

POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.



COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: LANCASTER

Magisterial District Number: 02-3-04
MDJ Name: Hon. STUART J MYLIN
Address: 25 E STATE ST
QUARRYVILLE, PA 17566
Telephone: 717-786-7368

DEFENDANT: (NAME and ADDRESS):
WILLIAM R VOLLMAR
First Name Middle Name Last Name Gen.
6 WYCKFORD PL
WILLOW STREET, PA 17584

NCIC EXTRADITION CODE TYPE
 1-Felony Full 2-Felony Ltd. 3-Felony Surrounding States 4-Felony No Ext.
 5-Felony Pend. 6-Felony Pend. Extradition Determ. A-Misdemeanor Full B-Misdemeanor Limited
 C-Misdemeanor Surrounding States D-Misdemeanor No Extradition E-Misdemeanor Pending F-Misdemeanor Pending Extradition Determ.

DEFENDANT IDENTIFICATION INFORMATION
Docket Number: CR-108-19
Data Filed: 05/10/2019
OTN/LiveScan Number: X257464-4
Complaint/Incident Number: PA2019-444887
Request Lab Services? YES NO

GENDER: Male Female
DOB: 10/02/83
POB: NJ
Add'l DOB: _____
Co-Defendant(s):
AKA: _____ First Name: _____ Middle Name: _____ Last Name: _____ Gen. _____

RACE: White Asian Black Native American Unknown
ETHNICITY: Hispanic Non-Hispanic Unknown
HAIR COLOR: GRY (Gray) RED (Red / Auburn) 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: _____
FBI Number: DX2A1PCPA
MNU Number: _____
Ft. HEIGHT in.: 5 08

Defendant Fingerprinted: YES NO
Fingerprint Classification: _____
WEIGHT (lbs.): 150

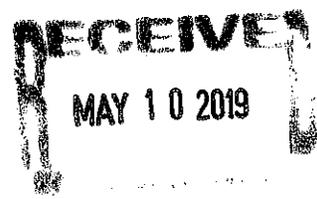
DEFENDANT VEHICLE INFORMATION
Plate # _____ State _____ Hazmat
Registration Sticker (MM/YY) _____ Comm'l Veh. Ind.
School Veh. Oth. NCIC Veh. Code _____
VIN _____ Year _____ Make _____ Model _____ Style _____ Color _____
Reg. same as Def.

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, Pa.R.Crim.P. 407.)
DANIEL DYE, ACPAG _____ 5/9/19 _____
(Name of Attorney for Commonwealth - Please Print or Type) (Signature of Attorney for Commonwealth) (Date)

I, TPR. KORY WARDROP _____ 00678092/1226 _____
(Name of Affiant - Please Print or Type) (PSP/MP/OTC - Assigned Affiant ID Number & Badge #)
of the Pennsylvania State Police, Troop J, Lancaster _____ PAPS4700 _____
(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 is 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: 240 6 WYCKFORD PLACE WEST LAMPETER
(Subdivision Code) TOWNSHIP
(Place-Political Subdivision)
in LANCASTER County 36 on or about JANUARY 1, 1997 - MAY 27, 1997
(County Code) (Offense Date)



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POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 05/10/2019	OTN/LiveScan Number X257464-4	Complaint/Incident Number PA2019-444887
Defendant Name	First: WILLIAM	Middle: R	Last: VOLLMAR

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.

<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: 0
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<input checked="" type="checkbox"/> Lead?	1	3124.1	of the	Title 18 , PA Crimes Code	2	F2	170/90Z
Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

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

Acts of the accused associated with this Offense:
 IN THAT, on or about said date, THE DEFENDANT, engaged in sexual intercourse or deviate sexual intercourse with a complainant without the complainant's consent, To Wit: THE DEFENDANT did perform oral sex on the Victim, 17 year old, without consent.



POLICE CRIMINAL COMPLAINT

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Defendant Name	First: WILLIAM	Middle: R	Last: VOLLMAR

- 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.

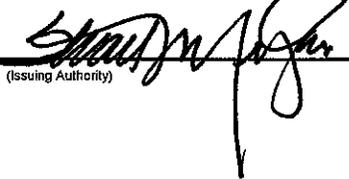
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

MAY 10, 2019
(Date)


(Signature of Plaintiff)

AND NOW, on this date, May 10, 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.

02304
(Magisterial District Court Number)


(Issuing Authority)





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Defendant Name:	First: William	Middle: R	Last: VOLLMAR

AFFIDAVIT of PROBABLE CAUSE

Your Affiant is a member of the Pennsylvania State Police currently assigned to the Troop J Criminal Investigation Unit.

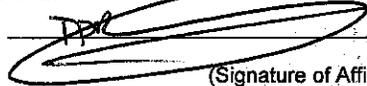
On 04/08/19 I was assigned an indecent assault investigation involving a Lancaster County Doctor, William VOLLMAR, The DEFENDANT. William VOLLMAR was a practicing physician at Stephen G. Diamantoni and Associates which has a number of practices in Lancaster County and provided services at area hospitals. VOLLMAR was employed as a physician by Diamantoni and Associates Family Practice from July 1992 through April 2019. VOLLMAR specialized in sports medicine having contracts with the following School Districts: Middletown School District, Lampeter-Strasburg School District, Pequea Valley School District, Lancaster Country Day School, Conestoga Valley School District, Octorara Area School District, Solanco School District, and Thaddeus Stevens College of Technology. VOLLMAR was a medical support member for Pennsylvania Interscholastic Athletic Association (PIAA) for district and state athletic competitions and a member of the PIAA Sports Medicine Advisory Committee.

On 05/07/19 I spoke with the Victim. The Victim began seeing VOLLMAR his freshman year of High School (1994-1995) while being a athlete on the Lampeter Strasburg High School Track and Field Team. During treatments between the ages of 16-17 years old, the Victim would receive sports massages at VOLLMAR's Quarryville Office. During the Victim's junior year (1996-1997), he received treatment at VOLLMAR's residence, 6 Wyckford Place West Lampeter Township, Lancaster County. During a massage at VOLLMAR's residence, VOLLMAR began to perform oral sex on the Victim on 2 separate occasions while the Victim was 17 years old. The Victim did not give VOLLMAR permission to touch his penis.

Based on the above information, I respectfully request DUE PROCESS.

I, TPR. KORY WARDROP, 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 5/10/19 

My commission expires first Monday of January, 2024

