

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: LEBANON

Magisterial District Number: 52-2-01

MDJ: Hon. Nixon

Address: 502 State St.
Lebanon PA 17042

Telephone: (717)279-0400



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

JESSICA

LYNN

GLANT

First Name

Middle Name

Last Name

Gen

18 N. 6th St. apt. #20
Lebanon PA 17042

NCIC Extradition Code Type

- | | | | |
|------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|
| <input 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 checked="" 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-269-2020</u>	Date Filed <u>11/15/20</u>	OTN/LiveScan Number <u>U934620-1</u>	Complaint/Incident Number <u>BCC200210</u>	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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GENDER	DOB <u>10/18/1988</u>	POB	Add'l DOB	Co-Defendant(s) <input checked="" type="checkbox"/>
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<input type="checkbox"/> Male	First Name	Middle Name	Last Name	Gen.
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<input checked="" type="checkbox"/> Female	AKA			
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RACE	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown
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ETHNICITY	<input type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unknown		
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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)
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	<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)
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	<input type="checkbox"/> BLN (Blonde / Strawberry)					
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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)
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	<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)
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DNA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA Location	WEIGHT (lbs.)
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FBI Number	MNU Number	200
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Defendant Fingerprinted	<input type="checkbox"/> YES <input type="checkbox"/> NO	Ft. HEIGHT In.
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Fingerprint Classification:	5	7
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DEFENDANT VEHICLE INFORMATION

Plate # <u>N/A</u>	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 <u>N/A</u>	Reg. same as Def. <input type="checkbox"/>
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VIN <u>N/A</u>	Year <u>N/A</u>	Make <u>N/A</u>	Model <u>N/A</u>	Style <u>N/A</u>	Color <u>N/A</u>	<input type="checkbox"/>
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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).

ACDAG DANIEL DYE

(Name of the attorney for the Commonwealth)

ACDAG DYE VIA EMAIL 160211RS
(Signature of the attorney for the Commonwealth)

11/17/2020

(Date)

I, JIMMY J. MUMMAU

#575

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

of Pennsylvania Office of Attorney General

PA0222400

(Police Agency ORI Number)

(Identify Department or Agency Represented and Political Subdivision)

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 [] 1242 Lafayette St. Lebanon Pa 17042
(Subdivision Code) (Place-Political Subdivision)

in LEBANON County

[38]

(County Code)

on or about BTWN 30 JANUARY 2020 AND 21 APRIL 2020



POLICE CRIMINAL COMPLAINT

Docket Number: CR-269-20	Date Filed: 1/1	OTN/LiveScan Number 4934620-1	Complaint/Incident Number BCC200210
Defendant Name:	First: JESSICA	Middle: LYNN	Last: GLANT

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 N/A					
<input checked="" type="checkbox"/>	1	4304	1	of the	18	1	M1	7099	
Lead?	Offense #	Section	Subsection	PA Statute (Title)		Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)		Accident Number		N/A		<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	
Statute Description (include the name of statute or ordinance): ENDANGERING WELFARE OF CHILDREN (M1), TITLE 18, SECTION 4304, SUBSECTION 1									

Acts of the accused associated with this Offense: A parent or guardian or other person supervising the welfare of a child under eighteen (18) years of age, or a person that employs or supervises such a person, commits an offense if he knowingly endangers the welfare of the child by violating a duty of care, protection or support. To Wit: The Actor, herein identified as Jessica Lynn Glant, DOB: 18 October 1988 did cause or fail to seek care for the victim, her biological child, herein identified as "AS 30 January 2020", where the victim suffered approximately twenty (20) bone fractures to include to the ribcage, both femurs and clavicle.

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 BCC200210
Defendant Name:	First: JESSICA	Middle: LYNN	Last: GLANT	

- I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
- I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.
- This complaint consists of the preceding page(s) numbered 1 through .
- I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

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

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

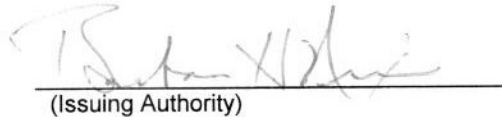
(Date)

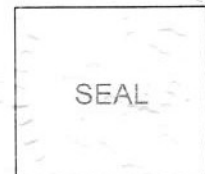

(Signature of Affiant)

AND NOW, on this date November 18, 2020 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.

52-2-01
(Magisterial District Court Number)


(Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number BCC200210
Defendant Name:	First: JESSICA	Middle: LYNN	Last: GLANT

AFFIDAVIT of PROBABLE CAUSE

1. That on 30 January 2020, the Actor, herein identified as Jessica Lynn Glant, DOB:18 October 1988, gave birth to the victim, herein identified as "AS DOB:30 January 2020", at WellSpan Good Samaritan Hospital, 252 S. 4th and Walnut St. Lebanon PA 17042. After giving birth, the Actor was released from the hospital with the victim being in her care.
2. That on 21 April 2020, the Actor took AS DOB:30 January 2020 to Wellspan Good Samaritan Hospital due to a fever. AS DOB:30 January 2020 was examined by medical personnel which included the use of an x-ray, specifically to determine if AS DOB:30 January 2020 had contracted the COVID 19 coronavirus. That the x-ray did reveal that AS DOB:30 January 2020 had suffered multiple healing bilateral fractures to the ribcage. Additionally, AS DOB:30 January 2020 was observed to have two (2) bruises on his lower abdomen. AS DOB:30 January 2020 was transported to PennState Health Milton S. Hershey Medical Center, 500 University Dr. Hershey PA 17033. AS DOB:30 January 2020 was further examined and additional bone fractures were diagnosed to both femurs, both tibias and the left clavicle. It was determined that AS DOB:30 January 2020 had suffered approximately twenty (20) bone fractures.
3. That Dr. Kathryn R. Crowell MD, Penn State Health Group, Hershey Medical Center is a specialist in the field of child and reviewed AS DOB:30 January 2020 injuries and concluded that they were consistent with abuse and were non-accidental.
4. That on or about 0824 hrs. 09 July 2020, your Affiant conducted an interview with the Actor at the Lebanon City Police Department, Lebanon City Police Department, 400 S. 8th St. Lebanon PA 17042. Prior to the start of the interview, the Actor provided her consent to participate in the interview and to be audio/video recorded. Supervisory Special Agent Eric Norman assisted with the interview. In the course of the interview, the Actor advised that she did provide care to the Victim by feeding, changing, bathing and other normal activities. Additionally the Actor would play with the Victim by grasping the Victim in both hands around the torso and tossing the Victim into the air. This caused the Victim to leave her grasp by several inches. She would then catch the Victim with both her hands around the torso. The Actor stated that she had played with the Victim in this manner, "seven (7) or eight (8) times" a month and each individual time, throwing the Victim into the air five (5) times. Similarly, the Actor described playing the Victim by grasping each of the Victim's legs in each of her hands and bending each leg at the knee, bending each leg separately to the Victim's torso, repeatedly in a "bicycling" motion. The Actor estimated that she would play with the Victim in this manner the same amount of times she would play with the Victim by tossing him in the air. Additionally the Actor advised that she had used her hands to bend the Victim's legs at the knees and then repeatedly press both the Victim's knees into the Victim's torso, repeatedly pressing downward in an effort to facilitate bodily evacuation. Additionally the Actor described changing the Victim's diaper by grasping each of the Victim's arms separately and pulling the Victim to the Victim's, side to expose the back. The Actor demonstrated all these actions with the use of a doll provided by your Affiant.
5. That at approximately 1330 hrs. 28 August 2020, your Affiant did meet with Dr. Kathryn R. Crowell at Penn State Health Group, Hershey Medical Center. That during this meeting Dr. Crowell did review portions of the recorded interview with the Actor, specifically the above described actions. Dr. Crowell conclude that none of the actions would have caused of the injuries to AS DOB:30 January 2020. Crowell explained that the force needed to cause the injuries to the victim would have even exceeded the behaviors the Actor described. Crowell explained that the injuries to the ribs were significant enough that the perpetrator would have likely heard or felt the ribs of the victim pop or crack.
6. That on or about 0943 hrs. 08 August 2020 your Affiant conducted a second interview with the Actor at the Lebanon City Police Department, Lebanon City Police Department, 400 S. 8th St. Lebanon PA 17042. Prior to the start of the interview, the Actor provided her consent to participate in the interview and to be audio/video recorded. That during this interview, the Actor agreed that she and Rafael Sanchez were the primary caregivers of AS DOB:30 January 2020 and that the injuries to AS DOB:30 January 2020 occurred while the infant was in their care. When confronted by inconsistencies in her account in light of Dr. Crowell's analysis, the Actor stated that if she caused the injuries to the Victim it was an accident or alternatively that she had forgotten she had caused them.

**POLICE CRIMINAL COMPLAINT**

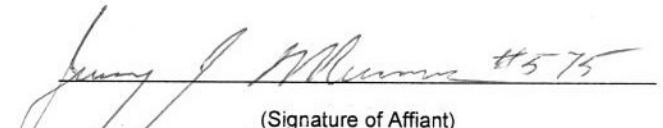
Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number BCC200210
Defendant Name:	First: JESSICA	Middle: LYNN	Last: GLANT

7. Your Affiant, having taken statements from Glant and Sanchez, has confirmed that they were the primary caregivers of the victim from birth until these injuries were discovered. Additionally, your Affiant has determined through the expert opinion of Dr. Crowell that the injuries are indicative of child abuse and are not accidental. But for the victim's infection with coronavirus, neither individual sought medical care for the obvious and apparent pain and suffering their child, the victim, was suffering as a result of numerous fractured bones.
8. That based on the facts and circumstances, your Affiant charges the Actor with AGGRAVATED ASSAULT (F2), TITLE 18, SECTION 2702, SUBSECTION 8 and ENDANGERING WELFARE OF CHILDREN (M1), TITLE 18, SECTION 4304, SUBSECTION 1. Warrant respectfully requested.

SPACE INTENTIONALLY LEFT BLANK

I, JIMMY J. MUMMAU, 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.

 #575
(Signature of Affiant)

Sworn to me and subscribed before me this 18 day of November 2020
11/18/20 Date Barton N. Hume, Magisterial District Judge

My commission expires first Monday of January, Jan 2nd D. Judge

SEAL