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District Court 33-3-018 ZUZZ

No. 6705 P. 1

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **ARMSTRONG**



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: **33-3-01**

MDJ Hon. **DECOMO, GARY J**

Address: **208 FIFTH AVE, STE A
FORD CITY, PA 16226**

Telephone: **(724) 763-7866**

COPY

DEFENDANT: **(NAME and ADDRESS)**

MATTHEW **JAMES** **SABO**
First Name Middle Name Last Name Gen
**125 RIDGEVIEW DR,
CHICORA, PA 16025
(724) 355-5111**

NCIC Extradition Code Type

NCIC Extradition Code Type **1 - FELONY FULL** Distance

DEFENDANT IDENTIFICATION INFORMATION

Docket Number CR-23-22	Date Filed 01/19/2022	OTN/Live Scan Number R2314270	Complaint/Incident Number D2018XB119/PA 2021-250559	Request Lab Services? NO
Gender M	Date of Birth 10/04/1973	POB PA - USA	Add'l DOB	Co-Defendant? NO
Defendant Also Known As	Defendant's First Name	Middle Name	Last Name	Suffix
Race WHITE - W	Ethnicity NOT OF HISPANIC ORIGIN - N			
Hair Color GRAY OR PARTIALLY GRAY - GRY	Eye Color BROWN - BRO			
DNA NO	DNA Location			Weight 200 LBS
FBI Number	MNU Number		Height 5' 07"	
Defendant Fingerprinted NO	Fingerprint Classification			

DEFENDANT VEHICLE INFORMATION

Plate #	State	HazMat	Registration Sticker (MM/YY)	Commercial Vehicle?	School Veh.	Oth. NCIC Veh. Code	Reg. same as Def. NO
VIN	Year	Make	Model	Style	Color		

Office of the Attorney of 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.507.)

PA ATTORNEY GENERALS OFFICE

(Name of Attorney for Commonwealth - Please Print or Type)

(Signature of Attorney for Commonwealth)

(Date)

I, **TPR MICHAEL GRAHAM**
(Name of Affiant - Please Print or Type)

716313/12743
(PSP/MPPOETC - Assigned Affiant ID Number & Badge #)

of **PENNSYLVANIA STATE POLICE, TROOP D, KITTANNING**
(Identify Department or Agency Represented and Political Subdivision)

PAPSP4600
(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: **408**

(Subdivision Code) **404 FORD ST., FORD CITY BORO**
(Place-Political Subdivision)

in **ARMSTRONG** County **03** on or about **1/2/2017 AT APPROX. 08:00 HRS - 4/30/2020 AT APPROX. 15:00 HRS**
(County Code) (Offense Date)



POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed 01/19/2022	OTN/Live Scan Number R2314270	Complaint/Incident Number D2018XB119/PA 2021-250559
Defendant Name	First MATTHEW	Middle JAMES	Last SABO

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.

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				
Lead? YES	Offense # 1	Section 3133	Subsection A1	PA Statute (Title) 18	Count 2	Grade F3	NCIC Offense Code 3699	UCR/NIBRS CC31
PennDOT DATA (If applicable)	Accident Number	Interstate Indicator NO		Safety Zone NO	Work Zone NO			

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

SEXUAL EXTORTION-ENGAGE IN SEXUAL CONDUCT/NUDITY

Acts of the accused associated with this Offense:

IN THAT, on or about said date, THE DEFENDANT did knowingly or intentionally coerce or causes a complainant, through any means set forth in subsection (b), to engage in sexual conduct, the simulation of sexual conduct or a state of nudity. TO WIT: The DEFENDANT did grope and physically touch the Victims breasts during routine Podiatry Doctor Exams.

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				
Lead? NO	Offense # 2	Section 3126	Subsection A1	PA Statute (Title) 18	Count 2	Grade M2	NCIC Offense Code 3699	UCR/NIBRS CC31
PennDOT DATA (If applicable)	Accident Number	Interstate Indicator NO		Safety Zone NO	Work Zone NO			

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

INDEC ASSLT-W/O CONS OF OTHER

Acts of the accused associated with this Offense:

IN THAT, on or about said date, THE DEFENDANT did have indecent contact with a complainant, namely a 54 year old female Victim, or did cause the complainant to have indecent contact with the defendant, without the complainant's consent, in violation of Section 3126(a)(1) of the PA Crimes Code. TO WIT: The DEFENDANT did grope and physically touch the Victims breasts during routine Podiatry Doctor Exams.



POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed 01/19/2022	OTN/Live Scan Number R2314270	Complaint/Incident Number D2018XB119/PA 2021-250559
Defendant Name	Defendant's First Name MATTHEW	Middle Name JAMES	Last Name SABO

- 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 statute 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.)

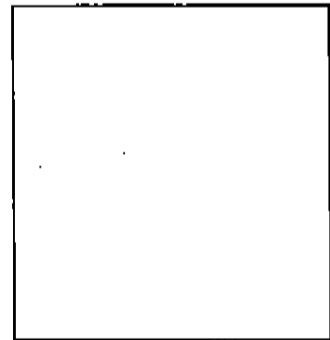
01/28/22
(Date)

[Signature]
(Signature of Affiant)

AND NOW, on this date, 1-28-22 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.

33-3-01
(Magisterial District Court Number)

[Signature]
(Issuing Authority)





POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed 01/19/2022	OTN/Live Scan Number R2314270	Complaint/Incident Number D2018XB118/PA 2021-250559
Defendant Name	First MATTHEW	Middle JAMES	Last SABO

AFFIDAVIT of PROBABLE CAUSE

Your Affiant is a member of the Pennsylvania State Police, currently assigned to Troop - D Kittanning, Criminal Investigations Unit. On 02/24/21, I was assigned a Sexual Assault Investigation that was overturned by the Ford City Police Department due to the 54-year-old Female Victim stating the actions occurring in two different counties (Armstrong and Butler Counties).

The Defendant in this case is a Podiatrist Doctor and Associate Director of the Foot and Ankle Wellness Center of Western PA. He has offices in Ford City, Butler, Monaca, Grove City, and Moon Township Pennsylvania.

Upon meeting with the 54-year-old Victim at PSP Kittanning Barracks on 03/10/21 at 1600 hours, she first gave a written statement and was then interviewed regarding the allegations. At that time, she explained she has been treated by the Defendant since approximately 2003, following a car crash where her leg and foot was severely injured. Due to the extent of the Victim's injuries, several surgeries were performed on her leg/foot and she was confined to a wheelchair and leg cast for an extended period of time. She related after the Defendant performed surgeries on her leg/foot she continued to regularly have monthly exams with him for the years to follow until April of 2020. During those routine exams, she would occasionally receive injections into her foot and would receive her monthly prescriptions of pain medication. At the time, the Defendant was her only treating physician, versus receiving treatment at a pain management facility. The Victim stated she used to see the Defendant at his Ford City Office but changed to his Butler Office. During those years of being treated by the Defendant, she related that he had moments of acting inappropriately. It was related the Defendant started by just being over friendly that turned to flirtatious behavior.

Starting in 2017, the Defendant became more inappropriate by intentionally grazing against her breasts. Those moments of grazing against the Victim's breasts increased to hugging the Victim and pressing himself tightly against her. The Victim continued to see the Defendant for treatment as he was her only physician at

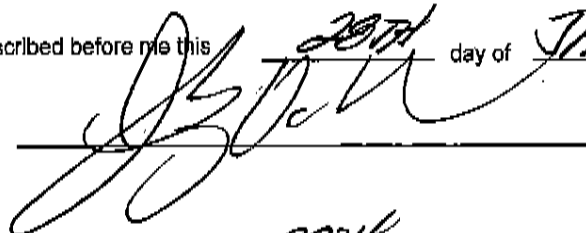
I, TPR. MICHAEL GRAHAM BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

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.

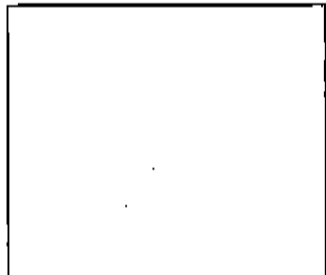


(Signature of Affiant)

Sworn to me and subscribed before me this 20th day of JANUARY 2022

1-20-22 Date  Magisterial District Judge

My commission expires first Monday of January, 2024





**POLICE CRIMINAL COMPLAINT
AFFIDAVIT CONTINUATION PAGE**

Docket Number	Date Filed 01/19/2022	OTN/Live Scan Number R2314270	Complaint/Incident Number D2018XB119/PA 2021-250569
Defendant Name	First MATTHEW	Middle JAMES	Last SABO

AFFIDAVIT of PROBABLE CAUSE CONTINUATION

the time, it turned to using his hands to feel the Victim's breasts. She related the last time was in April of 2020 where the Victim was seated in an exam chair and leaned forward to tie her shoes. Upon leaning forward, her loose-fitting shirt and bra came away from her body. At that time, the Defendant was standing behind her. When her shirt came forward, the Defendant reached his hands under her shirt and felt her breasts. The Victim related that she never said anything but quickly tucked her arms to her side in shock. It was related the inappropriately touching was frequent and practically every office visit. She stated she felt very uncomfortable with it and it shouldn't have happened. She stated she has never told anyone because of feeling embarrassed over it because she had to go back to get her shots and prescriptions filled.

I asked the Victim why she continued to see the Defendant and dealing with his inappropriate behavior. The Victim related that she held the Defendant as a doctor on a pedestal due to him saving her leg/foot. She related due to not seeing any other physician, the Defendant was also treating her for her pain management. She related she felt trapped and her pain medication was being held over her head.

By the facts aforementioned in this Affidavit of Probable Cause, I respectfully request that a warrant be issued for the arrest of Dr. Matthew James SABO, so that he may be brought before the court and answer to the charges set forth.



 (Signature of Affiant)