

DATE PRINTED 10/03/07 5:11:10 PM

I, the above named Issuing Authority certify that this Transcript is a true and correct Transcript of the Record.



64. Date Transcript Sent to Court MM DD YY 10 03 07

COPY: CLERK OF COURTS

Certified this day of Oct 2007 My commission expires 1st Monday of January, 2012. SEAL

1. Docket Number of First Issuing Authority CR-0000444-07		2. Common Pleas Docket Number 022268		3. State Identification Number OTN L 375675-6	
4. First Issuing Authority to be completed by Final Issuing Authority DISTRICT NO. TODD R. KELLY		5. Transferred from Initial Issuing Authority DISTRICT NO. CRAIG E. ORMSBY		6. Name and Address (Last Name First) WILLIAMS, LORI ANN 77 THOMPSON AVENUE BROOKLYN, NY 11206	
7. Date of Transfer 09 27 07		8. Docket No. of Initial Issuing Authority CR-0000355-07		9. Alliant Who Signed Complaint (Name and Address) JOHN M. MCTIGUE JR ALTOONA CITY PD 1100 16TH ST ALTOONA, PA 16601	
10. Date of Birth 02 09 64		11. Sex F		12. Operator License Number PA	
13. Date of Arrest 09 27 07		14. Date of Complaint Filed 09 27 07		15. Warrant PA0070100	
16. Date of Issuance or Creation 09 27 07		17. Date of Return 09 27 07		18. Date Warranted to Court 09 27 07	
19. Date of Preliminary Hearing/Summary Trial 10 03 07		20. Description of Charges MANUE/DEL/POSS/W INT MANUE OR DEL B CONSPIRE MANUE/DEL/POSS/W INT MANUE O C USE/POSS OR DRUG PARAP D INT POSS CONTR SUBST BY PER NOT RE		21. Date of Arrest 09 26 07	
22. Date of Complaint Filed 09 26 07		23. Date of Return 09 26 07		24. Date of Preliminary Hearing/Summary Trial 10 03 07	
25. Date of Arrest 09 26 07		26. Date of Return 09 26 07		27. Date of Preliminary Hearing/Summary Trial 10 03 07	
28. Description of Charges MANUE/DEL/POSS/W INT MANUE OR DEL B CONSPIRE MANUE/DEL/POSS/W INT MANUE O C USE/POSS OR DRUG PARAP D INT POSS CONTR SUBST BY PER NOT RE		29. Date of Arrest 09 26 07		30. Date of Return 09 26 07	
31. Date of Complaint Filed 09 26 07		32. Date of Return 09 26 07		33. Date of Preliminary Hearing/Summary Trial 10 03 07	
34. Advised of His Right Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		35. Public Defender Requested by the Defendant? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		36. Application Provided for Appointment of Public Defender? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
37. In cases where so required, the writ named Issuing Authority, did make a reasonable effort to settle the difference between the Defendant and the Complainant on: Date MM DD YY		38. Codendant(s) Name WILLIAMS, JUSTINA SHARIQUE		39. OTN 39. OTN	
40. Enter 'C' for witness, 'D' for Complainant, 'E' for Defendant 41. Witnesses Names and Addresses and Names and Addresses of persons (not more than 2). Defendant wishes to be Notified for trial 42. Sworn 43. Testified 44. Defense Persons to be notified		45. Commonwealth FILED		46. Complainant BEAR COUNTY, PA CAROL A. NEWMAN HOLIDAYSBURG, PA 16648	
47. Defendant PUBLIC DEFENDER, 423 ALLEGHENY ST, HOLIDAYSBURG, PA 16648		48. I.D. No. FILED		49. Date of Decision MM DD YY	
50. Date of Decision MM DD YY		51. Amount \$.00		52. Judgment of Sentence PROTHONOTARY BAL: \$.00	
53. Type MM DD YY		54. Amount \$		55. Date Set MM DD YY	
56. Date of Preliminary Arraignment MM DD YY		57. Type MM DD YY		58. Amount \$	
59. Date of Preliminary Hearing MM DD YY		60. Date Set MM DD YY		61. Date of Commitment MM DD YY	
62. Code C		63. Place of Commitment BLAIR CO PRISON		64. Date of Commitment MM DD YY	
65. Name and Address of Corporate Surety and Agent or Individual Surety-Preliminary Hearing HOLIDAYSBURG PA		66. Name and Address of Corporate Surety and Agent or Individual Surety-Preliminary Arraignment HOLIDAYSBURG PA		67. Name and Address of Corporate Surety and Agent or Individual Surety-Preliminary Hearing HOLIDAYSBURG PA	

CRIMINAL COMPLAINT

POLICE



COMMONWEALTH OF PENNSYLVANIA

DEFENDANT: VS.

NAME and ADDRESS

Loft Ann Williams
77 Thompkins Ave
Brooklyn, NY 11206

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF BLAIR

Magisterial District No 24-1-02

District Justice Todd Kelly

2601 5th Avenue

Altoona, PA

(814) 941-1550

Docket No: CR-444-07

Date Filed: 09/26/2007

OTN: 1375675-6

Defendant's Race/Ethnicity	Defendant's Sex	Defendant's D.O.B.	Defendant's Social Security Number
Black	Female	02/09/1964	111-58-005
Defendant's A.K.A. (also known as)	Defendant's Vehicle Registration State	Defendant's Vehicle Registration Subj.	Defendant's Driver's License Number
	PA		PA
Complaint/Incident Number	Complaint Incident Number (Other Participants)	UCR/NIBRS Code	
2007-23979		18	

District Attorney's Office Approved Disapproved because:

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

(Name of Attorney for Commonwealth) Signature of Attorney for Commonwealth (Date)

John McTigue

120

(Date)

(Name of Plaintiff) (Officer Badge Number) (Date)

of Altoona Police Department

PA0070100

2007-23979

(Identify Department or Agency Represented and Political Subdivision) (Police Agency or Office) (Offending Agency Case Number (OCA))

do hereby state: (check appropriate box)

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

with violating the penal laws of the Commonwealth of Pennsylvania at 2913 Fairway Dr Apt 2B

(Police Subdivision)

in Blair County on or about 09/26/2007 21:49 Hours

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

Loft Ann Williams, Justina Williams, Kevin Reitz, Kevin Grimes