

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: LEBANON

Magisterial District Number: 52-2-01

MDJ: Hon. Lippincott

Address: 502 State St.
Lebanon PA 17042

Telephone: (717)279-0400



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA

VS.

DEFENDANT:

(NAME and ADDRESS):

RAFAEL

A.

SANCHEZ

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-270-20</u>	Date Filed <u>11/18/20</u>	OTN/LiveScan Number <u>U934629-3</u>	Complaint/Incident Number <u>BCC200210</u>	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <u>06/28/1988</u>	POB <u>New York</u>	Add'l DOB <u>/ /</u>	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 checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				
Hair Color <input checked="" 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"/> 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.) <u>275</u>
FBI Number <u>5415CE2</u>	MNU Number			Ft. HEIGHT In. <u>5</u> <u>9</u>
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO				
Fingerprint Classification:				

DEFENDANT VEHICLE INFORMATION

Plate # <u>N/A</u>	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 <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>		

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 1602HRS.
(Signature of the attorney for the Commonwealth)

11/17/2020

(Date)

I, JIMMY J. MUMMAU

(Name of the Affiant)

#575

(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 [17042] 1242 Lafayette St. Lebanon Pa
(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

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Defendant Name:	First: RAFAEL	Middle: A.	Last: SANCHEZ

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	4304	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								
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 Rafael A. Sanchez, DOB 28 June 1988 did cause or fail to seek treatment for the victim, his 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:								



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Defendant Name:	First: RAFAEL	Middle: A.	Last: SANCHEZ

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 .
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 Nov 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)

[Signature]
(Issuing Authority)

SEAL



POLICE CRIMINAL COMPLAINT

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Defendant Name:	First: RAFAEL	Middle: A.	Last: SANCHEZ

AFFIDAVIT of PROBABLE CAUSE

1. That on 30 January 2020, 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, Glant was released from the hospital with the victim. The Victim being in the care of Glant and the Actor, who is the biological father of the Victim and herein identified as Rafael Sanchez DOB:28 June 1988.
2. That on 21 April 2020, Glant 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. The victim 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 1431 hrs. 06 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 his consent to participate in the interview and to be audio/video recorded. The Actor was not in custody. Supervisory Special Agent Eric Norman assisted with the interview. In the course of the interview, the Actor advised that he did provide care to AS DOB:30 January 2020 by feeding, changing, bathing and other normal activities. Sanchez described and demonstrated playing with AS DOB:30 January 2020 by sitting AS DOB:30 January 2020 on his thigh, holding AS DOB:30 January 2020 around the torso with both hands and bouncing his (the Actor's) knee. Sanchez described and demonstrated playing "Superman" with AS DOB:30 January 2020 by grasping AS DOB:30 January 2020 around the torso with both hands, and holding AS DOB:30 January 2020 at arms length over his head. The Actor admitted to playing with AS DOB:30 January 2020 in this manner "once or twice". The Actor stated that after AS DOB:30 January 2020 was born, he took care of him the most as the primary caregiver.
5. That in performing these demonstrations with the doll, the Actor utilized a substantial amount of force. The Actor admitted that the amount of force he used for the demonstrations was similar to the amount of force he used when actually performing these acts on AS DOB:30 January 2020.
6. 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.
7. That on or about 1013 hrs. 13 October 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 his consent to participate in the interview and to be audio/video recorded. That during this interview, the Actor agreed that he and Jessica Glant were the primary caregivers of AS DOB:30 January 2020 and that the injuries to AS DOB:30 January 2020 would have had to occurred while the infant was in their care.



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8. 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.

9. Your Affiant has confirmed that Sanchez has a prior history of child abuse by physical assault relating to prior children who have since been removed from his care and custody.

10. 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.

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.

Jimmy J. Mummau #575
(Signature of Affiant)

Sworn to me and subscribed before me this 18 day of November 2020
11/18/20 Date [Signature], Magisterial District Judge

My commission expires first Monday of January, 2021

