

COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF: BUTLER



POLICE
 CRIMINAL COMPLAINT

Magisterial District Number: 50-3-01
 MDJ Name: Hon. Clifford J. Woessner
 Address: 520 Kelly Blvd.
 Slippery Rock, PA 15057
 Telephone: 724-794-1807

COMMONWEALTH OF PENNSYLVANIA
 VS.
 DEFENDANT:
 Roy Eugene KERRY M.D.
 3811 Cardinal Drive
 Sharpsville, PA 18150

Docket No: CR-0000257-07
 Date Filed: 8/22/07
 OTN: K 582B13-0

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown		Defendant's Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Defendant's D. O. B.	Defendant's Social Security Number	Defendant's BID (State Identification Number)
Defendant's A.K.A. (also known as)		Defendant's Vehicle Information Plate Number: State: Registration Sticker (MMYY)		Defendant's Driver's License Number State: PA	
Complaint/Incident Number: D01-1172480	LiveScan Tracking Number	Complaint/Incident Number if other Participants			UOR/NIBRS Code 01B

Office of the Attorney for the Commonwealth Approved Disapproved because:
(The Attorney for the Commonwealth may decide that the complaint, cover warrant, arrest, or bill be approved by the attorney for the Commonwealth prior to filing. PA.R.C.M.P. 120.1)

William T. Fullerton
(Attorney for the Commonwealth)

William T. Fullerton
(Attorney for the Commonwealth)

8-21-07
DATE

I, CPL CHERYL POLENA
(Name of Officer)

05886/00138136
(Officer's State Identification Number)

of the Pennsylvania State Police, Troop D, Butler
(Officer's Station)

PAPSP0900
(Police Agency and Station)

D01-1172480
(Complaint/Incident Number (CIN))

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

with violating the penal laws of the Commonwealth of Pennsylvania at
Advanced Integrated Medicine Center, 160 E Portersville Road, Portersville Borough
(Place Address on this line)

In BUTLER County on or about 08/23/2005 @ 1145 hrs.

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)
Roy Eugene KERRY M.D.

Lab User fee applies
 AOPC-4126PA(05)

Defendant's Name: Roy Eugene KERRY M.D.
 Docket Number: CR-0000257-07



**POLICE
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2. The acts committed by the accused were:
(If it form a violation of the laws of the Commonwealth to advise the defendant of the nature of the charges, a charge in the complaint is alleged, unless a charge is not subject to a statutory cap, you must cite the specific section and subsection of the statute or regulation properly violated.)

CC 2504(a) Involuntary Manslaughter, F2

IN THAT, on or about said date, in doing a lawful act in a reckless or grossly negligent manner, THE DEFENDANT caused the death of _____, a child under the age of 12 years of age. That is to say DEFENDANT did administer medical care or did direct to be administered medical care in a reckless or grossly negligent manner which caused the death in violation of Section 2504(a) of the PA Crimes Code.

CC 4304(a) Endangering Welfare of Children, F3,

IN THAT, on or about said date, being a parent, guardian, or other person supervising the welfare of a child under the age of 18 years of age, THE DEFENDANT did knowingly endanger the welfare of said child by violating a duty of care, protection or support, namely, did knowingly administer medical care or direct the administering of medical care in a reckless and/or grossly negligent manner which did cause the death _____ in violation of Section 4304(a) of the PA Crimes Code.

CC 2705 Recklessly Endangering Another Person, M2,

IN THAT, on or about said date, THE DEFENDANT did recklessly engage in conduct which placed or may have placed _____ in danger of death or serious bodily injury, that is to say THE DEFENDANT did administer or direct to be administered medical care in a reckless manner which caused the death _____ in violation of Section 2705 of the PA Crimes Code.

all of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of

1. 2504(a) of the Title 18, PA Crimes Code 1 F2
(Section) (Subsection) (Title) (Section) (Count) (Grade)
2. 4304(a) of the Title 18, PA Crimes Code 1 F3
(Section) (Subsection) (Title) (Section) (Count) (Grade)
3. 2705 of the Title 18, PA Crimes Code 1 M2
(Section) (Subsection) (Title) (Section) (Count) (Grade)
4. _____ of the _____
(Section) (Subsection) (Title) (Section) (Count) (Grade)

3. 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. (In order for a warrant of arrest to issue, the attached affidavit of probable cause must be completed and sworn to before the issuing authority.)

4. I verify that the facts set forth in the 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.

August 21, 2007. Cd. Cheryl A. Paul
(Date) (Signature of Affiant)

AND NOW, on this date, 8/22/07 I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed in order for a warrant to issue.

50-3-01 [Signature] **SEAL**