

COMMONWEALTH OF PENNSYLVANIA  
 COUNTY OF MONROE  
 Magisterial District Number: 43-3-03  
 MDJ: Hon. DANIEL KRESGE  
 Address: 3361 ROUTE 611, SUITE 4,  
 BARTONSVILLE, PA 19321  
 Telephone: (570) 629-1460



**POLICE CRIMINAL COMPLAINT**  
**COMMONWEALTH OF PENNSYLVANIA**  
**VS.**

**DEFENDANT:** (NAME and ADDRESS):  
 DYLAN SCOTT SMITH  
 First Name Middle Name Last Name Gen.  
 4250 MANOR DRIVE  
 STROUDSBURG, PA 18360

**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 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**

<b>Docket Number</b>	<b>Date Filed</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244	<b>Request Lab Services?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>GENDER</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>DOB</b> 05 / 12 / 1995	<b>POB</b> NEW JERSEY	<b>Add'l DOB</b> / /	<b>Co-Defendant(s)</b> <input checked="" type="checkbox"/>		
<b>AKA</b>		First Name	Middle Name	Last Name	Gen.	
<b>RACE</b> <input checked="" type="checkbox"/> White <input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown		
<b>ETHNICITY</b> <input type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Unknown			
<b>HAIR COLOR</b>	<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)
	<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)
	<input type="checkbox"/> BLN (Blonde / Strawberry)					
<b>EYE COLOR</b>	<input type="checkbox"/> BLK (Black)	<input checked="" type="checkbox"/> BLU (Blue)	<input 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)	
<b>DNA</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DNA Location</b>			<b>WEIGHT (lbs.)</b>	
<b>FBI Number</b>		<b>MNU Number</b>			170	
<b>Defendant Fingerprinted</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				<b>Ft. HEIGHT In.</b>	
<b>Fingerprint Classification:</b>				6	02	

**DEFENDANT VEHICLE INFORMATION**

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

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 KIM LIPPINCOTT 43659  
 (Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of MONROE COUNTY OFFICE OF THE DISTRICT ATTORNEY PA045013A  
 (Identify Department or Agency Represented and Political Subdivision) (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 [ 209 ] \_\_\_\_\_  
 3401 ROUTE 611, POCONO TOWNSHIP, MONROE COUNTY, PENNSYLVANIA (Subdivision Code) (Place-Political Subdivision)

in MONROE County [ 45 ] on or about APRIL 30, 2024  
 (County Code) (Offense Date)



# POLICE CRIMINAL COMPLAINT

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	First: DYLAN	Middle: SCOTT	Last: SMITH	

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.)

<b>Inchoate Offense</b>	<input type="checkbox"/> <b>Attempt</b> 18 901 A	<input type="checkbox"/> <b>Solicitation</b> 18 902 A	<input checked="" type="checkbox"/> <b>Conspiracy</b> 18 903	<b>Number of Victims Age 60 or Older</b> _____
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<input checked="" type="checkbox"/>	1	780-113	A16	of the	35	1	M		
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	

<b>PennDOT Data (if applicable)</b>	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):

**POSSESSION OF A CONTROLLED SUBSTANCE**

Acts of the accused associated with this Offense:

TO WIT, THE DEFENDANT, ON APRIL 30 2024 KNOWINGLY OR INTENTIONALLY POSSESSED A CONTROLLED SUBSTANCE OR COUNTERFEIT SUBSTANCE BY A PERSON NOT REGISTERED UNDER THIS ACT, OR A PRACTITIONER NOT REGISTERED OR LICENSED BY THE APPROPRIATE STATE BOARD, UNLESS THE SUBSTANCE WAS OBTAINED DIRECTLY FROM, OR PURSUANT TO, A VALID PRESCRIPTION ORDER OR ORDER OR A PRACTITIONER, OR EXCEPT OTHERWISE AUTHORIZED BY THIS ACT. THAT IS TO SAY, THE DEFENDANT WAS IN POSSESSION OF ILLICIT HEROIN/FENTANYL.

<b>Inchoate Offense</b>	<input type="checkbox"/> <b>Attempt</b> 18 901 A	<input type="checkbox"/> <b>Solicitation</b> 18 902 A	<input checked="" type="checkbox"/> <b>Conspiracy</b> 18 903	<b>Number of Victims Age 60 or Older</b> _____
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<input type="checkbox"/>	2	780-113	A32	of the	35	3			
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	

<b>PennDOT Data (if applicable)</b>	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:

TO WIT THE DEFENDANT, ON APRIL 30 2024 POSSESSED WITH THE INTENT TO USE DRUG PARAPHERNALIA, FOR THE PURPOSE OF PLANTING, PROPAGATING, CULTIVATING, 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 THE ACT. THAT IS TO SAY, THE DEFENDANT WAS IN POSSESSION OF A CRACK PIPE, SYRINGES (USED AND UNUSED), AND EMPTY HEROIN/FENTANYL PACKETS.

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

<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	

<b>PennDOT Data (if applicable)</b>	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:

**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	First: DYLAN	Middle: SCOTT	Last: SMITH	

- 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 \_\_\_ 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.)**

May 1                      2024  
(Date)                                      (Year)

*Kris Depott*  
(Signature of Affiant)

AND NOW, on this date \_\_\_\_\_ 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.

\_\_\_\_\_  
(Magisterial District Court Number)

\_\_\_\_\_  
(Issuing Authority)





Please provide the following information for each co-defendant.

# Co-Defendant Data Sheet

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	<b>First:</b> DYLAN	<b>Middle:</b> SCOTT	<b>Last:</b> SMITH	

<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244	Co-Defendant # ____
BRANDEN CABRERRA (Name)		
4250 MANOR DRIVE (Home Street Address)		
STROUDSBURG, PA 18360 (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244	Co-Defendant # ____
CHRISTOPHER FERRARO (Name)		
4250 MANOR DRIVE (Home Street Address)		
STROUDSBURG, PA 18360 (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b>	Co-Defendant # ____
_____ (Name)		
_____ (Home Street Address)		
_____ (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b>	Co-Defendant # ____
_____ (Name)		
_____ (Home Street Address)		
_____ (City, State, & ZIP Code)		(Telephone #)



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint Number	Incident Number 2024M0244
Defendant Name	First: DYLAN	Middle:	Last: SMITH	

## AFFIDAVIT of PROBABLE CAUSE

Your affiant, Detective Kim Lippincott, is employed by the Monroe County Office of the District Attorney. As a police officer in the Commonwealth of Pennsylvania I state the following:

On April 30, 2024 I was contacted by Monroe County Probation Officer Billy Reese who requested my assistance. PO Reese and other PO's went to the Night Lodge located at 3401 Route 611 in Pocono Township Monroe County to make contact with Branden Cabrera, who is currently on supervision.

PO Reese received information that Cabrera was living in room 125 at the Night Lodge.

When PO Reese attempted contact he located Christopher Ferraro, Dylan Smith, and Branden Cabrera. In plain view in the room was multiple items of drug paraphernalia (needles both capped and uncapped, a scale, empty heroin/fentanyl packets, a crack pipe) and also a small plastic baggie containing what appeared to be a small amount of fentanyl/heroin.

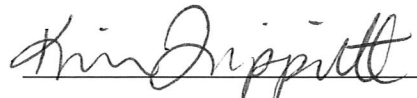
PO Reese requested assistance from the District Attorney's Office. Myself and Detective Mario Orlando responded to the scene. We made contact with the manager of the hotel who provided consent to search for the room.

All items located in plain view were secured as evidence.

Christopher Ferraro was taken into custody for a bench warrant for failure to appear in both Monroe County and Luzerne County.

**I, DETECTIVE KIM LIPPINCOTT, 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 \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January,





**POLICE CRIMINAL COMPLAINT  
AFFIDAVIT CONTINUATION PAGE**

<b>Docket Number:</b>	<b>Date Filed:</b>	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	<b>First:</b> DYLAN	<b>Middle:</b>	<b>Last:</b> SMITH	

**AFFIDAVIT of PROBABLE CAUSE CONTINUATION**

Dylan Smith was taken into custody by Monroe County Probation for a violation.

Brandon Cabrera was taken into custody by Monroe County Probation for a violation.

All three above mentioned defendants are currently housed at the Monroe County Correctional Facility.

Your affiant requests that the defendants answer to these charges.

(Signature of Affiant)

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF MONROE



**POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.**

Magisterial District Number: 43-3-03  
MDJ: Hon. DANIEL KRESGE  
Address: 3361 ROUTE 611, SUITE 4,  
BARTONSVILLE, PA 19321  
Telephone: (570) 629-1460

**DEFENDANT:** (NAME and ADDRESS):  
BRANDEN CABRERRA  
First Name Middle Name Last Name Gen.  
4250 MANOR DRIVE  
STROUDSBURG, PA 18360

**NCIC Extradition Code Type**

- 1-Felony Full       5-Felony Pend.       C-Misdemeanor Surrounding States       Distance: \_\_\_\_\_
- 2-Felony Ltd.       6-Felony Pend. Extradition Determ.       D-Misdemeanor No Extradition
- 3-Felony Surrounding States       A-Misdemeanor Full       E-Misdemeanor Pending
- 4-Felony No Ext.       B-Misdemeanor Limited       F-Misdemeanor Pending Extradition Determ.

**DEFENDANT IDENTIFICATION INFORMATION**

<b>Docket Number</b>		<b>Date Filed</b> / /		<b>OTN/LiveScan Number</b>		<b>Complaint Number</b>		<b>Incident Number</b> 2024M0244		<b>Request Lab Services?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>GENDER</b>		<b>DOB</b> 2/1/1995		<b>POB</b> NEW YORK		<b>Add'l DOB</b> / /		<b>Co-Defendant(s)</b> <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		First Name		Middle Name		Last Name		Gen.				
<b>RACE</b>		<input checked="" type="checkbox"/> White		<input type="checkbox"/> Asian		<input type="checkbox"/> Black		<input type="checkbox"/> Native American		<input type="checkbox"/> Unknown		
<b>ETHNICITY</b>		<input checked="" type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Unknown						
<b>HAIR COLOR</b>		<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 type="checkbox"/> BRO (Brown)
		<input checked="" 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)
		<input type="checkbox"/> BLN (Blonde / Strawberry)										
<b>EYE COLOR</b>		<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)		
<b>DNA</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DNA Location</b>						<b>WEIGHT (lbs.)</b>		
<b>FBI Number</b>				<b>MNU Number</b>						145		
<b>Defendant Fingerprinted</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO								<b>Ft. HEIGHT In.</b>		
<b>Fingerprint Classification:</b>										5      7		

**DEFENDANT VEHICLE INFORMATION**

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

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 KIM LIPPINCOTT      43659  
(Name of the Affiant)      (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of MONROE COUNTY OFFICE OF THE DISTRICT ATTORNEY      PA045013A  
(Identify Department or Agency Represented and Political Subdivision)      (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 [ 209 ]  
3401 ROUTE 611, POCONO TOWNSHIP, MONROE COUNTY, PENNSYLVANIA      (Subdivision Code)      (Place-Political Subdivision)

in MONROE County      [ 45 ]      on or about APRIL 30, 2024  
(County Code)      (Offense Date)



# POLICE CRIMINAL COMPLAINT

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	First: BRANDEN	Middle:	Last: CABRERRA	

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.)

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

<input checked="" type="checkbox"/>	1	780-113	A16	of the	35	1	M		
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<b>PennDOT Data (if applicable)</b>	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):  
**POSSESSION OF A CONTROLLED SUBSTANCE**

Acts of the accused associated with this Offense:  
 TO WIT, THE DEFENDANT, ON APRIL 30 2024 KNOWINGLY OR INTENTIONALLY POSSESSED A CONTROLLED SUBSTANCE OR COUNTERFEIT SUBSTANCE BY A PERSON NOT REGISTERED UNDER THIS ACT, OR A PRACTITIONER NOT REGISTERED OR LICENSED BY THE APPROPRIATE STATE BOARD, UNLESS THE SUBSTANCE WAS OBTAINED DIRECTLY FROM, OR PURSUANT TO, A VALID PRESCRIPTION ORDER OR ORDER OR A PRACTITIONER, OR EXCEPT OTHERWISE AUTHORIZED BY THIS ACT. THAT IS TO SAY, THE DEFENDANT WAS IN POSSESSION OF ILLICIT HEROIN/FENTANYL.

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

<input type="checkbox"/>	2	780-113	A32	of the	35	3			
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<b>PennDOT Data (if applicable)</b>	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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<b>Inchoate Offense</b>	<input type="checkbox"/> <b>Attempt</b> 18 901 A	<input type="checkbox"/> <b>Solicitation</b> 18 902 A	<input type="checkbox"/> <b>Conspiracy</b> 18 903	<b>Number of Victims Age 60 or Older</b> _____
-------------------------	---	--	--	--

<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
<b>PennDOT Data (if applicable)</b>	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:



**POLICE CRIMINAL COMPLAINT**

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	First: BRANDEN	Middle:	Last: CABRERRA	

- 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 \_\_\_ 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.)**

May 1 (Date)      2024 (Year)

*Kristina [Signature]*  
 (Signature of Affiant)

AND NOW, on this date \_\_\_\_\_ 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.

\_\_\_\_\_  
 (Magisterial District Court Number)

\_\_\_\_\_  
 (Issuing Authority)





# Co-Defendant Data Sheet

Please provide the following information for each co-defendant.

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	<b>First:</b> BRANDEN	<b>Middle:</b>	<b>Last:</b> CABRERRA	

<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244	Co-Defendant # _____
DYLAN SCOTT SMITH (Name)		
4250 MANOR DRIVE (Home Street Address)		
STROUDSBURG, PA 18360 (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244	Co-Defendant # _____
CHRISTOPHER FERRARO (Name)		
4250 MANOR DRIVE (Home Street Address)		
STROUDSBURG, PA 18360 (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b>	Co-Defendant # _____
_____ (Name)		
_____ (Home Street Address)		
_____ (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b>	Co-Defendant # _____
_____ (Name)		
_____ (Home Street Address)		
_____ (City, State, & ZIP Code)		(Telephone #)



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint Number	Incident Number 2024M0244
Defendant Name	First: BRANDEN	Middle:	Last: CABRERA	

## AFFIDAVIT of PROBABLE CAUSE

Your affiant, Detective Kim Lippincott, is employed by the Monroe County Office of the District Attorney. As a police officer in the Commonwealth of Pennsylvania I state the following:

On April 30, 2024 I was contacted by Monroe County Probation Officer Billy Reese who requested my assistance. PO Reese and other PO's went to the Night Lodge located at 3401 Route 611 in Pocono Township Monroe County to make contact with Branden Cabrera, who is currently on supervision.

PO Reese received information that Cabrera was living in room 125 at the Night Lodge.

When PO Reese attempted contact he located Christopher Ferraro, Dylan Smith, and Branden Cabrera. In plain view in the room was multiple items of drug paraphernalia (needles both capped and uncapped, a scale, empty heroin/fentanyl packets, a crack pipe) and also a small plastic baggie containing what appeared to be a small amount of fentanyl/heroin.

PO Reese requested assistance from the District Attorney's Office. Myself and Detective Mario Orlando responded to the scene. We made contact with the manager of the hotel who provided consent to search for the room.

All items located in plain view were secured as evidence.

Christopher Ferraro was taken into custody for a bench warrant for failure to appear in both Monroe County and Luzerne County.

**I, DETECTIVE KIM LIPPINCOTT, 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 \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January,





**POLICE CRIMINAL COMPLAINT  
AFFIDAVIT CONTINUATION PAGE**

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint Number	Incident Number 2024M0244
Defendant Name	First: BRANDEN	Middle:	Last: CABRERA	

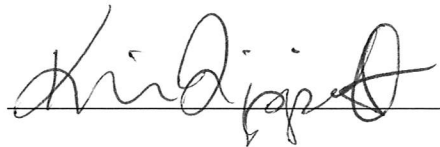
**AFFIDAVIT of PROBABLE CAUSE CONTINUATION**

Dylan Smith was taken into custody by Monroe County Probation for a violation.

Brandon Cabrera was taken into custody by Monroe County Probation for a violation.

All three above mentioned defendants are currently housed at the Monroe County Correctional Facility.

Your affiant requests that the defendants answer to these charges.



(Signature of Affiant)

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF MONROE



**POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.**

Magisterial District Number: 43-3-03  
MDJ: Hon. DANIEL KRESGE  
Address: 3361 ROUTE 611, SUITE 4,  
BARTONSVILLE, PA 19321  
Telephone: (570) 629-1460

**DEFENDANT:** (NAME and ADDRESS):  
CHRISTOPHER JOHN FERRARO  
*First Name Middle Name Last Name Gen.*  
4250 MANOR DRIVE  
STROUDSBURG, PA 18360

**NCIC Extradition Code Type**

1-Felony Full  5-Felony Pend.  C-Misdemeanor Surrounding States  Distance: \_\_\_\_\_  
 2-Felony Ltd.  6-Felony Pend. Extradition Determ.  D-Misdemeanor No Extradition  
 3-Felony Surrounding States  A-Misdemeanor Full  E-Misdemeanor Pending  
 4-Felony No Ext.  B-Misdemeanor Limited  F-Misdemeanor Pending Extradition Determ.

**DEFENDANT IDENTIFICATION INFORMATION**

Docket Number: \_\_\_\_\_ Date Filed: / / OTN/LiveScan Number: \_\_\_\_\_ Complaint Number: \_\_\_\_\_ Incident Number: 2024M0244 Request Lab Services?  YES  NO  
GENDER:  Male  Female DOB: 3/9/1992 POB: NEW JERSEY Add'l DOB: / / Co-Defendant(s)   
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gen.: \_\_\_\_\_  
RACE:  White  Asian  Black  Native American  Unknown  
ETHNICITY:  Hispanic  Non-Hispanic  Unknown  
HAIR COLOR:  GRY (Gray)  RED (Red/Aubn.)  SDY (Sandy)  BLU (Blue)  PLE (Purple)  BRO (Brown)  
 BLK (Black)  ONG (Orange)  WHI (White)  XXX (Unk./Bald)  GRN (Green)  PNK (Pink)  
 BLN (Blonde / Strawberry)  
EYE COLOR:  BLK (Black)  BLU (Blue)  BRO (Brown)  GRN (Green)  GRY (Gray)  
 HAZ (Hazel)  MAR (Maroon)  PNK (Pink)  MUL (Multicolored)  XXX (Unknown)  
DNA:  YES  NO DNA Location: \_\_\_\_\_ WEIGHT (lbs.): \_\_\_\_\_  
FBI Number: \_\_\_\_\_ MNU Number: \_\_\_\_\_ Ft. HEIGHT In.: 170  
Defendant Fingerprinted:  YES  NO Ft. HEIGHT In.: 6 0  
Fingerprint Classification: \_\_\_\_\_

**DEFENDANT VEHICLE INFORMATION**

Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Hazmat:  Registration Sticker (MM/YY): / Comm'l Veh. Ind.:  School Veh.:  Oth. NCIC Veh. Code: \_\_\_\_\_ Reg. same as Def.:   
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 KIM LIPPINCOTT 43659  
(Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)  
of MONROE COUNTY OFFICE OF THE DISTRICT ATTORNEY PA045013A  
(Identify Department or Agency Represented and Political Subdivision) (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 [ 209 ] \_\_\_\_\_  
[ 3401 ROUTE 611, POCONO TOWNSHIP, MONROE COUNTY, PENNSYLVANIA ] \_\_\_\_\_  
(Subdivision Code) (Place-Political Subdivision)  
in MONROE County [ 45 ] on or about APRIL 30, 2024  
(County Code) (Offense Date)



# POLICE CRIMINAL COMPLAINT

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	First: CHRISTOPHER	Middle: JOHN	Last: FERRARO	

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.)

<b>Inchoate Offense</b>	<input type="checkbox"/> <b>Attempt</b> 18 901 A	<input type="checkbox"/> <b>Solicitation</b> 18 902 A	<input checked="" type="checkbox"/> <b>Conspiracy</b> 18 903	<b>Number of Victims Age 60 or Older</b> _____
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<input checked="" type="checkbox"/>	1	780-113	A16	of the	35	1	M		
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	

<b>PennDOT Data (if applicable)</b>	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):

**POSSESSION OF A CONTROLLED SUBSTANCE**

Acts of the accused associated with this Offense:

TO WIT, THE DEFENDANT, ON APRIL 30 2024 KNOWINGLY OR INTENTIONALLY POSSESSED A CONTROLLED SUBSTANCE OR COUNTERFEIT SUBSTANCE BY A PERSON NOT REGISTERED UNDER THIS ACT, OR A PRACTITIONER NOT REGISTERED OR LICENSED BY THE APPROPRIATE STATE BOARD, UNLESS THE SUBSTANCE WAS OBTAINED DIRECTLY FROM, OR PURSUANT TO, A VALID PRESCRIPTION ORDER OR ORDER OR A PRACTITIONER, OR EXCEPT OTHERWISE AUTHORIZED BY THIS ACT. THAT IS TO SAY, THE DEFENDANT WAS IN POSSESSION OF ILLICIT HEROIN/FENTANYL.

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

<input type="checkbox"/>	2	780-113	A32	of the	35	3			
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	

<b>PennDOT Data (if applicable)</b>	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:

TO WIT THE DEFENDANT, ON APRIL 30 2024 POSSESSED WITH THE INTENT TO USE DRUG PARAPHERNALIA, FOR THE PURPOSE OF PLANTING, PROPAGATING, CULTIVATING, 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 THE ACT. THAT IS TO SAY, THE DEFENDANT WAS IN POSSESSION OF A CRACK PIPE, SYRINGES (USED AND UNUSED), AND EMPTY HEROIN/FENTANYL PACKETS.

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

<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	

<b>PennDOT Data (if applicable)</b>	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:

# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number	Incident Number 2024M0244
Defendant Name	First: CHRISTOPHER	Middle: JOHN	Last: FERRARO	

- 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 \_\_\_ through \_\_\_.
- 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.)**

May 1 (Date)      2024 (Year)

[Handwritten Signature]  
(Signature of Affiant)

AND NOW, on this date \_\_\_\_\_ 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.

\_\_\_\_\_  
(Magisterial District Court Number)

\_\_\_\_\_  
(Issuing Authority)





# Co-Defendant Data Sheet

Please provide the following information for each co-defendant.

<b>Docket Number:</b>	<b>Date Filed:</b> / /	<b>OTN/LiveScan Number</b>	<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244
<b>Defendant Name</b>	<b>First:</b> CHRISTOPHER	<b>Middle:</b>	<b>Last:</b> FERRARO	

<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244	Co-Defendant # _____
DYLAN SCOTT SMITH (Name)		
4250 MANOR DRIVE (Home Street Address)		
STROUDSBURG, PA 18360 (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b> 2024M0244	Co-Defendant # _____
BRANDEN CABRERRA (Name)		
4250 MANOR DRIVE (Home Street Address)		
STROUDSBURG, PA 18360 (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b>	Co-Defendant # _____
_____ (Name)		
_____ (Home Street Address)		
_____ (City, State, & ZIP Code)		(Telephone #)

<b>Complaint Number</b>	<b>Incident Number</b>	Co-Defendant # _____
_____ (Name)		
_____ (Home Street Address)		
_____ (City, State, & ZIP Code)		(Telephone #)





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint Number	Incident Number 2024M0244
Defendant Name	First: CHRISTOPHER	Middle:	Last: FERRARO	

## AFFIDAVIT of PROBABLE CAUSE

Your affiant, Detective Kim Lippincott, is employed by the Monroe County Office of the District Attorney. As a police officer in the Commonwealth of Pennsylvania I state the following:

On April 30, 2024 I was contacted by Monroe County Probation Officer Billy Reese who requested my assistance. PO Reese and other PO's went to the Night Lodge located at 3401 Route 611 in Pocono Township Monroe County to make contact with Branden Cabrera, who is currently on supervision.

PO Reese received information that Cabrera was living in room 125 at the Night Lodge.

When PO Reese attempted contact he located Christopher Ferraro, Dylan Smith, and Branden Cabrera. In plain view in the room was multiple items of drug paraphernalia (needles both capped and uncapped, a scale, empty heroin/fentanyl packets, a crack pipe) and also a small plastic baggie containing what appeared to be a small amount of fentanyl/heroin.

PO Reese requested assistance from the District Attorney's Office. Myself and Detective Mario Orlando responded to the scene. We made contact with the manager of the hotel who provided consent to search for the room.

All items located in plain view were secured as evidence.

Christopher Ferraro was taken into custody for a bench warrant for failure to appear in both Monroe County and Luzerne County.

**I, DETECTIVE KIM LIPPINCOTT, 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 \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, Date \_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January,





**POLICE CRIMINAL COMPLAINT  
AFFIDAVIT CONTINUATION PAGE**

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint Number	Incident Number 2024M0244
Defendant Name	First: CHRISTOPHER	Middle:	Last: FERRARO	

**AFFIDAVIT of PROBABLE CAUSE CONTINUATION**

Dylan Smith was taken into custody by Monroe County Probation for a violation.

Brandon Cabrera was taken into custody by Monroe County Probation for a violation.

All three above mentioned defendants are currently housed at the Monroe County Correctional Facility.

Your affiant requests that the defendants answer to these charges.



(Signature of Affiant)