

ORIGINAL



Magisterial District Number:  
MDJ: Hon. Blair County  
Address: Court of Common Pleas  
Telephone: ( - )

DEFENDANT: (NAME and ADDRESS):  
Luigi Nicholas Mangione  
First Name Middle Name Last Name Gen.  
1 Buckley Ct, Towson, MD 21286-1701  
2024 MD 1546

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 Request Lab Services?  
12/10/2024 2024-00000077 YES NO  
GENDER DOB 05/06/1998 POB PA Add'l DOB / / Co-Defendant(s)   
 Male First Name Middle Name Last Name Gen.  
 Female AKA  
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 140  
Defendant Fingerprinted  YES  NO Ft. HEIGHT In.  
Fingerprint Classification: 5 10

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, Michael Sapienza and I, Kimberly Sanders  
(Name of the Affiant)

29067 / #21153; 303518 / #20300  
(PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Blair County Detectives  
(Identify Department or Agency Represented and Political Subdivision)  
do hereby state: (check appropriate box)

PA007013A  
(Police Agency ORI Number)

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

FILED  
BLAIR COUNTY  
ROBIN C. PATTON  
CLERK OF ORPHANS COURT  
2024 DEC 10 AM 11:10

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 [ 403 ] Hollidaysburg Borough  
(Subdivision Code) (Place-Political Subdivision)  
423 Allegheny St

in \_\_\_\_\_ County [ ] on or about Tue - 12/10/2024  
(County Code) (Offense Date)



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 12/10/2024	OTN/LiveScan Number	Complaint Number	Incident Number 2024-00000077
Defendant Name	First: Luigi	Middle: Nicholas	Last: Mangione	

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.)

<input checked="" type="checkbox"/> 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 <u>0</u>
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<input checked="" type="checkbox"/>	1	9134		of the	42	1			
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description (include the name of statute or ordinance):  
 Arrest prior to requisition

Acts of the accused associated with this Offense:  
 42 9134 - Arrest prior to requisition

Whenever any person within this Commonwealth shall be charged on the oath of any credible person before any judge or issuing authority of this Commonwealth with the commission of any crime in any other state, and, except in cases arising under section 9127 (relating to extradition of persons not present in demanding state at time of commission of crime) with having fled from justice or with having been convicted of a crime in that state and having escaped from confinement or having broken the terms of his bail, probation or parole, or whenever complaint shall have been made before any judge or issuing authority in this Commonwealth, setting forth on the



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<b>Defendant Name</b>	<b>First:</b> Luigi	<b>Middle:</b> Nicholas	<b>Last:</b> Mangione	

## OFFENSE DESCRIPTION CONTINUATION

Offense #: 1

affidavit of any credible person in another state that a crime has been committed in such other state and that the accused has been charged in such state with the commission of the crime, and, except in cases arising under section 9127, has fled from justice or with having been convicted of a crime in that state and having escaped from confinement or having broken the terms of his bail, probation or parole and is believed to be in this Commonwealth, the judge or issuing authority shall issue a warrant directed to any peace officer commanding him to apprehend the person named therein wherever he may be found in this Commonwealth and to bring him before the same or any other judge or issuing authority who or which may be available in, or convenient of, access to the place where the arrest may be made to answer the charge or complaint and affidavit, and a certified copy of the sworn charge or complaint and affidavit upon which the warrant is issued shall be attached to the warrant.



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<b>Defendant Name</b>	<b>First:</b> Luigi	<b>Middle:</b> Nicholas	<b>Last:</b> Mangione	

- 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.)**

December 10, \_\_\_\_\_ 2024  
(Date)

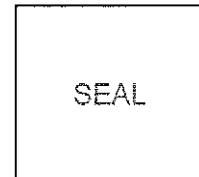
*Det. Mangione*  
(Signature of Affiant)

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)





# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 12/10/2024	OTN/LiveScan Number	Complaint Number	Incident Number 2024-00000077
Defendant Name	First: Luigi	Middle: Nicholas	Last: Mangione	

## AFFIDAVIT of PROBABLE CAUSE

On 12-09-2024 the defendant, Luigi Mangione, was arrested and charged with criminal offenses in the Commonwealth of Pennsylvania. After a preliminary arraignment, he was held on those charges without bail and housed as a Blair County inmate in SCI Huntingdon. On 12-10-2024 your Affiants received an arrest warrant for the crime of Murder in the 2nd Degree, a violation of New York Penal Law 125.25 (1) issued by the Honorable Michael E. Ryan of the Criminal Court of the City of New York. Your Affiants are aware and confirmed the issuance of the above warrant through the County of New York District Attorney's Office and the New York Police Department Manhattan Homicide Division at approximately 0849 hours this date. Your Affiants further confirmed the existence of the arrest warrant through NCIC via Blair County 911. The New York Police Department and the Manhattan District Attorney's Office is seeking the Defendant's extradition pursuant to this Warrant of Arrest.

I, MICHAEL SAPIENZA, AND I, KIMBERLY SANDERS, 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.

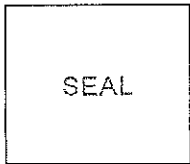
I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

*Det. M. Sapienza*      *Det. K. Sanders*  
 (Signature of Affiant)

Sworn to me and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_, Magisterial District Judge

My commission expires first Monday of January,





Complete the defendant's SSN information if known. If this form is submitted as part of a Police Criminal Complaint, the NCIC Cautions/Medical Conditions and Scars/Marks/Tattoos sections should also be completed if known.

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NCIC Cautions and Medical Conditions (check up to 9)				
<input type="checkbox"/> 00	<input type="checkbox"/> 20	<input type="checkbox"/> 50	<input type="checkbox"/> 70	<input type="checkbox"/> 01
<input type="checkbox"/> 05	<input type="checkbox"/> 25	<input type="checkbox"/> 55	<input type="checkbox"/> 80	
<input type="checkbox"/> 10	<input type="checkbox"/> 30	<input type="checkbox"/> 60	<input type="checkbox"/> 85	
<input type="checkbox"/> 15	<input type="checkbox"/> 40	<input type="checkbox"/> 65	<input type="checkbox"/> 90	

<b>Scars, Marks, Tattoos (NCIC Codes)</b>	
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Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	Reference in Filing:
<u>Luigi Nicholas Mangione</u> (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor) and date of birth: <u>05/06/1998</u>	Social Security Number (SSN): <u><del>000-00-0000</del></u> Financial Account Number (FAN): _____ Driver License Number (DLN): <u>M525560630346</u> State of Issuance (DLN): <u>MD</u> Expires (DLN): _____ State Identification Number (SID): _____	Alternate Reference: SSN1 Alternate Reference: FAN1 Alternate Reference: DLN1  Alternate Reference: SID1

Additional page(s) attached. 0 total pages are attached to this filing.

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.

Det. M. Sapienza and Det. Kimberly Sanders  
Signature of Attorney or Affiant

12-10-2024  
Date

Name: Michael Sapienza and I, Kimberly Sanders  
Address: 423 Allegheny St. Suite 421,  
Hollidaysburg, PA 16648

Attorney Number: (if applicable) \_\_\_\_\_  
Telephone: (814) 693-3010  
Email: msapienza@blairco.org / ksanders@blairco.org

**NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**