted by the Actor from stores in Illinois were fabricated. Cesario sent Special Investigator, Phillip Michael Thomas, from their Chicago office to the address of stores identified on the receipts. A receipt was from the Disc Replay Store, located at Hillcrest Shopping Centre, 1701 North Larkin Avenue, Crest Hill, Illinois. The receipt was for a complete R&B record collection that totaled \$7,200.00. The other receipt was from Reckless Records, located at 26 East Madison Street, Chicago, Illinois. The receipt was for 188 DVD singles collection that totaled \$2,657.18.
- D. On September 6, 2017 your Affiant, along with Supervisory Special Agent Robert Gift, went to the Blairsville Police Department. Your Affiant spoke to Chief David Allman who verified that Officer Jill Gaston filed report #16001094 on August 6, 2016 for a burglary. This was based on information received from the Actor and the information contained in the report was correct.
1. Your Affiant reviewed the burglary report filed by the Actor with Blairsville Police. The report #16001094 did not specifically list an R&B record collection valued at \$7,200.00 that the Actor claimed with Nationwide was stolen from his apartment.
- E. On September 29, 2017 your Affiant was able to make contact with Nationwide Insurance Special Investigator, Phillip Michael Thomas. He provided the following information:
  1. Thomas conducted follow up interviews in the Chicago area in reference to this claim investigation at the request of Special Investigator Thomas Cesario. Thomas stated that on March 14, 2017 he went to the Disc Replay Store and talked to manager, Scott Gregory. Thomas showed him receipt #540616 made out for \$7,200.00. The receipt was written out for an entire R&B record collection. Scott confirmed that the receipt was bad and not from their store.
  2. Thomas indicated on March 15, 2017 he went to Reckless Records and talked to manager, Billy Smith. Thomas showed him receipt #0689115 made out for \$2,657.18. The receipt was written out for 188 DVD singles. Smith was able to confirm that the receipt was bad and not from their store. Smith also advised Thomas that they do not provide handwritten receipts.

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, Rico Collins.

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.



# POLICE CRIMINAL COMPLAINT

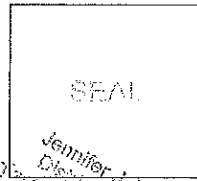
Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2017-0126
Defendant Name:	First: RICO	Middle:	Last: COLLINS

*A. B. B.*

(Signature of Affiant)

Sworn to me and subscribed before me this 8<sup>th</sup> day of February 19  
2/8/19 Date *Jennifer J. Rega*, Magisterial District Judge

My commission expires first Monday of January, 2020



Jennifer J. Rega  
District Judge  
Magisterial District 40-3-03  
Lancaster, PA 17303  
My Commission Expires January 2020

FILED FEB 11 2019

ORIGINAL

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF CAMBRIAMagisterial District Number: 47-3-07  
MDJ: Hon. Frederick S. Creany  
Address: 401 Candlelight Drive, #120  
Ebensburg, Pennsylvania 15931

Telephone: (814)472-6661

POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

RUSSELL

EDWARD

MAY

First Name

Middle Name

Last Name

Gen

295 McClintsey Road, Ebensburg, Pennsylvania 15931

## 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-28-19 Date Filed 3/11/19 OTN/LiveScan Number X237782-6 Complaint/Incident Number IF-2018-0143 Request Lab Services? ☐ YES ☐ NOGENDER ☒ Male ☐ Female DOB 06/05/1989 POB \_\_\_\_\_ Add'l DOB / / Co-Defendant(s) ☐ Gen. \_\_\_\_\_RACE ☒ White ☐ Asian ☐ Black ☐ Native American ☐ UnknownETHNICITY ☐ 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 \_\_\_\_\_ 140

Defendant Fingerprinted ☐ YES ☐ NO Ft. HEIGHT In.

Fingerprint Classification: \_\_\_\_\_ 5 10

## DEFENDANT VEHICLE INFORMATION

Plate # \_\_\_\_\_ State \_\_\_\_\_ Haz mat ☐ Registration \_\_\_\_\_ Comm'l Veh. Ind. ☐ School Veh. ☐ Oth. NCIC Veh. Code \_\_\_\_\_ Reg. same as Def. ☐

Sticker (MM/YY) / \_\_\_\_\_

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 A. KISTLER

(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 &amp; 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 [411] 295 McClintsey Road, Ebensburg,

Pennsylvania

(Subdivision Code)

(Place/Political Subdivision)

in CAMBRIA County

[11]

on or about MAY 14, 2018 AND DATES THEREAFTER

(County Code)

**POLICE CRIMINAL COMPLAINT**

Docket Number: <i>CR 28-19</i>	Date Filed: <i>2/14/19</i>	OTN/LiveScan Number <i>X 237782-6</i>	Complaint/Incident Number IF-2018-0143
Defendant Name:	First: RUSSELL	Middle: EDWARD	Last: MAY

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
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 14, 2018 and dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely Progressive Insurance, present 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 Insurance claim, namely, the Actor stated that 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
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 14, 2018 and dates thereafter, the Actor did with the intent to commit Theft by Deception, any act that constituted a substantial step towards the commission of the crime, namely, in an attempt to obtain in excess of \$2,000.00 from Progressive Insurance, the Actor stated that 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
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: <u>CR 28-19</u>	Date Filed: <u>2/11/19</u>	OTN/LiveScan Number <u>X237782-6</u>	Complaint/Incident Number <u>IF-2018-0143</u>
Defendant Name:	First: <u>RUSSELL</u>	Middle: <u>EDWARD</u>	Last: <u>MAY</u>

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 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

2/11/19

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)

SEAL

**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint/Incident Number</b> IF-2018-0143
<b>Defendant Name:</b>	<b>First:</b> RUSSELL	<b>Middle:</b> EDWARD	<b>Last:</b> MAY

**AFFIDAVIT of PROBABLE CAUSE**

**Dates of Violation:** May 14, 2018 and dates thereafter

**Criminal Complaint No:**

**Name of Affiant:** Special Agent Richard Grande

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

- 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 seven (27) years of experience in law enforcement as a Police Officer/Detective/Special Agent and is the case agent assigned to the investigation involving the Actor, Russell May.
- 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 theft amount was in excess of \$2,000.00.
- C. Your Affiant reviewed the claim referral and file provided by Progressive Insurance and found the following:
1. The Actor purchased an auto policy in person with Progressive Insurance at the Laurel Insurance Management Office located in Ebensburg on May 14, 2018 at 3:37 p.m. The Actor then filed an accident claim stating that he struck two parked vehicles on May 14, 2018 after purchasing the insurance coverage.
  2. On May 15, 2018 the Actor contacted Progressive Insurance and stated that he was taking his vehicle to RPM Auto, located at 3652 Benjamin Franklin Highway, Ebensburg, PA for service. The Actor stated that when he pulled into the parking lot he lost his brakes, and was unable to stop. The Actor advised that he struck two parked vehicles owned by Rich Machauta.
  3. The Actor talked to the owner of RPM Auto, Rich Machauta, about the accident and exchanged contact information with him at that time. The Actor related that he told Machauta he would re-contact him shortly about the damage(s). The Actor stated that Machauta advised him to turn it into his insurance. The Actor was advised he would be contacted by a Progressive Claims Representative as part of their claims process.
  4. The Actor was contacted by Progressive Insurance Claims Representative, Megan Huber. Huber went over the facts of the accident with the Actor on a recorded call. Huber asked the Actor when the accident happened. The Actor stated, Monday, May 14<sup>th</sup> around 3:30 p.m. – 4:00 p.m. Huber asked the Actor if this happened at RPM Auto. The Actor stated "yes".
  5. Huber asked the Actor what happened. The Actor stated that he was pulling into the lot when he lost his brakes on his truck. He said that he struck two vehicles that were parked there and that the owner of RPM Auto, Rich Machauta, was working on. The Actor stated that there was damage to the parked cars, but no damage to his vehicle.
  6. Huber asked the Actor if he set up his policy after the accident happened. The Actor stated that he got it right before. The Actor said that he went into an office and got it and then it happened. Huber asked the Actor what insurance office he went to. The Actor stated Laurel Insurance Management in Ebensburg, PA. Huber advised the Actor they would need to investigate the claim further to confirm his coverage.



**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint/Incident Number</b> IF-2018-0143
<b>Defendant Name:</b>	<b>First:</b> RUSSELL	<b>Middle:</b> EDWARD	<b>Last:</b> MAY

**AFFIDAVIT of PROBABLE CAUSE**

**Dates of Violation:** May 14, 2018 and dates thereafter

**Criminal Complaint No:**

**Name of Affiant:** Special Agent Richard Grande

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

- 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 seven (27) years of experience in law enforcement as a Police Officer/Detective/Special Agent and is the case agent assigned to the investigation involving the Actor, Russell May.
- 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 theft amount was in excess of \$2,000.00.
- C. Your Affiant reviewed the claim referral and file provided by Progressive Insurance and found the following:
1. The Actor purchased an auto policy in person with Progressive Insurance at the Laurel Insurance Management Office located in Ebensburg on May 14, 2018 at 3:37 p.m. The Actor then filed an accident claim stating that he struck two parked vehicles on May 14, 2018 after purchasing the insurance coverage.
  2. On May 15, 2018 the Actor contacted Progressive Insurance and stated that he was taking his vehicle to RPM Auto, located at 3652 Benjamin Franklin Highway, Ebensburg, PA for service. The Actor stated that when he pulled into the parking lot he lost his brakes, and was unable to stop. The Actor advised that he struck two parked vehicles owned by Rich Machauta.
  3. The Actor talked to the owner of RPM Auto, Rich Machauta, about the accident and exchanged contact information with him at that time. The Actor related that he told Machauta he would re-contact him shortly about the damage(s). The Actor stated that Machauta advised him to turn it into his insurance. The Actor was advised he would be contacted by a Progressive Claims Representative as part of their claims process.
  4. The Actor was contacted by Progressive Insurance Claims Representative, Megan Huber. Huber went over the facts of the accident with the Actor on a recorded call. Huber asked the Actor when the accident happened. The Actor stated, Monday, May 14<sup>th</sup> around 3:30 p.m. – 4:00 p.m. Huber asked the Actor if this happened at RPM Auto. The Actor stated "yes".
  5. Huber asked the Actor what happened. The Actor stated that he was pulling into the lot when he lost his brakes on his truck. He said that he struck two vehicles that were parked there and that the owner of RPM Auto, Rich Machauta, was working on. The Actor stated that there was damage to the parked cars, but no damage to his vehicle.
  6. Huber asked the Actor if he set up his policy after the accident happened. The Actor stated that he got it right before. The Actor said that he went into an office and got it and then it happened. Huber asked the Actor what insurance office he went to. The Actor stated Laurel Insurance Management in Ebensburg, PA. Huber advised the Actor they would need to investigate the claim further to confirm his coverage.

**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint/Incident Number</b> IF-2018-0143
<b>Defendant Name:</b>	<b>First:</b> RUSSELL	<b>Middle:</b> EDWARD	<b>Last:</b> MAY

- D. Your Affiant, along with Special Agent Amy Adams, conducted an interview with witness, Rich Machauta, at his business, RPM Auto located in Belsano, PA. He provided the following information.
1. Your Affiant advised Machauta that this was a follow up to a recent accident involving two of his vehicles, and if he remembered it. Machauta related that he remembered the accident that occurred on May 14, 2018. He also stated that both vehicles involved were damaged.
  2. Your Affiant asked Machauta to explain what happened. He said that the Actor was bringing in his truck for service. When the Actor was pulling into his lot he apparently lost his brakes. The Actor could not stop and struck the two parked vehicles. Machauta said that the Actor was unable to supply his insurance information at that time, but did give him his contact information.
  3. Your Affiant asked Machauta if he remembered what time the accident occurred. Machauta stated that it was around 3:00 p.m. He also showed me a copy of his security video camera system that captured the accident. Your Affiant viewed the video which showed the Actor's truck pull into the RPM Auto lot and strike the parked vehicles.
  4. The video is date/time stamped and showed that the accident occurred on May 14, 2018 at 14:58 p.m. Your Affiant asked Machauta if the date/time stamp on his system was correct. He stated that it has always been set correctly and has been on time. Machauta supplied me with a copy of the video and also an estimate of his damages which totaled \$4,508.18.
- E. Your Affiant, along with Special Agent Amy Adams, conducted an interview with Laurel Insurance Management agent, Rich Nedresky. He provided the following information.
1. Nedresky was able to verify that the Actor purchased an auto policy in person at his office on May 14, 2018 at 3:37 p.m. The policy was a full coverage commercial type policy due to the type of vehicle the Actor was driving at that time.
- F. Your Affiant, along with Special Agent James Kopera, conducted an interview with the Actor. He provided the following information.
1. Your Affiant advised the Actor that this was a follow up regarding a recent accident he was involved in at RPM Auto. The Actor said that he remembered the accident and that it occurred on May 14, 2018. Your Affiant asked the Actor to explain what happened.
  2. The Actor stated that he was driving his Ford truck to RPM Auto for service. He said that he was pulling into the lot when he lost the brakes and was unable to stop. The Actor related that he struck two parked vehicles that were in the lot causing damage to them, but not to his truck.
  3. The Actor stated that he talked to the owner of RPM Auto, Rich Machauta, and gave him his contact information for the accident. Your Affiant asked the Actor if his vehicle was insured at the time of the accident. The Actor stated "no". Your Affiant asked the Actor if he went to his local insurance agency right after the accident to get a policy. The Actor stated "yes". The Actor purchased a full coverage commercial type insurance policy.
  4. Your Affiant asked the Actor if he remembered filing an accident claim. The Actor stated "yes". Your Affiant then asked the Actor if he remembered what time he told Progressive Insurance the accident happened. The Actor stated that he did not remember. Your Affiant then asked the Actor if he purchased the policy after the accident happened to cover the damages from the previous accident. The Actor stated "yes".



**POLICE CRIMINAL COMPLAINT**

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0143
Defendant Name:	First: RUSSELL	Middle: EDWARD	Last: MAY

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, Russell May.

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 THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

(Signature of Affiant)

Sworn to me and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, Date \_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January,

SEAL

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: WESTMORELAND

Magisterial District Number: 10-3-11

MDJ: Hon. Roger Eckels

Address: 2320 Mount Pleasant Road, Mount Pleasant, Pennsylvania 15666

Telephone: (724)423-7150

POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

RYAN

FUTCHKO

First Name

Middle Name

Last Name

Gen

511 Heckla Road, Mount Pleasant, Pennsylvania 15666

## 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 <b>CR-34-19</b>	Date Filed <b>2/28/19</b>	OTN/LiveScan Number <b>U 683367-6</b>	Complaint/Incident Number <b>IF-2018-0167</b>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <b>04/28/1992</b>	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"/> Black <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 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)				
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			210
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).

DENNIS A. KISTLER

(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 &amp; 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 [416] 511 Heckla Road, Mount Pleasant, Pennsylvania (Subdivision Code) (Place-Political Subdivision)

in WESTMORELAND  
County

[65]  
(County Code)

on or about JUNE 1, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-34-19</b>	Date Filed: <b>2/28/19</b>	OTN/LiveScan Number <b>U 683367-6</b>	Complaint/Incident Number <b>IF-2018-0167</b>
Defendant Name:	First: <b>RYAN</b>	Middle:	Last: <b>FUTCHKO</b>

- 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.)**

(Signature of Affiant)

(Date)

AND NOW, on this date February 28, 2019 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)





**POLICE CRIMINAL COMPLAINT**

Docket Number: <b>CR-34-19</b>	Date Filed: <b>2/28/19</b>	OTN/LiveScan Number <b>U 683367-6</b>	Complaint/Incident Number <b>IF-2018-0167</b>
Defendant Name:	First: <b>RYAN</b>	Middle:	Last: <b>FUTCHKO</b>

**AFFIDAVIT of PROBABLE CAUSE**

**Dates of Violation:** June 1, 2018 and dates thereafter

**Criminal Complaint No:**

**Name of 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 seven (27) years of experience in law enforcement as a Police Officer/Detective/Special Agent and is the case agent assigned to the investigation involving the Actor, Ryan Futchko.
- 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'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 amount of the attempted theft was in excess of \$2,000.00.
- C. Your Affiant reviewed the claim referral and file provided by Progressive Insurance and found the following:
  1. The Actor went online and incepted a new comprehensive/collision auto policy with Progressive on June 1, 2018 at 8:22 p.m. The Actor's Safe Auto Insurance policy had expired on October 4, 2017. On June 4, 2018 a claimant, Daniel Miele, contacted Progressive Insurance and talked to claims representative, Katie Ortiz. Miele filed an accident claim under the Actor's policy #922106213.
  2. Miele stated he parked his vehicle on Main Street in Mount Pleasant, PA. to pick up food at a local restaurant. When he came back outside the Actor had backed into the rear bumper of his truck causing damage. Miele stated the Actor could not provide any insurance information at that time, so they exchanged contact information. Miele then said later in the evening on June 1, 2018 the Actor called him and provided him his Progressive Insurance policy #922106213 for the accident. Miele was asked when the accident occurred. He stated June 1, 2018 around 7:10 p.m.
  3. Miele was asked how he was sure of the time. He said that he had the Actor call his cell phone a short time after the accident while they were still on scene to verify his number. Miele stated that his cell phone call log showed the call from the Actor's cell phone was received on June 1, 2018 at 7:49 p.m. Miele was asked to supply Progressive Insurance with a copy of his cell phone call log record, which he did.
  4. On June 5, 2018 Progressive Insurance Claims Adjuster, Sandra Young, made contact with the Actor on a recorded call to discuss the accident claim. The Actor stated that last Friday he was driving down the street when he rear-ended Miele's parked truck causing rear bumper damage.
  5. Young then asked the Actor if any police were notified. The Actor stated "no". She asked the Actor what time the accident happened. The Actor stated "8:30 in the evening". She then asked the Actor if the accident happened before or after he got his policy. The Actor stated "it happened right after". Young advised the Actor that under the circumstances the claim would have to be investigated further.
- D. Your Affiant, along with SA James Kopera, conducted an interview with the witness, Daniel Miele. He provided the following information.



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-34-19</b>	Date Filed: <b>2/28/19</b>	OTN/LiveScan Number <b>U 683367-6</b>	Complaint/Incident Number <b>IF-2018-0167</b>
Defendant Name:	First: <b>RYAN</b>	Middle:	Last: <b>FUTCHKO</b>

1. Your Affiant advised Miele that this was a follow up investigation regarding a recent accident he was involved in on June 1, 2018. He said that he remembered the accident. Miele was asked to explain what happened. Miele stated that he had stopped at the Village Pizza Shop located on Main Street, Mount Pleasant, PA. around 7:00 p.m. and went in for a few minutes and picked up his food order.
  2. When he came back outside he discovered that the Actor had backed into the right rear portion of his truck bumper causing damage. Miele also said that the bumpers of both vehicles were stuck together from the impact. Miele said that they were able to get the vehicles unstuck which took approximately (15) fifteen minutes. Miele then asked the Actor for his insurance information.
  3. The Actor was unable to supply Miele insurance information at that time, but did give him his name and cell phone number. Miele had the Actor use his cell phone to call Miele's cell phone to verify that the contact number was legitimate. Miele stated that no police were notified as no one was injured and both vehicles were drivable. Miele said that later in the evening of June 1, 2018 the Actor called him and provided him with a Progressive Insurance policy #922106213 for the accident.
  4. Miele then contacted Progressive Insurance to file a claim using the information provided to him by the Actor. Progressive asked Miele if he could verify the time of the accident. Miele advised Progressive Insurance of the phone call from the Actor's cell phone while they were still at the accident scene. Miele's cell phone call log showed the call from the Actor's cell phone being placed on June 1, 2018 at 7:49 p.m.
  5. Miele provided Progressive Insurance with a screen shot of his cell phone log showing that call. Later Miele was advised by Progressive Insurance that his claim would be denied due to a coverage issue.
  6. Your Affiant asked Miele how much damage was done to his vehicle. Miele stated his damages were approximately \$2,952.18 which he turned into his Selective Insurance Company. Miele stated he had to pay a \$250.00 deductible, and his vehicle was repaired at Dyson's Auto Frame located in Mount Pleasant, PA.
- E. Your Affiant was able to make contact with Eric Dodd, employee of Dyson's Auto Frame. He provided the following information.
1. Dodd was able to verify an estimate on Miele's vehicle. Dodd confirmed the \$2,952.18 estimate for repairs on Miele's vehicle were correct and the vehicle was fixed at Dyson's Auto Frame.
- F. Your Affiant, along with SA James Kopera, conducted an interview with a witness, Pressley Kitis. She provided the following information.
1. Kitis was asked if she remembered the June 2018 accident and what happened. Kitis stated that she was in the truck with the Actor when the accident occurred.
  2. Kitis said that they were going to the Village Restaurant in Mount Pleasant, PA. when the Actor was trying to park and he struck another parked truck. The bumpers of both vehicles were stuck together from the impact.
  3. Kitis said that the owner of the other truck came out of the restaurant and he talked to the Actor. They got the trucks unstuck and then exchanged contact information. Your Affiant asked Kitis if she remembered what time the accident occurred. She stated it was around 5:00 p.m. or 6:00 p.m.

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, Ryan Futchko.





# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-34-19</b>	Date Filed: <b>2/28/19</b>	OTN/LiveScan Number <b>U 683367-6</b>	Complaint/Incident Number <b>IF-2018-0167</b>
Defendant Name:	First: <b>RYAN</b>	Middle:	Last: <b>FUTCHKO</b>

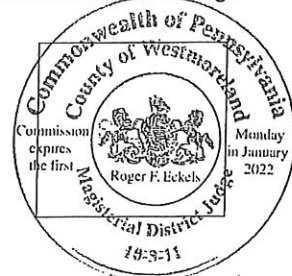
I, SPECIAL AGENT RICHARD GRANDE, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

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 THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

(Signature of Affiant)

Sworn to me and subscribed before me this 28th day of February 2019  
2/28/19 Date , Magisterial District Judge

My commission expires first Monday of January,





# POLICE CRIMINAL COMPLAINT

Docket Number: CR-34-19	Date Filed: 2/28/19	OTN/LiveScan Number U 683367-6	Complaint/Incident Number IF-2018-0167
Defendant Name:	First: RYAN	Middle:	Last: FUTCHKO

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 THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

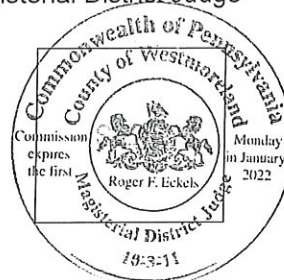
(Signature of Affiant)

Sworn to me and subscribed before me this 28th day of February 2019

2/28/19 Date

, Magisterial District Judge

My commission expires first Monday of January,





# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-34-19</b>	Date Filed: <b>2/28/19</b>	OTN/LiveScan Number <b>U 683367-6</b>	Complaint/Incident Number <b>IF-2018-0167</b>
Defendant Name:	First: <b>RYAN</b>	Middle:	Last: <b>FUTCHKO</b>

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 June 1, 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 that 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 June 1, 2018 and dates thereafter, the Actor did with intent to commit the crime of Theft by Deception, any act that constituted a substantial step towards the commission of the crime, namely, in an attempt to obtain in excess of \$2,000.00 from Progressive Insurance, the Actor filed an insurance claim and stated that 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:



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: ERIE

Magisterial District Number: 06-2-02  
MDJ: Hon. Laurie A. Mikielski  
Address: 3608 West 26<sup>th</sup> Street  
Erie, PA 16506

Telephone: (814)451-6518



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

SABRINA

MICHELLE

YOVICH

First Name

Middle Name

Last Name

Gen

12871 Route 19 S Apartment A  
Waterford, PA 16441

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 <b>06-2-02-19</b>	Date Filed <b>11/1/18</b>	OTN/LiveScan Number <b>0683335-2</b>	Complaint/Incident Number <b>IF-2018-0271</b>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB <b>02/06/1996</b>	POB <b>Pa</b>	Add'l DOB <b>/ /</b>	Co-Defendant(s) <input type="checkbox"/>
First Name <b>AKA</b>	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 type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Hair Color <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> BLN (Blonde / Strawberry)				
Eye Color <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input checked="" type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)				
DNA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	WEIGHT (lbs.) <b>150</b>		
FBI Number	MNU Number	Ft. HEIGHT In. <b>5</b>		<b>3</b>
Defendant Fingerprinted <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Fingerprint Classification:			

DEFENDANT VEHICLE INFORMATION

Plate # <b>KGT6532</b>	State <b>PA</b>	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) <b>04/19</b>	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 <b>5XYKTD25BG061140</b>	Year <b>2011</b>	Make <b>Kia</b>	Model <b>Sorento</b>	Style <b>Suv</b>	Color <b>Gold</b>		

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 DAVID A. DALCAMO**

(Name of the Affiant)

**457**

(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 [213] **2727 West 16<sup>th</sup> Street, Erie, PA**  
(Subdivision Code) (Place-Political Subdivision)

16505

in ERIE County

[25]

(County Code)

on or about **OCTOBER 3, 2018 AND DATES THEREAFTER**



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0271
Defendant Name:	First: SABRINA	Middle: MICHELLE	Last: YOVICH

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
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 3, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, namely, Esurance, presented 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 told Esurance that her vehicle was involved in an accident at a time after she obtained insurance coverage, when in fact, the incident occurred prior to the Actor 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
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 3, 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 Esurance, the Actor told Esurance that her vehicle was involved in an accident at a time after she obtained insurance coverage, when in fact, the incident occurred prior to the Actor 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"/>			of the				
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense 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-2018-0271
Defendant Name:	First: SABRINA	Middle: MICHELLE	Last: YOVICH	

- 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.)** 02-28-19

  
(Signature of Affiant)

(Date)

AND NOW, on this date 2/28/19 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.

6-2-02  
(Magisterial District Court Number)

  
(Issuing Authority)





<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint/Incident Number</b> IF-2018-0271
<b>Defendant Name:</b>	<b>First:</b> SABRINA	<b>Middle:</b> MICHELLE	<b>Last:</b> YOVICH

**AFFIDAVIT of PROBABLE CAUSE**

Date of Violation: October 3, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent David A. Dalcamo

Law Enforcement Agency: Pennsylvania Office of Attorney General  
Insurance Fraud Section  
Western Regional Office  
1251 Waterfront Place  
Pittsburgh, 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, Sabrina Yovich.
- 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 Vasquez, Special Investigator with Esurance. Vasquez provided this office with the following information:
1. On October 3, 2018 at 4:22 pm, the Actor, Sabrina Yovich, purchased an automobile insurance policy from Esurance for her 2011 Kia Sorrento.
  2. On October 3, 2018 at 6:54 pm, a claim was filed on the Actor's policy with Esurance by a Robert Walter. Walter stated that his vehicle was rear-ended by the Actor. Walter also stated that the accident occurred on Interstate Route 79, and there were four vehicles involved in the accident. The Pennsylvania State Police responded and completed a report as some of the vehicles needed to be towed.
  3. On October 4, 2018 at 11:03 am, the Actor reported the claim to Esurance and stated the accident occurred on October 3, 2018 at 4:30 pm. The representative from Esurance asked the Actor if she had purchased the policy prior to being involved in the accident. The Actor stated that she did.
  4. Esurance re-interviewed Robert Walter and found that the accident actually occurred at or around 4:00 pm. Walter supplied a screen shot of his call log which showed that he called the 911 center to report the accident at 4:13 pm, prior to the Actor purchasing the insurance policy at 4:22 pm.
  5. Upon receiving a copy of the Pennsylvania State Police Crash Report, Esurance found that the accident occurred prior to the Actor purchasing the Esurance policy. The total amount of attempted theft is over \$2,000.00.
- C. On January 2, 2019, your Affiant conducted an interview with Special Investigator Juan Vasquez, Esurance, who provided the following information:
1. Vasquez stated that due to the fact that the auto policy was purchased at 4:22 pm on October 3, 2018 and the accident was reported to have occurred at 4:30 pm, Esurance conducted an investigation as to the actual time of the accident.
  2. The Actor, in two separate recorded statements to Esurance, indicated that the accident occurred at 4:30 pm. The Actor further stated in the recordings that the accident occurred after she purchased the policy.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0271
Defendant Name:	First: SABRINA	Middle: MICHELLE	Last: YOVICH

3. Vasquez located a recorded phone call by the Actor in which she purchased the policy. The call began at 4:08 pm and lasted 17 minutes.
  4. During the call, the Actor identifies herself as Sabrina Yovich and stated that she just needs to purchase insurance.
  5. As the Customer Service Representative was going over the terms of the policy, the Actor interrupts the representative and asked for the policy number.
  6. The policy was in place at 4:22 pm. The call was terminated at 4:25 pm.
  7. Vasquez stated that Esurance conducted a carrier discovery report and found that the Actor had a prior insurance policy with Progressive Insurance, which was cancelled on September 1, 2018.
  8. Esurance conducted a follow-up interview with Robert Walter, the person who was rear-ended by the Actor. During the interview, Walter supplied Esurance with a copy of his cellular phone log, which indicated that he (Walters) called 911 at 4:13 pm, after the accident occurred.
  9. Walters also advised that he had made three (3) calls after the accident and prior to calling 911; the first call being at 4:02 pm. Walters's phone log suggests the accident occurred shortly before 4:02 pm.
  10. Esurance requested and received the Pennsylvania State police Crash Report. In the report, Trooper Edwin Machacek indicated the Pennsylvania State Police received the call for the accident at 4:17 pm.
  11. Esurance denied the claim, as the Actor's policy was not in force at the time of the accident.
- D. On January 2, 2019, your Affiant conducted an interview with Ryne Rutkowski, Quality Assurance Coordinator, Erie County Department of Public Safety, who provided the following information:
1. Your Affiant requested a Computer Aided Dispatch Incident Detail report for the motor vehicle accident on October 3, 2018.
  2. Rutkowski supplied your Affiant with Erie County 911 CAD Incident report #2018-00129267.
  3. Upon review of the report, it was found that Robert Walter called 911 at 16:14:02 hrs. to report a three car motor vehicle accident with no injuries. The location was reported to be at I-79 southbound at I-90.
  4. The call was transferred to Pennsylvania State Police, Girard Station, at 16:15:55 hrs.
- E. On January 7, 2019, your Affiant and Special Agent Bradley Capan conducted an interview with Corporal Christopher Wingard, Pennsylvania State Police, Girard Station, who provided the following information:
1. Your Affiant advised Corporal Wingard of the investigation and he reviewed the PA Crash Report prepared by Trooper Edwin Machacek.
  2. Corporal Wingard indicated that the time on the accident report was incorrect. Wingard supplied your Affiant with the Trooper's report that contained the narrative.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0271
Defendant Name:	First: SABRINA	Middle: MICHELLE	Last: YOVICH

3. Upon a review of the narrative, which was not available to Esurance, the report stated that Trooper Machacek first interviewed the operator of Unit #2, Shane Coon, at 4:30 pm.
4. Corporal Wingard also reviewed the State Police dispatch record that indicated that the PSP Girard Station received the call for the accident from the 911 Center at 4:17 pm.
5. The dispatch record also indicated that Trooper Machacek called for a tow truck at 4:35 pm.
6. Trooper Machacek also cited the Actor for a PA Vehicle Code violation, Following too Closely.
7. Corporal Wingard supplied your Affiant with a copy of Crash Report # PA 2018-1143851.

F. On January 7, 2019, your Affiant and Special Agent Bradley Capan conducted an interview with Rick Sornberger, owner of Rick Sornberger Automotive, who provided the following information:

1. Sornberger did recall the accident and he did tow the Actor's vehicle.
2. Sornberger stated, in his opinion the insurance company would total the Actor's vehicle. Sornberger indicated the vehicle had heavy front-end damage and most of the air bags were deployed.
3. Sornberger stated that the Actor's vehicle sat at his garage for some time and then he found out the Actor did not have insurance. At that point, Sornberger towed it to the Actor's place of employment.

G. On January 7, 2019, your Affiant and Special Agent Bradley Capan conducted an interview with Robert Walter, who provided the following information:

1. Walter was advised of the investigation and stated that he was involved in the accident caused by the Actor on October 3, 2018 on Interstate 79.
2. Walter stated that he was stopped in the travel lane for construction and the Actor drove her vehicle into the rear of his vehicle.
3. Walter stated that after the accident, he exited his vehicle and found the Actor was sitting in her vehicle, talking on her cellular phone.
4. Walter stated that a short time later, the Actor exited her vehicle and told him that she did not have an insurance card, but supplied him with her Esurance policy number that she had written down on a piece of paper.
5. Walter indicated at some point after the accident, he realized that no one had called 911, at which time he called for police response.
6. Walter stated that on October 3, 2018 at around 7:00 pm he filed a claim with Esurance for the damage caused by the accident.
7. Walter stated that on October 4, 2018, he received a call back from Esurance, who advised him that there were concerns as to the validity of the Actor's insurance policy.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0271
Defendant Name:	First: SABRINA	Middle: MICHELLE	Last: YOVICH

8. Walter was asked to submit his cellular phone records, which he did. The records indicated that he (Walter) called the Erie County 911 Center at 4:13 pm.
  9. Your Affiant showed Walter the phone records supplied by Esurance and Walter confirmed that they are the records that he submitted to Esurance.
  10. Walter stated several days later he was advised by Esurance the Actor's policy was not valid at the time of the accident.
  11. Walter did file a claim with his insurance company and was required to pay a \$500.00 deductible.
  12. His vehicle was totaled and his insurance company, State Farm Insurance, paid him \$3,600.00 for his 2005 Jeep Liberty.
- H. On January 7, 2019, your Affiant and Special Agent Bradley Capan conducted an interview with the Actor, Sabrina Yovich, who provided the following information:
1. Your Affiant advised the Actor of the investigation and the Actor agreed to answer questions concerning the vehicle accident and the Esurance claim that was filed.
  2. The Actor admitted that she did not have valid insurance at the time of the accident.
  3. The Actor agreed that she previously had an insurance policy with Progressive Insurance which was terminated in September of 2018.
  4. The Actor stated that she was traveling south on Interstate 79 and did not see the vehicles stopped in front of her. She collided into the rear of one vehicle and then into the rear of a second vehicle.
  5. The Actor stated that after the vehicles came to rest, she realized that she did not have automobile insurance and called Esurance. She purchased a policy at the scene of the accident and then supplied the policy number to the other drivers and the PA State Police Trooper.
  6. The Actor admitted that she told Esurance that the accident occurred at 4:30 pm, after she purchased the auto insurance policy, in an attempt to have Esurance pay for the damages to her vehicle and the other vehicles involved in the accident.
  7. The Actor stated that her vehicle sustained between \$3,000.00 and \$4,000.00 damage.
- I. On January 8, 2019, your Affiant conducted an interview with Shane Coon, who provided the following information:
1. Coon stated that he was involved in the accident on October 3, 2018 on Interstate 79. Coon stated that he was stopped for construction in the travel lane when he was rear-ended by the Actor. Coon was pushed into the center median and the Actor's vehicle continued on and struck the vehicle that had been in front of him.
  2. Coon stated that he was operating a vehicle owned by his company, Computer Support & Associates Inc. Coon stated that the company's vehicle was totaled as a result of the accident by their insurance carrier, Penn National Insurance Company.





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0271
Defendant Name:	First: SABRINA	Middle: MICHELLE	Last: YOVICH

3. Computer Support & Associates Inc., confirmed the vehicle was totaled and they were responsible for a \$500.00 deductible.

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 Sabrina Michelle Yovich.

I, SPECIAL AGENT DAVID A. DALCAMO, 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 28 day of February 2019  
2/28/19 Date Laurie M. Kulski, Magisterial District Judge

My commission expires first Monday of January,



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):

SANDRA

BURD

First Name

Middle Name

Last Name

Gen

1102 Walnut Street, Follansbee, WV 26037

## 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-140-19</u>	Date Filed <u>MAR 28 2019</u>	OTN/LiveScan Number <u>120928450</u>	Complaint/Incident Number <u>IF20180278</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>07/11/1960</u>	POB	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name <u>AKA</u>		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"/> ONG (Orange)	<input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> PLE (Purple) <input type="checkbox"/> GRN (Green) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)
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"/> 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.) <u>150</u>
FBI Number	MNU Number			Ft. 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 JEROME ORIE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /  
(Date)

I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT

(Name of the Affiant)

BCI-139

(PSP/MP/OTC -Assigned Affiant ID Number &amp; 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] Route 844 (Jefferson Ave)  
Washington, Pa (Subdivision Code) (Place-Political Subdivision)

in WASHINGTON County [63]

(County Code)

on or about OCTOBER 23, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR. 140-19</b>	Date Filed: <b>MAR 28 2019</b>	OTN/LiveScan Number <b>U6938950</b>	Complaint/Incident Number <b>IF20180278</b>
Defendant Name:	First: <b>SANDRA</b>	Middle:	Last: <b>BURD</b>

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"/>	<b>1</b>	<b>4117</b>	<b>(A)(2)</b>	<b>of the</b>	<b>18</b>	<b>1</b>	<b>F3</b>
Lead?	Offense #	Section	Subsection	PA Statute (Title)		Counts	Grade
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 23, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, 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 added the vehicle to her insurance coverage, when in fact, the accident occurred prior to the Actor adding the vehicle to 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"/>	<b>2</b>	<b>3922</b>	<b>(A)(1)</b>	<b>of the</b>	<b>18</b>	<b>1</b>	<b>F3</b>
Lead?	Offense #	Section	Subsection	PA Statute (Title)		Counts	Grade
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 23, 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 \$5,000.00 from GEICO Insurance, the Actor stated that her vehicle was involved in an accident at a time after she added the vehicle to her insurance coverage, when in fact, the accident occurred prior to the Actor adding the vehicle to 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"/>				<b>of the</b>			
Lead?	Offense #	Section	Subsection	PA Statute (Title)		Counts	Grade
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:



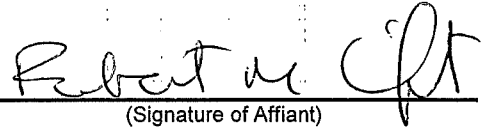
# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR 140-19</b>	Date Filed: <b>MAR 28 2019</b>	OTN/LiveScan Number: <b>4692895-0</b>	Complaint/Incident Number: <b>IF20180278</b>
Defendant Name:	First: <b>SANDRA</b>	Middle:	Last: <b>BURD</b>

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 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.)**

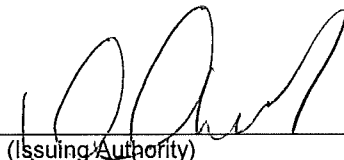
  
(Signature of Affiant)

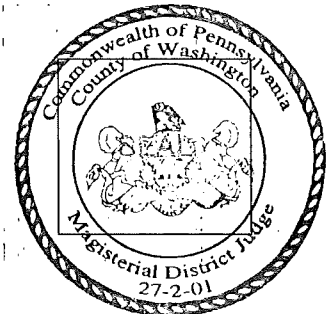
(Date)  
**MAR 28 2019**

AND NOW, on this date \_\_\_\_\_ I certify that the complaint has been properly completed and verified.

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

  
(Magisterial District Court Number)

  
(Issuing Authority)





Docket Number: <b>CR-140-19</b>	Date Filed: <b>MAR 28 2019</b>	OTN/LiveScan Number: <b>0092898-0</b>	Complaint/Incident Number: <b>IF20180278</b>
Defendant Name:	First: <b>SANDRA</b>	Middle:	Last: <b>BURD</b>

**AFFIDAVIT of PROBABLE CAUSE****Date of Application:****Date of Violations:****October 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, 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, Sandra Burd.
- 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 Ross Lockhart, Special Investigator with GEICO Insurance. Lockhart alleged that the Actor reinstated her canceled automobile policy on the date of loss. The Actor was involved in a single vehicle accident with her car (2014 Kia Optima) and two (2) deer. The Actor then advised during the insurance claim that her vehicle was damaged in the accident after she reinstated the auto coverage. The Actor advised that she made the policy reinstatement prior to the accident, when in fact, the Actor was in the single vehicle accident prior to the automobile policy reinstatement. The amount of attempted theft is over \$5,000.00.
- C. Your Affiant reviewed the claim file provided by Lockhart and found the following information:
1. On October 22, 2018, at approximately 8:11 PM, the Actor reinstated her GEICO Insurance auto policy which had canceled on October 19, 2018. The Actor reinstated the policy coverage for her 2014 Kia Optima.
  2. On October 23, 2018, the Actor reported that she was involved in a single vehicle accident with two (2) deer at approximately 6:30 AM after reinstating her auto policy.
  3. The Actor was asked if she took any photos of the damage to the vehicle. The Actor advised that she took photos of the damage immediately after the accident occurred.
  4. GEICO was able to determine through the metadata that the photos were taken on October 22, 2018 at approximately 7:11 PM which is prior to the Actor reinstating her auto policy.
  5. The total amount of damages to the Actor's vehicle was over \$5,000.00. GEICO Insurance denied the claim and no payments were made.
- D. Your Affiant, along with Special Agent Bill McKee, interviewed the Actor at the Meadows Casino located in Washington, PA. The Actor provided the following information:
1. According to the Actor, she lives paycheck to paycheck and is constantly late on all of her bills. The Actor advised that when she is paid she will usually sit in her car and make the payments if able.
  2. The Actor said that on the night of the accident (October 22, 2018) she was aware that her GEICO Insurance policy had lapsed for nonpayment but she "thought she was in her thirty (30) day grace period".



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CL 140-19</b>	Date Filed: <b>MAR 28 2019</b>	OTN/LiveScan Number <b>469 2893 0</b>	Complaint/Incident Number <b>IF20180278</b>
Defendant Name: <b>SANDRA</b>	Middle:	Last: <b>BURD</b>	

3. The Actor stated she was involved in a single vehicle accident with her car (2014 Kia Optima) and two (2) deer on Route 844 (Jefferson Avenue) in Washington, PA. The Actor stated that the accident was right near GG & C Bus Company. Your Affiant determined that the GG & C Bus Company address is 2924 Jefferson Avenue, Washington, PA.
4. The Actor advised when the accident occurred she did not have valid insurance coverage at the time. The Actor then called GEICO from the scene of the accident and paid the GEICO auto policy at that time.
5. The Actor said she immediately took photos of the damage and then called her daughter's boyfriend (Brendon) to come and pick her up.
6. The Actor said that Brendon ended up driving her car back to her home address of 1102 Walnut Street, Follansbee, WV 26037 and she drove Brendon's car.
7. The Actor said the next morning (October 23, 2018) she called in a claim with GEICO and advised that she was in an accident with two (2) deer that morning around 6:30 AM. The Actor admitted to your Affiant that this information she provided to GEICO was false because she was afraid to tell the truth.
8. The Actor stated that GEICO came to her home and performed an appraisal of the damage to her vehicle. The damage was approximately \$5,102.76.
9. Your Affiant then asked the Actor about the recorded statement that she gave to GEICO where she stated the accident happened the next morning after obtaining the insurance coverage. The Actor stated she had already lied so she was "sticking with it".
10. The Actor once again informed your Affiant that "she thought she was in her thirty (30) day grace period". The Actor then went on to inform your Affiant that she has had brain/head injuries and has "metal in her head". The Actor advised that she understood what was going on and was not under the influence of drugs or alcohol at this time.

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



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-140-19</b>	Date Filed: <b>MAR 28 2019</b>	OTN/LiveScan Number	Complaint/Incident Number <b>IF20180278</b>
Defendant Name:	First: <b>SANDRA</b>	Middle:	Last: <b>BURD</b>

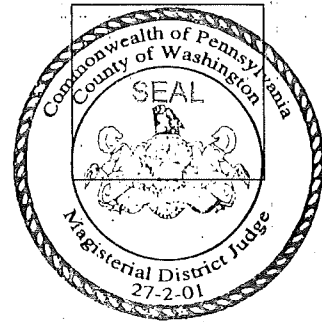
I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

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 28 day of MAR 28 2019  
Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2020





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):

STEFAN

SWEENEY

First Name

Middle Name

Last Name

Gen

690 Buena Vista Street, 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 <u>CF-133-19</u>	Date Filed <u>MAR 21 2019</u>	OTN/LiveScan Number <u>46904730</u>	Complaint/Incident Number <u>IF-2018-0127</u>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <u>04/24/1988</u>	POB	Add'l DOB <u>/ /</u>	Co-Defendant(s) <input type="checkbox"/>
First Name <u>AKA</u>		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 type="checkbox"/> Non-Hispanic			
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"/> WHI (White)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> PLE (Purple) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)
Eye Color <input type="checkbox"/> BLK (Black) <input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> MAR (Maroon)	<input checked="" 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 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"/>
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 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 &amp; 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 Doewith violating the penal laws of the Commonwealth of Pennsylvania at [204] 690 Buena Vista Street,  
Washington, Pa. 15301 (Subdivision Code) (Place-Political Subdivision)

in WASHINGTON County

[63]

(County Code)

on or about April 2, 2018 and dates thereafter



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CQ-133-19</b>	Date Filed: <b>MAR 24 2019</b>	OTN/LiveScan Number <b>U690473-19</b>	Complaint/Incident Number <b>IF-2018-0127</b>
Defendant Name:	First: <b>STEFAN</b>	Middle:	Last: <b>SWEENEY</b>

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
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 April 2, 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 told Progressive Insurance that an accident causing damage to his vehicle occurred on or about April 2, 2018, after obtaining insurance, when in fact, the damage occurred prior to the Actor obtaining 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
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 April 2, 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 commission of that crime, namely, in an attempt to obtain in excess of \$2,000.00 from Progressive Insurance, the Actor told Progressive Insurance that an accident causing damage to his vehicle occurred on or about April 2, 2018, after obtaining insurance, when in fact, the damage occurred prior to the Actor obtaining 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"/>	3	4117	(b)(4)	of the	18 PA C.S.	1	M1	
Lead?	Offense #	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense 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 April 2, 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 indicated that he was not involved in any accidents within the last five years of filling out the application with Progressive Insurance, when in fact, he was involved in an accident within the last five years of filling out the application with Progressive Insurance.



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-131-19</b>	Date Filed: <b>MAR 21 2019</b>	OTN/LiveScan Number <b>4698473-0</b>	Complaint/Incident Number <b>IF-2018-0127</b>
Defendant Name:	First: <b>STEFAN</b>	Middle:	Last: <b>SWEENEY</b>

- 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)

**MAR 21 2019**

(Signature of Affiant)

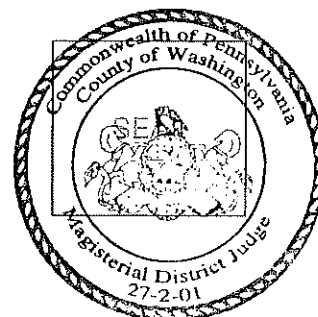
AND NOW, on this date

I certify that the complaint has been properly completed and verified.

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

(Magisterial District Court Number)

(Issuing Authority)





Docket Number: CR-133-19	Date Filed: MAR 21 2019	OTN/LiveScan Number: W090473-0	Complaint/Incident Number: IF-2018-0127
Defendant Name:	First: STEFAN	Middle:	Last: SWEENEY

## AFFIDAVIT of PROBABLE CAUSE

**Date of Violation:** April 2, 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, Stefan Sweeney.
- 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. The investigation revealed that that the Actor called Progressive Insurance to obtain a liability only insurance policy on his 2006 Lincoln truck on April 2, 2018 at 6:55 A.M. The Actor finalized the Progressive Insurance application at 7:15 A.M.

On April 2, 2018 at 12:30 P.M., the Actor reported a claim to Progressive Insurance that his vehicle was struck by an unknown vehicle while it was parked at his work site. During the Actor's recorded phone conversation with Progressive Insurance, the Actor stated that he believed that his vehicle was pushed into a second parked vehicle owned by his boss, James Petty.

During the Actor's recorded conversation on April 4, 2018 with Megan Carrier from Progressive Insurance, the Actor stated that his work shift is from 6:00 A.M. to 6:00 P.M., and he usually checks his vehicle periodically because of the accidents that happen on the work site. The Actor stated that he discovered the damage to both vehicles at approximately 9:30 A.M. during one of his checks.

In several follow-up statements with Progressive Insurance, the Actor maintained that he noticed the damage to his vehicle when he went out to check on it at 9:30 A.M.

Progressive Insurance contacted James Petty. Petty advised that the Actor struck his parked vehicle around 7:00 A.M. and that he met the Actor in the parking area of the work site where the accident occurred. In addition, Petty had taken photos of the damages to the vehicle. The photos that Petty provided to Progressive Insurance indicate that they were taken on April 2, 2018 at 7:04 A.M. and 7:06 A.M.

- C. Your Affiant reviewed the claim filed with Progressive Insurance and found the following:



# POLICE CRIMINAL COMPLAINT

Booklet Number: <b>CR-133-19</b>	Date Filed: <b>MAR 21 2019</b>	OTN/LiveScan Number <b>U6904738</b>	Complaint/Incident Number <b>IF-2018-0127</b>
Defendant Name:	First: <b>STEFAN</b>	Middle:	Last: <b>SWEENEY</b>

1. The investigation revealed that the Actor purchased a Progressive Insurance liability coverage policy on April 2, 2018 at 7:15 A.M. During the Actor's recorded phone conversation on April 2, 2018 to obtain his Progressive Insurance policy, the Actor stated that his home address was 690 Buena Vista Street, Washington, PA. 15301. The Actor stated that he had not been involved in any accidents in the past 5 years.
  2. On April 2, 2018 at 12:30 P.M., the Actor contacted Progressive Insurance and reported that his 2006 Lincoln Mark LT was struck (by a large work truck) while parked at a work site. The Actor stated that his vehicle was pushed into a second parked vehicle (red Dodge Charger) owned by James Petty. The Actor indicated his work shift was from 6:00 A.M. to 6:00 P.M. The Actor reported that the incident occurred sometime around 9:30 A.M., when he was exiting the work site for the day.
  3. Progressive Insurance contacted the owner of the Dodge Charger, James Petty. Petty stated that the Actor struck his parked vehicle sometime prior to 7:00 A.M. Petty advised that he had taken photos of both vehicles at the scene of the accident. Petty submitted the photos to Progressive Insurance.
  4. The metadata on the photos that Petty provided to Progressive Insurance show they were taken on April 2, 2018 at 7:04 and 7:06 A.M., which was prior to the Actor incepting his Progressive Insurance policy.
  5. The photograph taken of the damages to Petty's vehicle showed extensive front end damage. The attempted amount of theft is in excess of \$2,000.00.
- D. On Monday, August 27, 2018, your Affiant, along with Special Agent William McKee, interviewed James Petty at his residence. Petty provided the following information:
1. Petty was asked to describe the damage that was caused to his vehicle on April 2, 2018.
  2. Petty stated the he was at a gas and oil worksite in Bridgeport, Ohio when the damage to his vehicle occurred.
  3. Petty stated that his vehicle, along with other employee vehicles, were parked along a hillside at the worksite in Bridgeport.
  4. Petty advised that an employee came up to him at the worksite at approximately 7:00 A.M. and notified him of an accident involving his vehicle.
  5. Petty advised that he immediately went down to where the vehicles were parked and observed that a black Lincoln Mark LT driven by the Actor had backed into the front of his vehicle causing extensive damage to the front end of his vehicle.

**POLICE CRIMINAL COMPLAINT**

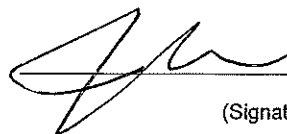
Docket Number: <b>CR-133-19</b>	Date Filed: <b>MAR 21 2019</b>	OTN/LiveScan Number <b>66904730</b>	Complaint/Incident Number <b>IF-2018-0127</b>
Defendant Name:	First: <b>STEFAN</b>	Middle:	Last: <b>SWEENEY</b>

6. Petty stated that when he parked his vehicle at the beginning of his shift he made sure that there was about ten feet between his vehicle and the vehicle parked behind him. Petty stated that when he came down to see the accident there was about 2 feet left between his vehicle and the vehicle parked behind him, indicating that his vehicle had been pushed a few feet backward by the Actor's vehicle.
7. Petty advised that he told the Actor that he needed the name of his insurance company and his insurance information.
8. Petty stated that the Actor said that he had insurance and he observed the Actor walk directly to his vehicle and make a call on his cell phone.
9. Petty advised that he never received any insurance information off of the Actor. The Actor filled out an accident report at the work site and that is where Petty obtained the information for the Actor's insurance.
10. Petty was asked if there were any large work trucks at the work site that day. Petty advised that there were no large work trucks there that day. He stated that there were only employee vehicles at the worksite that day.
11. Petty was asked if he had any photos of the accident or the damaged vehicles from the accident on April 2, 2018.
12. Petty provided your Affiant with a photo that he had taken as soon as he saw the damage to his vehicle. The photo indicated a date and time of April 2, 2018 at 7:03 A.M. Petty advised that the photograph was an accurate depiction of what his vehicle damage looked like at the time the photograph was taken.

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

**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 \_\_\_\_\_ day of \_\_\_\_\_



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-133-19</b>	Date Filed: <b>MAR 21 2019</b>	OTN/LiveScan Number <b>U690473-0</b>	Complaint/Incident Number <b>IF-2018-0127</b>
Defendant Name:	First: <b>STEFAN</b>	Middle:	Last: <b>SWEENEY</b>

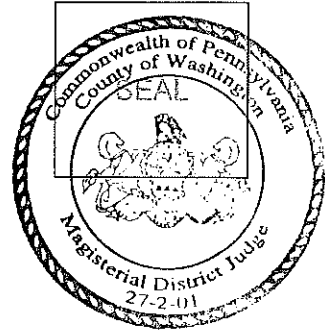
**MAR 21 2019** Date

*[Handwritten Signature]*

, Magisterial District Judge

My commission expires first Monday of January,

**2020**



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):

TARAN

BECKETT

First Name

Middle Name

Last Name

Gen

76 Wagner Drive, McDonald, Pennsylvania 15057

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-36-19 Date Filed 03/09/19 OTN/LiveScan Number G 833858-6 Complaint/Incident Number IF-2018-0110 Request Lab Services? ☐ YES ☐ NO

GENDER ☒ Male ☐ Female DOB 05/12/1994 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 \_\_\_\_\_ 135

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 L. COTTER

(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 [483] 76 Wagner Drive, McDonald,  
(Pennsylvania) (Subdivision Code) (Place-Political Subdivision)

in ALLEGHENY County

[02]

(County Code)

on or about FEBRUARY 22, 2018 AND DATES THEREAFTER





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0110
Defendant Name:	First: TARAN	Middle:	Last: BECKETT

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 February 22, 2018 and dates thereafter, the Actor knowingly with the intent to defraud an insurer, namely, The General Insurance, presented or caused to be presented to The General 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 that his vehicle was involved in an accident at a time after he obtained insurance coverage, when in fact, the accident occurred prior to the Actor obtaining 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 February 22, 2018 and dates thereafter, 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 \$2,000.00 from The General Insurance, the Actor stated that his vehicle was involved in an accident at a time after he obtained insurance coverage, when in fact, the accident occurred prior to the Actor obtaining 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:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0110
Defendant Name:	First: TARAN	Middle:	Last: BECKETT

- 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)

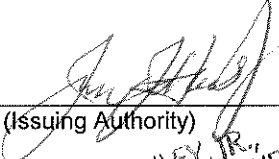
  
(Signature of Affiant)

AND NOW, on this date MARCH 29, 2019 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





# POLICE CRIMINAL COMPLAINT

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint/Incident Number</b> IF-2018-0110
<b>Defendant Name:</b>	<b>First:</b> TARAN	<b>Middle:</b>	<b>Last:</b> BECKETT

## AFFIDAVIT of PROBABLE CAUSE

**Date of Violation:** February 22, 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 seven (27) 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, Taran Beckett.
- 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 Jeff Gervasi of The General Insurance Special Investigations Unit. It is alleged that the Actor was involved in an automobile accident and then obtained insurance coverage after the accident occurred. The Actor then provided false information to The General Insurance as to the time of the accident. The amount of the attempted theft was in excess of \$2,000.00.
- C. Your Affiant reviewed the claim referral provided by The General Insurance and found the following:
1. On February 14, 2018, Christi Lagard, the Actor's mother, renewed her The General insurance policy # PN3296895, but removed the Actor and his vehicle from the policy. Her policy, with the changes, was renewed effective February 19, 2018.
  2. The Actor contacted The General Insurance online and purchased an automobile policy, #PN3847205, on February 22, 2018 at 8:12 a.m. The Actor was involved in an accident on February 22, 2018 while traveling on McKee Road in Oakdale, PA. The Actor rear-ended another vehicle driven by Ali Reid, who was stopped for backed up traffic. The impact caused rear-end damage to Reid's vehicle.
  3. The Actor exchanged information with Reid at the accident scene. The Actor gave her his The General Insurance card with policy #PN3296895. The Actor left the scene shortly after the information exchange as his vehicle was drivable. Reid had her vehicle towed from the scene because it was not drivable.
  4. On February 22, 2018 at 10:15 a.m., the Actor re-contacted The General Insurance and filed a claim. The Actor stated that he was involved in an accident on that date causing damage to another vehicle. The Actor stated that he rear-ended a vehicle while on his way to work while traveling on McKee Road in Oakdale, PA. The Actor stated that the accident occurred around 9:00 a.m.
  5. On March 5, 2018, The General Insurance Claims Adjuster, Edward Blake, contacted the Actor as part of the claims process. During a recorded call he went over the events of the accident with the Actor. The Actor stated that he rear-ended another vehicle that was stopped in front of him while traveling on McKee Road.
  6. The Actor told Blake that after the impact he exchanged information with the other driver, Ali Reid, giving her his The General Insurance card. The Actor said that neither he nor Reid were injured as a result of the accident, and after exchanging information he left the scene as his truck was drivable.



## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0110
Defendant Name:	First: TARAN	Middle:	Last: BECKETT

7. Blake advised the Actor that their records indicated that he purchased his policy on the same day as the accident. Blake asked the Actor if he purchased his policy before or after the accident. The Actor stated "before". Blake then advised the Actor that the claim would be submitted for further investigation due to a possible coverage issue with his policy.
- D. Your Affiant, along with Special Agent William McKee, conducted an interview with Ali Reid. Reid provided the following information.
1. Reid stated that she remembered the accident on February 22, 2018. She said it happened on McKee Road while she was on her way to work around 07:45 a.m.
  2. Reid stated that traffic slowed in front of her and came to a stop. The next thing she remembered was being struck from behind by another vehicle. Reid said that after the impact she pulled off the road as did the other vehicle, which was a large pickup truck. She also said that her vehicle sustained severe rear end damage as a result of the impact.
  3. Reid stated that after the impact she exchanged information with the Actor who was driving the truck. The Actor gave Reid his The General Insurance policy number PN3296895. She said that after the accident, the Actor left the scene. Reid's car was disabled from the impact so she called AAA to have it towed.
  4. Reid said that once she got to work, she called Erie Insurance, her insurance carrier, and filed a claim and provided them with the Actor's insurance information. She then discovered that The General Insurance policy that the Actor gave her had expired.
  5. The damage to Reid's vehicle totaled \$4,018.55 and she paid an \$800.00 deductible.
- E. Your Affiant served a search warrant on AAA Towing requesting tow record information for member Ali Reid.
1. Their tow records showed that Ali Reid requested a tow for her vehicle on February 22, 2018 at 8:07 a.m.
- F. Your Affiant, along with Special Agent Amy Adams, conducted an interview with the Actor. He provided the following information.
1. The Actor stated that the accident occurred on February 22, 2018 while he was traveling on McKee Road. He did not see traffic that had backed up in front of him and was unable to stop in time. The Actor said that he struck a vehicle stopped in front of him from behind.
  2. He said that he pulled over after the impact as did the car he hit. The Actor stated that he exchanged information with the girl that was driving the other vehicle. The Actor said that he gave her his The General Insurance card. The Actor stated that after the information exchange his truck was drivable, so he left the scene.
  3. The Actor stated that he contacted The General after the accident because he discovered that his policy had expired. The Actor also said that he gave Ali the old expired insurance card at the accident scene. The Actor stated he told The General that the accident happened around 08:30 a.m.
  4. Your Affiant explained that the information found in this investigation showed that the accident occurred around 07:45 a.m., prior to him obtaining the insurance coverage. The Actor stated that he purchased the new policy after the accident in an attempt to get the damage(s) from the earlier accident covered.

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, Taran Beckett.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF-2018-0110
Defendant Name:	First: TARAN	Middle:	Last: BECKETT

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 THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

(Signature of Affiant)

Sworn to me and subscribed before me this

29th

day of

MARCH

2019

3/29/19

Date

, Magisterial District Judge

My commission expires first Monday of January,

JAMES J. HANLEY, JR.,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-36  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024

SEAL

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: LAWRENCE

Magisterial District Number: 53-1-01  
MDJ: Hon. MELISSA AMODIE  
Address: 430 COURT STREET  
NEW CASTLE, PA 16101

Telephone: (724)652-8555



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:

(NAME and ADDRESS):

TONYA

M.

PROWELL

First Name

Middle Name

Last Name

103 1/2 EAST SHARP STREET, NEW CASTLE, PA 16102

ORIGINAL

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 <u>CR-63-19</u>	Date Filed <u>2/19/19</u>	OTN/LiveScan Number <u>U679783-4</u>	Complaint/Incident Number <u>IF2018-0170</u>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB <u>05/15/1984</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"/> 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 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 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 [301] 103 1/2 E. Sharp Street, New  
 Castle, Pa 16102 (Subdivision Code) (Place-Political Subdivision)

in LAWRENCE County

[43]

(County Code)

on or about JUNE 23, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

ORIGINAL

Docket Number: <b>CR-63-19</b>	Date Filed: <b>1/1</b>	OTN/LiveScan Number	Complaint/Incident Number <b>IF2018-0170</b>
Defendant Name:	First: <b>TONYA</b>	Middle: <b>M.</b>	Last: <b>PROWELL</b>

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"/>	<b>1</b>	<b>4117</b>	<b>(a)(2)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>F-3</b>		
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 23, 2018 and various dates thereafter, the Actor, did knowingly and with the intent to defraud an insurer or self-insured, namely, Safe Auto Insurance, 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 she was involved in an accident while operating her vehicle after she reinstated her Safe Auto policy, when in fact, the Actor was involved in the accident prior to reinstating the 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 _____					
<input type="checkbox"/>	<b>2</b>	<b>3922</b>	<b>(a)(1)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>M-1</b>		
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 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 toward the commission of that crime, namely, in an attempt to obtain between \$200.00 and \$2,000.00 from Safe Auto Insurance, the Actor stated that she was involved in an accident while operating her vehicle after she reinstated her Safe Auto policy, when in fact, the Actor was involved in the accident prior to reinstating the 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 _____					
<input type="checkbox"/>				<b>of the</b>					
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: <b>CR-63-19</b>	Date Filed: <b>1/1</b>	OTN/LiveScan Number	Complaint/Incident Number <b>IF2018-0170</b>
Defendant Name:	First: <b>TONYA</b>	Middle: <b>M.</b>	Last: <b>PROWELL</b>

ORIGINAL

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)

Wm Wm  
(Signature of Affiant)

AND NOW, on this date

FEB 19 2019

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)

Miller  
(Issuing Authority)







Docket Number: <b>CR-63-19</b>	Date Filed: <b>1/1</b>	OTN/LiveScan Number	Complaint/Incident Number <b>IF2018-0170</b>
Defendant Name:	First: <b>TONYA</b>	Middle: <b>M.</b>	Last: <b>PROWELL</b>

**ORIGINAL****AFFIDAVIT of PROBABLE CAUSE****Date of Violation:** June 23, 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**  
**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, Tonya M. Prowell.
- 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 Jeff Shallabarger of Safe Auto Insurance. The investigation revealed that the Actor was involved in an automobile accident on June 22, 2018. At the time of the accident, the Actor's Safe Auto policy was lapsed for non-payment and her vehicle was not insured. After the accident on June 22, 2018, the Actor made a payment and reinstated her Safe Auto policy. On June 25, 2018, the Actor reported to Safe Auto that she was involved in the accident on June 23, 2018 at 5:00 PM, in an effort, to have Safe Auto pay for the damages to the vehicle she hit on June 22, 2018. The amount of the attempted theft is less than \$2,000.00.
- C. Your Affiant reviewed the claim filed with Safe Auto Insurance and found the following:
1. The Actor's Safe Auto insurance policy cancelled on May 30, 2018 due to non-payment.
  2. The Actor was involved in an automobile accident while operating her 2015 Chrysler 200 on June 22, 2018 around 7:00-7:30 PM when the Actor backed into a parked Toyota SUV owned by Bernice Guarnieri.
  3. On June 22, 2018, at 8:29 PM, the Actor made a payment to Safe Auto and reinstated her policy.
  4. On June 25, 2018, at 5:56 PM, the Actor reported to Safe Auto that she had backed into Guarnieri's Toyota SUV on June 23, 2018 at 5:00 PM.

**POLICE CRIMINAL COMPLAINT**

Docket Number: <b>CR-63-19</b>	Date Filed: <b>1/1</b>	OTN/LiveScan Number	Complaint/Incident Number <b>IF2018-0170</b>
Defendant Name:	First: <b>TONYA</b>	Middle: <b>M.</b>	Last: <b>PROWELL</b>

**ORIGINAL**

5. On June 26, 2018, at 11:32 AM, the Actor provided a recorded statement to Safe Auto Adjuster Scott Studer. During her statement the Actor stated that while backing out of her driveway on June 23, 2015, at 5:00 PM, she hit Guarnieri's parked vehicle. The Actor stated that her driver side taillight hit Guarnieri's vehicle.
6. On June 26, 2018, at 5:45 PM Bernice Guarnieri provided a recorded statement to Dana Davis of Safe Auto. Guarnieri stated that on June 22, 2018 at approximately 7:00 PM/7:30 PM that she noticed that her vehicle had been hit resulting in damages to the bumper. Neighborhood kids playing in the area informed her that the Actor backed into her car and left the scene. Guarnieri contacted the New Castle Police to report the incident. The police made contact with the Actor later that evening approximately 10:30 PM, and had them exchange information. No formal police report was completed.

**D. Your Affiant interviewed Bernice Guarnieri who provided the following information:**

1. On Friday June 22, 2018, Guarnieri was visiting her elderly father who lives at 1503 Hanna Street in New Castle. Guarnieri parked her Toyota SUV in front of his garage behind his house which is on Sharp Street. The vehicle was parked across the street from the Actor's residence.
2. Around 7:30 PM Guarnieri walked out to her vehicle and noticed that it had been hit and that there was glass/plastic fragments on the ground. Guarnieri asked some kids who were playing in the area and they informed her that the Actor hit her vehicle while pulling out of her driveway. The Actor left the area without leaving a note or informing her of the accident.
3. Guarnieri telephoned the New Castle Police to report that her vehicle had been hit. Guarnieri said that it was a "hit and run". Guarnieri said that Officer Josh Covert arrived at the scene and viewed the damage. The Actor did not arrive back at the location while Officer Covert was there. Officer Covert eventually spoke with the Actor about the accident later that evening. The Actor acknowledged to Officer Covert that she hit Guarnieri's vehicle.
4. The Actor contacted Guarnieri the following day. The Actor informed Guarnieri that she had insurance coverage with Safe Auto and texted Guarnieri the policy information.
5. On June 25, 2018 Guarnieri filed a claim with Safe Auto. During the claim process Safe Auto informed Guarnieri that the claim was under investigation because the Actor said

**POLICE CRIMINAL COMPLAINT**

ORIGINAL

Docket Number: CR-63-19	Date Filed: 1 / 1	OTN/LiveScan Number	Complaint/Incident Number IF2018-0170
Defendant Name:	First: TONYA	Middle: M.	Last: PROWELL

that the accident occurred on June 23, 2018 (Saturday). Guarnieri confirmed with Safe Auto that the accident occurred on June 22, 2018 (Friday). Guarnieri provided a screen shot of the day, date, and time of when she telephoned the New Castle Police about the accident. The screen shot reflected that Guarnieri telephoned the police on June 22, 2018 at 7:53 PM.

6. On June 28, 2018, Guarnieri received a letter from Safe Auto indicating they were not paying her claim because the Actor did not have coverage at the time of the accident. Guarnieri filed a claim with her insurance carrier, State Farm, who paid for the damages to her vehicle.
7. The total amount paid to repair Guarnieri's vehicle was \$809.84. She paid a \$250.00 deductible and State Farm sent her a check for \$559.84.

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

1. The Actor was not certain of the dates, but when your Affiant said that she backed into Bernice Guarnieri's vehicle on June 22, 2018 at around 5:00 PM, she acknowledged that that sounded about right. The Actor said that she was backing out of her driveway and did not see the vehicle parked across the street from her house.
2. The Actor acknowledged that her Safe Auto policy had lapsed because of non-payment sometime prior to the accident. She said that she is a single mother and she had a choice to put food on the table for her three children or pay her insurance bill, so she did not pay her insurance. The Actor said she pays her insurance when she can afford to.
3. The Actor said that she did not have insurance coverage when she backed into Guarnieri's vehicle. After the accident the Actor telephoned Safe Auto to make a payment and reinstate her policy.
4. The Actor acknowledged that she falsely reported that the accident occurred after reinstating her policy in an effort to have Guarnieri's damages covered.



# POLICE CRIMINAL COMPLAINT

Docket Number: <u>CR-63-19</u>	Date Filed: <u>1/1</u>	OTN/LiveScan Number	Complaint/Incident Number IF2018-0170
Defendant Name:	First: TONYA	Middle: M.	Last: PROWELL

ORIGINAL

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, Tonya M. Prowell.

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.

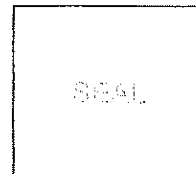
William McKee

(Signature of Affiant)

Sworn to me and subscribed before me this 19 day of FEB 2019

2/19/19 Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2



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:

(NAME and ADDRESS):

TYLER

L

COLLINS

First Name

Middle Name

Last Name

Gen

16735 Ottawa Street, Lake Milton, OH 44429

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 12-69-19	Date Filed 2/21/19	OTN/LiveScan Number 11680545-5	Complaint/Incident Number IF20180213	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 05/15/1993	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"/> ONG (Orange)	<input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> PLE (Purple) <input type="checkbox"/> GRN (Green) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)
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"/> 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.) 170
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 #	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, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT  
(Name of the Affiant)

BCI-139

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

of Pennsylvania Office of Attorney General  
(Identify Department or Agency Represented and Political Subdivision)  
do hereby state: (check appropriate box)

PA0222400

(Police Agency ORI Number)

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 [212] Freedom Road, Cranberry Twp.  
(Subdivision Code) (Place-Political Subdivision)

in BUTLER County

[10]

(County Code)

on or about AUGUST 14, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180213
Defendant Name:	First: TYLER	Middle: L	Last: COLLINS

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
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 14, 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 his vehicle was involved in an accident at a time after he added the vehicle to his insurance coverage, when in fact, the accident occurred prior to the Actor adding the vehicle to his 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
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 14, 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 \$4,000.00 from Progressive Insurance, the Actor stated that his vehicle was involved in an accident at a time after he added the vehicle to his insurance coverage, when in fact, the accident occurred prior to the Actor adding the vehicle to his 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
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 IF20180213
Defendant Name:	First: TYLER	Middle: L	Last: COLLINS

- 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)

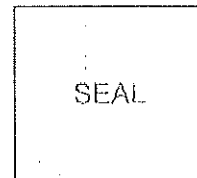
Robert M. Cft  
 (Signature of Affiant)

AND NOW, on this date 2/21/2019 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)

David T. Knoch  
 (Issuing Authority)



**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint/Incident Number</b> IF20180213
<b>Defendant Name:</b>	<b>First:</b> TYLER	<b>Middle:</b> L	<b>Last:</b> COLLINS

**AFFIDAVIT of PROBABLE CAUSE****Date of Application:****Date of Violations:****August 14, 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, Tyler Collins:
- 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 made a policy change on the date of loss. The Actor removed his 2004 Pontiac Grand Am and added his 2015 Kia Optima. The Actor then advised during the insurance claim that his vehicle (2015 Kia Optima) was damaged in an accident when he rear-ended another vehicle. The Actor advised that he made the policy change prior to the accident, when in fact, the Actor was in the accident prior to the automobile policy change. A police crash report revealed that the accident occurred prior to the policy inception. The amount of attempted theft is over \$4,000.00.
- C. Your Affiant reviewed the claim file provided by Meta and found the following information:
1. On August 14, 2018 at approximately 6:48 AM, the Actor made a policy change with Progressive Insurance. The Actor removed his 2004 Pontiac Grand Am and replaced it with his 2015 Kia Optima.
  2. On August 14, 2018, the claimant, Erin Huff, reported a claim with her insurance company, Nationwide Insurance, stating that she was rear-ended by the Actor on August 14, 2018 at approximately 6:30 AM.
  3. The Cranberry Twp. PD responded to the scene and took a crash report. The date and time on the crash report were August 14, 2018 at approximately 6:28 AM.
  4. Progressive Insurance claim notes and recorded call on August 15, 2018 reveal that the Actor advised them that the accident occurred after he made the policy change with Progressive Insurance.
  5. The total amount of damages to the Actor's and claimant's vehicles was over \$2,000.00. Progressive Insurance denied the claim and no payments were made.
- D. Your Affiant, along with Special Agent Jason Chimile, interviewed Joshua Shimko. Shimko is a Cranberry Twp. Police Officer and responded to the accident scene. Shimko provided the following information:
1. Shimko responded to the scene of the accident on August 14, 2018 at approximately 6:29 AM. Shimko verified this through the crash report that he had prepared. Your Affiant obtained a copy of the crash report.
  2. Shimko advised that the accident was a non-reportable accident between the Actor and Erin Huff. Shimko stated that the Actor was the at-fault driver.





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180213
Defendant Name:	First: TYLER	Middle: L	Last: COLLINS

3. Shimko said that when he arrived on scene Huff was present but the Actor had already left the area. Huff informed Shimko that the Actor provided her with an expired insurance card and she was not sure he had valid insurance.
  4. Shimko was able to track down the Actor at a local Cranberry Twp. residence of 804 Berkley Manor Drive, Cranberry, PA 16066. When Shimko asked the Actor if his insurance was valid the Actor showed him a valid insurance policy on his cell phone.
- E. Your Affiant, along with Special Agent William McKee, interviewed Erin Huff. Huff provided the following information:
1. According to Huff, she was involved in an accident on August 14, 2018 at approximately 6:30 AM. Huff advised that she was stopped for traffic when she was rear-ended by a vehicle being driven by the Actor.
  2. Huff advised that at the time of the accident she did not believe she was injured but called 911 in order to have an officer respond. Huff also believed that she could drive her vehicle at the time of the accident.
  3. Huff stated that before the officer responded she and the Actor exchanged insurance information but she noticed that Collins provided her with an expired insurance card. When Huff questioned the Actor as to the expiration date he said the policy was expired and asked for her to "wait until later" before she submitted a claim.
  4. Huff then took pictures of the damaged vehicles and the Actor's expired insurance card.
  5. Huff informed the Actor that she would not "wait until later" and that she had already called the police. The Actor told Huff that he did not have time to wait and he left the scene before the officer arrived.
  6. Huff advised that it was not until later that day that she was informed by her insurance company, Nationwide Insurance, that the Actor's insurance was not valid at the time of the accident. Huff proceeded with a claim through Nationwide Insurance and paid the \$500.00 deductible for the approximately \$4,000.00 in damage to her vehicle.
- F. Your Affiant, along with Special Agent William McKee, interviewed the Actor at a McDonald's restaurant located in Cranberry Twp., PA. The Actor provided the following information:
1. According to the Actor, he was in an accident on August 14, 2018 in which he was the at-fault driver. The Actor admitted that at the time of the accident there was no insurance coverage on his vehicle (2015 Kia Optima).
  2. The Actor stated that the Cranberry Twp. Police responded to the scene of the accident and took a crash report.
  3. The Actor said that from the accident scene he called Progressive Insurance and removed his 2004 Grand Am and obtained insurance coverage for the 2015 Kia Optima.
  4. The Actor once again admitted that the information he provided to Progressive Insurance in support of the claim was false/fraudulent in regards to the time of the accident.



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number IF20180213
Defendant Name:	First: TYLER	Middle: L	Last: COLLINS

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

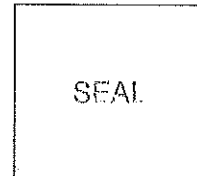
I, SUPERVISORY SPECIAL AGENT ROBERT M. GIFT, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

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 21 day of FEBRUARY 2019  
50-3-04 Date David T. Knoch, Magisterial District Judge

My commission expires first Monday of January, 2022



COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF INDIANA  
Magisterial District Number: 40-2-01  
MDJ: Hon. Guy B. Haberl  
Address: 829 Water Street  
Indiana, PA 15701  
Telephone: (724)463-8781



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT: (NAME and ADDRESS):  
VICTOR ROBERT VELEZ  
First Name Middle Name Last Name Gen  
260 Green Valley Road, Indiana, PA 15701

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-118-19	Date Filed 03/25/2019	OTN/LiveScan Number U 691294-2	Complaint/Incident Number IF20180261	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 11/08/1980	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"/> ONG (Orange)	<input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green)	<input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> PLE (Purple) <input type="checkbox"/> PNK (Pink)
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"/> 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.) 280
FBI Number	MNU Number			Ft. HEIGHT In. 6 2
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/MPOTC -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] 351 Chestnut Street, Indiana, Pa  
15701 (Subdivision Code) (Place-Political Subdivision)  
in INDIANA County [32] on or about SEPTEMBER 28, 2018 AND DATES THEREAFTER  
(County Code)



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-118-19	Date Filed: 03/25/2019	OTN/LiveScan Number U 691294-2	Complaint/Incident Number IF20180261
Defendant Name:	First: VICTOR	Middle: ROBERT	Last: VELEZ

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		
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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 September 28, 2018 and dates thereafter, the Actor did knowingly and with the intent to defraud an insurer, present or cause to be presented to Metromile 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 added comprehensive and collision coverage to his insurance coverage, when in fact, the accident occurred prior to the Actor adding comprehensive and collision coverage to 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 _____
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<input type="checkbox"/>	2	3922	(A)(1)	of the	18	1	M1		
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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 September 28, 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 \$200.00 from Metromile Insurance, the Actor stated that his vehicle was involved in an accident at a time after he added comprehensive and collision coverage to his insurance coverage, when in fact, the accident occurred prior to the Actor adding comprehensive and collision coverage to 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 _____
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<input type="checkbox"/>				of the				
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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-118-19	Date Filed: 03/25/2019	OTN/LiveScan Number U 691294-2	Complaint/Incident Number IF20180261
Defendant Name:	First: VICTOR	Middle: ROBERT	Last: VELEZ

- 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)

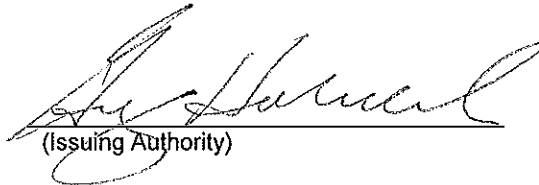
  
(Signature of Affiant)

AND NOW, on this date MARCH 25, 2019 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.

40-2-01

(Magisterial District Court Number)

  
(Issuing Authority)



**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b> CR-118-19	<b>Date Filed:</b> 03/25/2019	<b>OTN/LiveScan Number</b> U 691294-2	<b>Complaint/Incident Number</b> IF20180261
<b>Defendant Name:</b>	<b>First:</b> VICTOR	<b>Middle:</b> ROBERT	<b>Last:</b> VELEZ

**AFFIDAVIT of PROBABLE CAUSE****Date of Application:****Date of Violations:****September 28, 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, Victor Velez.
- 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 Sam Massey, Special Investigator with Metromile Insurance. Massey alleged that the Actor was involved in an accident on September 26, 2018 in which he only had liability coverage on his automobile (1998 Chevrolet Monte Carlo). The Actor then waited and added comprehensive and collision coverage to his automobile policy on September 28, 2018. The Actor then waited until October 22, 2018 to submit a claim stating that he was involved in a single vehicle accident on September 29, 2018. The Actor advised during the insurance claim that his vehicle was damaged in the accident after he added the comprehensive and collision to his auto coverage. The Actor advised that he made the policy change prior to the accident, when in fact, the Actor was in the single vehicle accident prior to the automobile policy change. The amount of attempted theft is over \$1,000.00.
- C. Your Affiant reviewed the claim file provided by Massey and found the following information:
1. On September 28, 2018, at approximately 10:36 AM, the Actor added comprehensive and collision coverage to his Metromile Insurance auto policy. The Actor added the policy coverage for his 1998 Chevrolet Monte Carlo.
  2. On October 22, 2018, the Actor reported that he was involved in a single vehicle accident on September 29, 2018 in which he wrecked his vehicle into his garage wall after adding the additional coverage to his auto policy.
  3. Metromile Insurance was able to locate a tow company / receipt which revealed the vehicle was towed on September 26, 2018, not September 29, 2018 as the Actor had advised.
  4. The total amount of damages to the Actor's vehicle was over \$1,000.00. Metromile Insurance denied the claim and no payments were made.
- D. Your Affiant interviewed Anthony Churner at his place of business, Don Huey Auto and Truck Service located in Indiana, PA. Churner provided the following information:
1. According to Churner, his company towed a 1998 Chevy Monte Carlo, red in color, on September 26, 2018.
  2. The vehicle was towed from 351 Chestnut Street, Indiana, PA to Mark's Auto Service located in Indiana, PA for the Actor.
  3. Churner was able to provide your Affiant with a copy of the tow bill.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-118-19	Date Filed: 03/25/2019	OTN/LiveScan Number U 691294-2	Complaint/Incident Number IF20180261
Defendant Name:	First: VICTOR	Middle: ROBERT	Last: VELEZ

E. Your Affiant interviewed Mark Romaine at his place of business, Mark's Auto Service and Repair located in Indiana, PA. Romaine provided the following information:

1. According to Romaine, his friend, the Actor, was in an accident with his vehicle (1998 Chevrolet Monte Carlo) "sometime this past fall or winter". Romaine could not give an exact date because the Actor's vehicle was towed to his place of business when he was not there.
2. Romaine advised that he did not even know the vehicle was there for a few days until the Actor informed him the vehicle was parked in the rear lot. Romaine stated that the vehicle is currently still at his location because he has not gotten the "go ahead" by the Actor to fix the vehicle.
3. Romaine has allowed the Actor to store the vehicle at his location because they are friends and he (Romaine) will eventually fix the vehicle.

F. Your Affiant interviewed Charles Spadafora. Spadafora provided the following information:

1. Spadafora was the Actor's landlord at the 351 Chestnut Street, Indiana, PA location. Spadafora advised that he had rented the location to the Actor. The Actor no longer rents the location.
2. Spadafora stated that near the end of October 2018 he was driving by the 351 Chestnut Street location and noticed that there was damage to the garage / wall area.
3. Spadafora spoke with the Actor concerning the damage. The Actor informed Spadafora that the damage / accident occurred on September 26, 2018 when he wrecked his 1998 Chevy Monte Carlo into the wall. Spadafora stated that he was upset that the Actor waited a month to tell him about the damage.
4. Spadafora advised that the Actor's insurance company, Metromile Insurance, did cover the cost of the damage, approximately \$3,100.00, to fix the garage / wall.

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



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-118-19	Date Filed: 03/25/2019	OTN/LiveScan Number U 681294-2	Complaint/Incident Number IF20180261
Defendant Name: First: VICTOR	Middle: ROBERT	Last: VELEZ	

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 25TH day of MARCH, 2019

03/25/2019 Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2024





COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: CRAWFORD

Magisterial District Number: 30-2-01

MDJ: Hon. Samuel Pendolino

Address: 894 Diamond Park  
Meadville, PA 16335

Telephone: (814)724-2736



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

VICTORIA

LYNN

NEAL

First Name

Middle Name

Last Name

Gen

6714 Highway 6, Linesville, PA 16424

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-106-19	Date Filed 3 / 27 / 2019	OTN/LiveScan Number U 692641-5	Complaint/Incident Number IF-2019-0006	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	DOB 01/27/1971	POB Pa	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name		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 type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				
Hair Color <input checked="" type="checkbox"/> BLK (Black) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> BLU (Blue)	<input type="checkbox"/> PLE (Purple)	<input type="checkbox"/> BRO (Brown)
<input type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> XXX (Unknown)	
Eye Color <input checked="" type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> XXX (Unknown)	<input type="checkbox"/> BRO (Brown)	<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 156657TB4	MNU Number			185
Defendant Fingerprinted <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 KARA COTTER

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, SPECIAL AGENT DAVID A. DALCAMO

(Name of the Affiant)

457

(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 [301] 908 Park Avenue, Meadville, Pa

16335

(Subdivision Code) (Place-Political Subdivision)

in CRAWFORD County

[20]

(County Code)

on or about FEBRUARY 5, 2018 AND DATES THEREAFTER



# POLICE CRIMINAL COMPLAINT

Docket Number: <b>CR-106-19</b>	Date Filed: <b>3/27/19</b>	OTN/LiveScan Number <b>4 692641-5</b>	Complaint/Incident Number <b>IF-2019-0006</b>
Defendant Name:	First: <b>VICTORIA</b>	Middle: <b>LYNN</b>	Last: <b>NEAL</b>

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"/>	<b>1</b>	<b>4117</b>	<b>(a)(2)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>F-3</b>
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	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 5, 2018 and various dates thereafter, the Actor did knowingly and with the intent to defraud an insurer or self-insured, namely, American Bankers Insurance Company, presented or caused to be presented to American Bankers 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 submitted documents alleging medical treatment on her disability policy, which were purported to be written and/or authorized by Dr. Joseph Joseph, when in fact, the documents were not signed and/or authorized by Dr. Joseph and were forged by the Actor.

<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"/>	<b>2</b>	<b>3922</b>	<b>(a)(1)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>F-3</b>
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	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 February 5, 2018 and dates thereafter, the Actor intentionally obtained or withheld property, namely, monies in excess of \$2,000.00, which were paid by American Bankers Insurance Company, by creating a false impression, namely, the Actor submitted claims on a disability medical policy alleging treatment from Dr. Joseph Joseph, when in fact, the documents upon which compensation was paid, were forged.

<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"/>	<b>3</b>	<b>4101</b>	<b>(a)(3)</b>	<b>of the</b>	<b>18 PA C.S.</b>	<b>1</b>	<b>M-1</b>
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
<b>PennDOT Data (if applicable)</b>	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): **FORGERY**

Acts of the accused associated with this Offense:

On or about February 5, 2018 and various dates thereafter, the Actor, with the knowledge that she had no privilege to do so, uttered a writing which she knew to be forged, namely, the Actor submitted documents from From Dr. Joseph Joseph to American Bankers Insurance Company in order to support the Actor's claim, with the intent to deceive or injure, American Bankers Insurance Company.



# POLICE CRIMINAL COMPLAINT

Docket Number: <u>CR-106-19</u>	Date Filed: <u>3/27/19</u>	OTN/LiveScan Number <u>4692691-5</u>	Complaint/Incident Number IF-2019-0006
Defendant Name:	First: VICTORIA	Middle: LYNN	Last: NEAL

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 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.)** 3-27-19

(Date)

  
(Signature of Affiant)

AND NOW, on this date

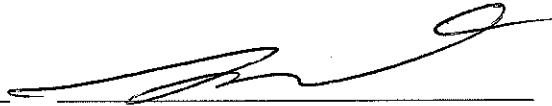
3-27-19

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.

30-2-01

(Magisterial District Court Number)

  
(Issuing Authority)

SEAL



Docket Number: <i>CR-106-19</i>	Date Filed: <i>3/27/19</i>	OTN/LiveScan Number <i>4692641-5</i>	Complaint/Incident Number IF-2019-0006
Defendant Name:	First: VICTORIA	Middle: LYNN	Last: NEAL

**AFFIDAVIT of PROBABLE CAUSE**

Date of Violation: February 5, 2018 and dates thereafter

Criminal Complaint No:

Name of Affiant: Special Agent David A. Dalcamo

Law Enforcement Agency: Pennsylvania Office of Attorney General  
Insurance Fraud Section  
Western Regional Office  
1251 Waterfront Place  
Pittsburgh, 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, Victoria Lynn 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 Kathy Grassman of American Bankers Insurance Company of Florida. The investigation revealed that the Actor, Victoria Neal, on two occasions in 2018, submitted forged or fictitious documents stating that she was disabled and unable to work, causing American Bankers Insurance Company to make payments on the Actor's loan at Regency Finance in Meadville, Pennsylvania. The amount of the theft was approximately \$2,003.20.
- C. Your Affiant reviewed the claim filed with American Bankers Insurance Company and spoke to Kathy Grassman, Special Investigator with American Bankers Insurance Company, and found the following:
1. The Actor had a disability insurance policy through American Bankers Life Insurance Company of Florida, which she had purchased with a loan at Regency Finance, in Meadville, Pa. The disability policy on the loan would cover her loan payments if she became disabled.
  2. On February 5, 2018, and again on November 19, 2018, the Actor submitted a disability claim, with supporting documentation, stating that she was temporarily disabled, in order to have her loan payments made by the insurance company. The claim indicated a date of loss of November 3, 2017. The amount of the claim was \$2,003.20.
  3. American Bankers Life Insurance Company submitted the claim documents to Dr. Joseph Joseph in Hermitage, PA for verification. Ruthann Leskowak, Dr. Joseph's Office Manager, reviewed the documents and advised that the documents were not legitimate as the doctor's signature was forged. Leskowak also advised that the dates on the documents were incorrect and the Actor was not treated on the dates listed.
- D. Your Affiant and Special Agent Amy Adams conducted an interview with Lori Williams, who provided the following information:
1. Williams is employed by Regency Finance as the Office Manager.
  2. Williams stated that she was familiar with the insurance claim filed by the Actor.
  3. Williams stated that Actor submitted the claim forms to her (Williams) which she in turn submitted to American Bankers Life Insurance Company.

**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b> CR-106-19	<b>Date Filed:</b> 3/27/19	<b>OTN/LiveScan Number</b> 4692641-5	<b>Complaint/Incident Number</b> IF-2019-0006
<b>Defendant Name:</b>	<b>First:</b> VICTORIA	<b>Middle:</b> LYNN	<b>Last:</b> NEAL

- E. Your Affiant received the Regency Finance records from Dwayne Jones, Compliance Manager, which provided the following:
1. A review of the records showed American Bankers Assurance Company made four (4) payments on the Actor's loan.
  2. Seventeen (17) pages of claim forms submitted to Regency Finance by the Actor indicated that the Actor alleged two different issues that she submitted for disabilities.
  3. The first was an injury while she was working at Rebecca's Family Restaurant in Linesville, Pa, as the manager. The Actor indicated on the claim forms that she fell while working and injured her left knee. The Actor stated that the last day she was able to work was October 23, 2016.
  4. The treating physician is indicated as Ryan G. Molli DO, Meadville, Pa.
  5. The second claim filed by the Actor indicated her illness as Lyme disease with the treating physician as Dr. Joseph T. Joseph. The documents indicated that the Actor was treated by Dr. Joseph on January 9, 2017, December 9, 2017 and June 8, 2018.
  6. The documents also indicate that the Actor was treated by Ann McCray DO for her Lyme Disease on September 24, 2018.
  7. American Bankers Insurance made two (2) payments on the Actor's loan at Regency Financial in reference to her Lyme disease claim on February 5, 2018 and November 19, 2018 totaling \$2003.20.
- F. Your Affiant and Special Agent William McKee conducted an interview with Dr. Joseph Joseph and Office Manager Ruthann Leskowak, who provided the following information:
1. Leskowak was advised of the investigation and did recall the Actor presenting the documents to her for the doctor's signature. Leskowak stated that the doctor did not sign the documents.
  2. Leskowak stated that she advised the Actor that it is the office policy that a patient has to have one year of treatment completed in the Lyme disease protocol, prior to any disability paperwork completed.
  3. Leskowak reviewed the documents submitted by the Actor to American Bankers Insurance Company and stated that the Actor was not seen in the office by Dr. Joseph on the dates stated.
  4. Dr. Joseph Joseph inspected the documents and stated that the signature on the documents was not his and that someone forged his signature.
- G. Your Affiant and Special Agent William McKee conducted an interview with Barbara Hogan, former owner of Rebecca's Restaurant, who provided the following information:
1. Hogan was advised of the investigation and agreed that she was previously the owner of Rebecca's Restaurant in Linesville, but sold the restaurant.
  2. Hogan stated that when she was the owner, the Actor was employed as the manager.
  3. Hogan stated that in late 2016 the Actor advised her that she had fallen down the stairs, but indicated that she was not injured and did not seek medical treatment.



# POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR-106-19</i>	Date Filed: <i>3/27/19</i>	OTN/LiveScan Number <i>4692641-5</i>	Complaint/Incident Number IF-2019-0006
Defendant Name:	First: VICTORIA	Middle: LYNN	Last: NEAL

4. Your Affiant presented Hogan with two documents that contained her name and signature, and were later submitted to American Bankers Insurance Company.
  5. Hogan reviewed the document and stated that she did not complete the documents and the signature on the documents was not hers.
  6. Hogan stated sometime after the Actor allegedly fell down the steps she quit working at the restaurant. Then she received notice from Nationwide Insurance, the insurance company covering the restaurant, that the Actor filed a workers' compensation claim.
- H. Your Affiant and Special Agent Bradley Capan conducted an interview with the Actor, who provided the following information:
1. The Actor was advised of the investigation and agreed to answer questions concerning the documents submitted to American Bankers Insurance Company of Florida.
  2. The Actor agreed that she had a loan through Regency Finance in Meadville, PA.
  3. The Actor stated that she was of the impression that if at any time she became disabled she could submit documents to support her disability and the insurance company would cover the loan payments.
  4. Your Affiant showed the Actor the documents that were submitted to the insurance company that were allegedly signed by Barbara Hogan and Dr. Joseph Joseph.
  5. The Actor admitted that she forged Dr. Joseph Joseph's signature after the doctor's office would not fill out the documents.
  6. The Actor stated that she filled the documents out and submitted the documents to Regency Finance, who in turn submitted the documents to the insurance company.
  7. The Actor acknowledged that the documents signed by Barbara Hogan were also forged, but would not admit to forging the documents. The Actor only stated that she did fall and was injured when she was working for Hogan.
  8. The Actor stated that she filed for workers' compensation for the injury and Nationwide Insurance paid her a settlement.
  9. The Actor agreed that American Bankers Insurance Company made payments on her loan at Regency Finance, based on the documents that she submitted.

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, Victoria Lynn Neal.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR-106-19	Date Filed: 3/27/19	OTN/LiveScan Number 4692641-5	Complaint/Incident Number IF-2019-0006
Defendant Name:	First: VICTORIA	Middle: LYNN	Last: NEAL

Adver

I, SPECIAL AGENT DAVID A. DALCAMO, ~~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 27 day of March 2019

3-27-19 Date , Magisterial District Judge

My commission expires first Monday of January, 2022

SEAL

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: WESTMORELANDMagisterial District Number: 10-2-01  
MDJ: Hon. ANTHONY BOMPIANI  
Address: 327 ARMBRUST ROAD  
YOUNGWOOD, PA 15697

Telephone: (724)925-3888

POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

DEFENDANT:

(NAME and ADDRESS):

WESLEY

DALE

MARTZ

First Name

Middle Name

Last Name

Gen

109 STARBOARD VILLA #103, GREENSBURG, PA 15601

## 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 49-19</u>	Date Filed <u>2/25/19</u>	OTN/LiveScan Number <u>U681764-6</u>	Complaint/Incident Number <u>IF2018-0232</u>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------------------------	------------------------------	---	---	---

GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <u>11/15/1996</u>	POB _____	Add'l DOB <u>/ /</u>	Co-Defendant(s) <input type="checkbox"/>	Gen. <input type="checkbox"/>
First Name <u>AKA</u>		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"/> BLK (Black) <input type="checkbox"/> BLN (Blonde / Strawberry)	<input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> WHI (White)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> PLE (Purple) <input type="checkbox"/> GRN (Green)	<input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)
--	---	--	---	---	--

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"/> 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 _____	MNU Number _____	

Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprint Classification: _____	Ft. HEIGHT In. <u>5</u> <u>8</u>
---	-----------------------------------	-------------------------------------

## DEFENDANT VEHICLE INFORMATION

Plate # _____	State _____	Haz mat <input type="checkbox"/>	Registration Sticker (MM/YY) <u>/</u>	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, WILLIAM MCKEE

(Name of the Affiant)

(PSP/MPOETC -Assigned Affiant ID Number &amp; 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 302 209 WAM 109 Starboard Villa #103,  
Greensburg, Pa 15601  
(Subdivision Code) (Place-Political Subdivision)

in WESTMORELAND

[65]

on or about SEPTEMBER 10, 2018 AND DATES THEREAFTER

County

(County Code)





# POLICE CRIMINAL COMPLAINT

Docket Number: CR49-19	Date Filed: 9/18/19	OTN/LiveScan Number 4681 1764-6	Complaint/Incident Number IF2018-0232
Defendant Name:	First: WESLEY	Middle: DALE	Last: MARTZ

## AFFIDAVIT of PROBABLE CAUSE

**Date of Violation:** September 10, 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, 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, Wesley Dale Martz.
- 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 Sainick of Progressive Insurance. The investigation revealed that the Actor owned a motorcycle which was heavily damaged after being completely submerged under water due to a flood at his residence on September 10, 2018. The Actor's motorcycle was not insured at the time of the loss. On September 10, 2018, after discovering the loss, the Actor purchased a policy on the motorcycle. Later that same day the Actor filed a claim and reported that he discovered the loss of his motorcycle after he purchased the policy in order to have Progressive Insurance pay for the damages. The amount of the attempted theft was approximately \$22,175.00.
- C. Your Affiant reviewed the claim filed with Safe Auto Insurance and found the following:
1. The Actor's Progressive Insurance policy on his 2017 Harley Davidson Street Glide Special motorcycle cancelled on November 3, 2017.
  2. On September 10, 2018 at 4:09 PM the Actor went on-line and made a payment to Progressive Insurance and his policy was reinstated at that time.
  3. On September 11, 2018, a claim was filed by the Actor. The Actor stated that on September 10, 2018 at 7:30 PM, after he reinstated his policy, that he discovered that his motorcycle was completely submerged under water. The Actor reported that his motorcycle was parked in his garage when his residence became flooded due to heavy rain.



# POLICE CRIMINAL COMPLAINT

Docket Number: CR49-19	Date Filed: 3/25/19	OTN/LiveScan Number 6081764-6	Complaint/Incident Number IF2018-0232
Defendant Name:	First: WESLEY	Middle: DALE	Last: MARTZ

4. The Actor sent a photo of his motorcycle submerged up to the headlight/bars. The metadata indicated that the photo was taken at 10:11 AM on September 10, 2018, prior to the Actor reinstating his policy.
  5. The Actor advised that his wife had taken the photo. He said he was not aware of the damages until he arrived home from work around 7:30 PM on September 10, 2018, after he reinstated the policy earlier that day.
  6. Progressive Insurance determined the motorcycle to be a total loss with a settlement value of \$22,175.00. Progressive Insurance did not pay the claim because the Actor's motorcycle did not have insurance coverage at the time of the loss.
- D. Your Affiant, along with Special Agent Jason Chimile, interviewed Amanda Martz and she provided the following information:
1. On September 10, 2018 at around 9:30 AM Amanda discovered that the basement/garage of her townhome was flooded due to heavy rain that day. Her husband's (the Actor's) Harley Davidson motorcycle was parked in the garage.
  2. Amanda observed that the motorcycle was submerged under water, only the headlight area was above water. The Actor was at work and did not pick up when she tried to telephone him about the motorcycle. Amanda took a photo of the submerged motorcycle around 11:00 AM on her telephone and texted the photo to the Actor. Amanda said that the Actor responded to the text of the photo. Amanda said that the Actor did not say much, but that he was upset.
  3. The Actor arrived home from work at around 3:30 PM and took more photos of the damage to the motorcycle. By this time the water had receded and the motorcycle was no longer submerged.
  4. Amanda was not aware that the motorcycle was not insured until the Actor told her when he arrived home. Amanda said that was when the Actor began making phone calls to the insurance company.

**POLICE CRIMINAL COMPLAINT**

Docket Number: <i>CR 49-14</i>	Date Filed: <i>2/29/19</i>	OTN/LiveScan Number <i>1168776416</i>	Complaint/Incident Number IF2018-0232
Defendant Name:	First: WESLEY	Middle: DALE	Last: MARTZ

E. Your Affiant, along with Special Agent Chimile, interviewed the Actor and he provided the following information:

1. On September 10, 2018 the Actor was at work when he his wife (Amanda) texted him a photo around 11:00 AM of his Harley Davidson motorcycle submerged under water due to a flood at their residence.
2. The Actor acknowledged that his insurance policy on the motorcycle had lapsed and that it was not insured when it was damaged due to the flood on September 10, 2018.
3. After arriving home from work on that day at around 3:30 PM the Actor took more photos of the damage to his motorcycle. After taking the photos the Actor contacted Progressive Insurance at around 4:00 PM and reinstated his insurance policy on the motorcycle.
4. The Actor said that he filed a claim for the loss of his motorcycle and falsely informed Progressive Insurance that he discovered the loss at around 5:00 PM on September 10, 2018 after he renewed the policy. The Actor acknowledged that he provided a recorded statement to Progressive Insurance and falsely stated he discovered the damage after he obtained the insurance policy, when in fact, he knew the damage occurred prior to obtaining the policy. The Actor did this in an effort to have the damages to his motorcycle covered by Progressive Insurance.

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, Wesley Dale Martz.



# POLICE CRIMINAL COMPLAINT

Docket Number: <i>CR 49-19</i>	Date Filed: <i>3/15/19</i>	OTN/LiveScan Number <i>116817646</i>	Complaint/Incident Number IF2018-0232
Defendant Name:	First: WESLEY	Middle: DALE	Last: MARTZ

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 25<sup>th</sup> day of February 2019  
2/25/19 Date *[Signature]*, Magisterial District Judge

My commission expires first Monday of January, 2022

L. Anthony Corbitt  
Magisterial District Judge  
Magisterial District 10-2-01  
Westmoreland County, PA  
My Commission Expires  
1st Monday in January 2022

SEAL