

COMMONWEALTH OF  
PENNSYLVANIA  
COUNTY OF: CENTRE



POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

Magisterial District Number: 49-3-02  
MDJ: Hon. KELLEY GILLETTE-WALKER  
Address: 3555 BENNER PIKE, SUITE C,  
BELLEFONTE, PA 16823  
Telephone: (814)355-6739

DEFENDANT:

(NAME and ADDRESS):

DANIEL

PATRICK

PRICE

First Name

Middle Name

Last Name

Gen.

9337 MARSDEN STREET, PHILADELPHIA, PA 19114

\*DEFENDANT NEEDS TO BE PROCESSED\*\*PHONE #: 267-290-4729

NCIC Extradition Code Type

- |                                                      |                                                             |                                                                    |                                          |
|------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> 1-Felony Full               | <input type="checkbox"/> 5-Felony Pend.                     | <input type="checkbox"/> C-Misdemeanor Surrounding States          | <input type="checkbox"/> Distance: _____ |
| <input type="checkbox"/> 2-Felony Ltd.               | <input type="checkbox"/> 6-Felony Pend. Extradition Determ. | <input checked="" type="checkbox"/> D-Misdemeanor No Extradition   |                                          |
| <input type="checkbox"/> 3-Felony Surrounding States | <input type="checkbox"/> A-Misdemeanor Full                 | <input type="checkbox"/> E-Misdemeanor Pending                     |                                          |
| <input type="checkbox"/> 4-Felony No Ext.            | <input type="checkbox"/> B-Misdemeanor Limited              | <input type="checkbox"/> F-Misdemeanor Pending Extradition Determ. |                                          |

DEFENDANT IDENTIFICATION INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                          |                  |                                                     |                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------|
| Docket Number<br><u>CR-199-2026</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Filed<br><u>08/17/2026</u>                                                                                                        | QTN/LiveScan Number<br><u>Q1021290-5</u> | Complaint Number | Incident Number<br><u>BN4240230T</u>                | Request Lab Services?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| GENDER<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOB <u>02/18/2005</u>                                                                                                                  | POB                                      | Add'l DOB / /    | Co-Defendant(s) <input checked="" type="checkbox"/> |                                                                                              |
| First Name<br><u>AKA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                        | Middle Name                              | Last Name        | Gen.                                                |                                                                                              |
| RACE<br><input checked="" type="checkbox"/> White<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                | ETHNICITY<br><input type="checkbox"/> Hispanic<br><input checked="" type="checkbox"/> Non-Hispanic<br><input type="checkbox"/> Unknown |                                          |                  |                                                     |                                                                                              |
| HAIR COLOR<br><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)<br><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)<br><input type="checkbox"/> BLN (Blonde / Strawberry) |                                                                                                                                        |                                          |                  |                                                     |                                                                                              |
| EYE COLOR<br><input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray)<br><input checked="" 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<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DNA Location                                                                                                                           |                                          |                  | WEIGHT (lbs.)                                       |                                                                                              |
| FBI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MNU Number                                                                                                                             |                                          |                  |                                                     |                                                                                              |
| Defendant Fingerprinted<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                          |                  | Ft. HEIGHT In.                                      |                                                                                              |
| Fingerprint Classification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |                                          |                  | 5                                                   | 7                                                                                            |

DEFENDANT VEHICLE INFORMATION

|         |       |                                    |                                   |                                              |                                         |                     |                                                     |
|---------|-------|------------------------------------|-----------------------------------|----------------------------------------------|-----------------------------------------|---------------------|-----------------------------------------------------|
| Plate # | State | Hazmat<br><input type="checkbox"/> | Registration<br>Sticker (MM/YY) / | Comm'l Veh.<br>Ind. <input type="checkbox"/> | School<br>Veh. <input type="checkbox"/> | Oth. NCIC Veh. Code | Reg.<br>same<br>as Def.<br><input type="checkbox"/> |
| VIN     | Year  | Make                               | Model                             | Style                                        | Color                                   |                     |                                                     |

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).

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, DETECTIVE DONALD PAUL

(Name of the Affiant)

MO34567A / #3230

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

of STATE COLLEGE POLICE DEPARTMENT

(Identify Department or Agency Represented and Political Subdivision)

PA0140300

(Police Agency ORI Number)

do hereby state: (check appropriate box)

**FILED/RECEIVED BY**  
**MDJ COURT 49-3-02**

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 \_\_\_\_\_

AUG 17 2026

☐ 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

**CENTRE COUNTY**  
**BELLEFONTE, PA**

with violating the penal laws of the Commonwealth of Pennsylvania at [410]

229 LOCUST LANE, STATE

COLLEGE, PENNSYLVANIA

(Subdivision Code)

(Place-Political Subdivision)

in CENTRE County

[14]

(County Code)

on or about MARCH 2024

(Offense Date)



# POLICE CRIMINAL COMPLAINT

|                                      |                                  |                                          |                   |                               |
|--------------------------------------|----------------------------------|------------------------------------------|-------------------|-------------------------------|
| Docket Number:<br><i>CR-199-2020</i> | Date Filed:<br><i>08/17/2020</i> | OTN/LiveScan Number<br><i>Q1021298-5</i> | Complaint/ Number | Incident Number<br>BN4240230T |
| Defendant Name                       | First:<br>DANIEL                 | Middle:<br>PATRICK                       | Last:<br>PRICE    |                               |

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<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>18 903 | Number of Victims Age 60 or Older _____ |
|------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------------------------|

|                                     |   |         |        |        |          |   |   |  |  |
|-------------------------------------|---|---------|--------|--------|----------|---|---|--|--|
| <input checked="" type="checkbox"/> | 1 | 780-113 | (A) 16 | of the | TITLE 35 | 1 | M |  |  |
|-------------------------------------|---|---------|--------|--------|----------|---|---|--|--|

|       |          |         |            |                    |        |       |                   |                |
|-------|----------|---------|------------|--------------------|--------|-------|-------------------|----------------|
| Lead? | Offense# | Section | Subsection | PA Statute (Title) | Counts | Grade | NCIC Offense Code | UCR/NIBRS Code |
|-------|----------|---------|------------|--------------------|--------|-------|-------------------|----------------|

|                                 |                    |  |                                     |                                      |                                    |
|---------------------------------|--------------------|--|-------------------------------------|--------------------------------------|------------------------------------|
| PennDOT Data<br>(if applicable) | Accident<br>Number |  | <input type="checkbox"/> Interstate | <input type="checkbox"/> Safety Zone | <input type="checkbox"/> Work Zone |
|---------------------------------|--------------------|--|-------------------------------------|--------------------------------------|------------------------------------|

Statute Description (include the name of statute or ordinance): THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT; APRIL 1972; TITLE 35; 780-113; (a) 16:

Acts of the accused associated with this Offense: The defendant did knowingly or intentionally possess a controlled substance while not being registered or licensed under this Act. TO WIT: During the month of March 2024, the defendant did possess cocaine and packaged cocaine in plastic bags using a digital scale at the direction of Thomas Robinson.

|                  |                                              |                                                   |                                               |                                         |
|------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| Inchoate Offense | <input type="checkbox"/> Attempt<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>18 903 | Number of Victims Age 60 or Older _____ |
|------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------------------------|

|                          |   |         |        |        |          |   |   |  |  |
|--------------------------|---|---------|--------|--------|----------|---|---|--|--|
| <input type="checkbox"/> | 2 | 780-113 | (A) 32 | of the | TITLE 35 | 1 | M |  |  |
|--------------------------|---|---------|--------|--------|----------|---|---|--|--|

|       |          |         |            |                    |        |       |                   |                |
|-------|----------|---------|------------|--------------------|--------|-------|-------------------|----------------|
| Lead? | Offense# | Section | Subsection | PA Statute (Title) | Counts | Grade | NCIC Offense Code | UCR/NIBRS Code |
|-------|----------|---------|------------|--------------------|--------|-------|-------------------|----------------|

|                                 |                    |  |                                     |                                      |                                    |
|---------------------------------|--------------------|--|-------------------------------------|--------------------------------------|------------------------------------|
| PennDOT Data<br>(if applicable) | Accident<br>Number |  | <input type="checkbox"/> Interstate | <input type="checkbox"/> Safety Zone | <input type="checkbox"/> Work Zone |
|---------------------------------|--------------------|--|-------------------------------------|--------------------------------------|------------------------------------|

Statute Description (include the name of statute or ordinance): THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT; APRIL 1972; TITLE 35; 780-113; (a) 32:

Acts of the accused associated with this Offense: The defendant did use, or possess with intent to use, drug paraphernalia for the purpose of planting, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packing, repacking, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of this Act. To Wit: During the month of March 2024, the defendant did possess cocaine and packaged cocaine in plastic bags using a digital scale at the direction of Thomas Robinson.

|                  |                                              |                                                   |                                               |                                         |
|------------------|----------------------------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| Inchoate Offense | <input type="checkbox"/> Attempt<br>18 901 A | <input type="checkbox"/> Solicitation<br>18 902 A | <input type="checkbox"/> Conspiracy<br>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<br>(if applicable) | Accident<br>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:<br><u>CR-199-2006</u> | Date Filed:<br><u>08/17/2006</u> | OTN/LiveScan Number<br><u>Q1021298-5</u> | Complaint Number | Incident Number<br>BN4240230T |
| Defendant Name                       | First:<br>DANIEL                 | Middle:<br>PATRICK                       | Last:<br>PRICE   |                               |

- 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 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.)**

August 17 2006  
(Date) (Year)

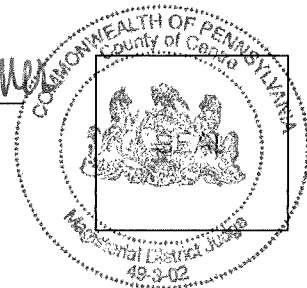
[Signature] 323°  
(Signature of Affiant)

AND NOW, on this date August 17, 2006 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.

49-3-02  
(Magisterial District Court Number)

Kenneth Spittle-Wanner  
(Issuing Authority)





# POLICE CRIMINAL COMPLAINT

|                                      |                                  |                                          |                  |                               |
|--------------------------------------|----------------------------------|------------------------------------------|------------------|-------------------------------|
| Docket Number:<br><i>CR-199-2016</i> | Date Filed:<br><i>09/17/2016</i> | OTN/LiveScan Number<br><i>Q1021298-5</i> | Complaint Number | Incident Number<br>BN4240230T |
| Defendant Name                       | First:<br>DANIEL                 | Middle:<br>PATRICK                       | Last:<br>PRICE   |                               |

## AFFIDAVIT of PROBABLE CAUSE

1. Detective Donald Paul #3230 (hereafter referred to as your affiant), is currently a State College Police Officer and has held that position since April 2005. Your affiant is a member of The Centre County Drug Task Force (CCDTF) and has held that position since November 2007. As a member of the CCDTF, your affiant has authority to investigate and arrest people for violations of The Controlled Substance, Drug, Device and Cosmetic Act in all Judicial Districts throughout the Commonwealth of Pennsylvania (Pennsylvania Title 42 § 8953(a)(3)(iii)). Prior to being employed with the State College Police Department, your affiant was a Police Officer with the Montgomery County Maryland Department of Police for 8 years. Your affiant received law enforcement training, including the investigation and enforcement of drug laws and other investigations, at the Montgomery County Department of Police Training Academy and various law enforcement sponsored training seminars. Your affiant is currently assigned to the State College Police Criminal Investigations Section with a concentration in drug investigations and has held that position since October 2007.

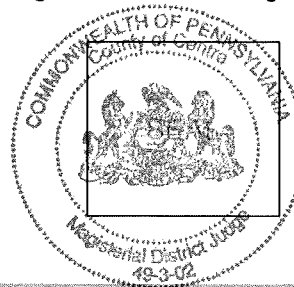
2. During his career, your affiant has received specialized drug law training. As a result of your affiant's training and experience, your affiant has become familiar with and knowledgeable in not only the clandestine manner in which drugs are used, but also the business practices used by drug dealers to include methods of packaging, storing and concealing illegal drugs, prices for which illegal drugs are sold, methods of delivering illegal drugs as well as methods of record keeping and concealment of proceeds from illegal drug sales. Your affiant has also become familiar with and knowledgeable in recognizing behavioral patterns of drug dealers, the manner and methodology by which they communicate, and in interpreting coded language used in the illegal sale of controlled substances.

I, DETECTIVE DONALD PAUL, 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.

 312  
\_\_\_\_\_  
(Signature of Affiant)

Sworn to me and subscribed before me this 17<sup>th</sup> day of August 2016  
09/17/2016 Date Kelley Quinlan-Warner, Magisterial District Judge  
My commission expires first Monday of January, 2032





**POLICE CRIMINAL COMPLAINT**  
**AFFIDAVIT CONTINUATION PAGE**

|                                      |                                  |                                          |                  |                               |
|--------------------------------------|----------------------------------|------------------------------------------|------------------|-------------------------------|
| Docket Number:<br><i>CR-199-2016</i> | Date Filed:<br><i>08/17/2016</i> | OTN/LiveScan Number<br><i>Q1021248-5</i> | Complaint Number | Incident Number<br>BN4240230T |
| Defendant Name:                      | First:<br>DANIEL                 | Middle:<br>PATRICK                       | Last:<br>PRICE   |                               |

**AFFIDAVIT of PROBABLE CAUSE CONTINUATION**

3. During his career, your affiant has been involved in numerous investigations, arrests, search warrants and prosecutions for drug related crimes. Your affiant has been personally involved in more than 500 drug related investigations, supervised more than 1000 controlled buys of illegal, controlled substances, applied for and/or executed more than 400 search warrants, and has charged more than 500 people for Violations of The Controlled Substance, Drug, Device and Cosmetic Act; specifically for the delivery of controlled substances. Your affiant has interviewed more than 400 people who were personally involved in the trafficking of controlled substances. As a result of your affiant's training and experience, your affiant has become familiar with and knowledgeable in not only the clandestine manner in which drugs are used, but also the business practices used by drug dealers to include methods of packaging, storing and concealing illegal drugs, prices for which illegal drugs are sold, methods of delivering illegal drugs as well as methods of record keeping and concealment of proceeds from illegal drug sales. Your affiant has also become familiar with and knowledgeable in recognizing behavioral patterns of drug dealers, the manner and methodology by which they communicate, and in interpreting coded language used in the illegal sale of controlled substances.

4. The 52nd Statewide Investigating Grand Jury, the Office of Attorney General, the State College Police Department, other law enforcement agencies, and your affiants have been conducting a criminal investigation into the suspected violations of the criminal laws of the Commonwealth of Pennsylvania, including violations of the Controlled Substance, Drug, Device, and Cosmetic Act by Agostino Abbatiello, Thomas Robinson, et. Al.

5. The evidentiary results of this investigation and the investigative efforts of the 52nd Statewide Investigating Grand Jury are reported in the attached Grand Jury Presentment Number 33 which is attached hereto and made a part of this Affidavit of Probable Cause. Said presentment shows on its face that it is based on evidence that the Grand Jury reviewed and evaluated; that the evidence included sworn testimony of witnesses who appeared before it as well as physical evidence presented to it; and, that the aforementioned Presentment Number 33 was reviewed and approved by the Honorable Richard A. Lewis, Supervising Judge of the 52nd Statewide Investigating Grand Jury, who by Order dated September 12, 2025, directed that the appropriate criminal charges be initiated and prosecuted by the Office of the Attorney General of the Commonwealth of Pennsylvania in Centre County, Pennsylvania. Your affiant has reviewed Presentment Number 33, and your affiant agrees that the findings identified therein correspond with the results of your affiants' own investigation to date.

  
(Signature of Affiant)