



COMMONWEALTH OF PENNSYLVANIA CITATION NO.
NON-TRAFFIC CITATION R2596962-4

1. Magisterial District Number 02-3-05		2. Docket Number NT-122-21		3. Social Security Number	
4. Address of Magisterial District Office 14 Center St Intercourse PA 17534				5. Driver's Number	
7. Defendant's Name - First OMAR		Middle Esh		Last Esh	
8. Defendant's Address (Street-City-State-Zip Code) 68 Clearview Rd, Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (B) <input type="checkbox"/> Black (I) <input type="checkbox"/> Native American		(A) <input type="checkbox"/> Asian (H) <input type="checkbox"/> Hispanic (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female	
11. Date of Birth (MM/DD/YY) 01/21/2000		12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown		13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input checked="" type="checkbox"/> Citation/Summons	
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other <u>Cruelty to animals</u>					
20. Nature of Offense A person commits an offense if he/she fails to provide necessary veterinary care to an animal which he/she has a duty of care. To wit, Defendant failed to provide veterinary care to one Havanaese type dog identified as Maiden A47920804				21. Pa. Code	
				22. CRIMES CODE TITLE 18 <input type="checkbox"/>	
				23. SECTION 5532	
				24. SUB SEC. (a)(3)	
				25. FINE	
				26. COSTS 125.5	
				27. J.C.P.A.T.I. / G.J.E.A./O.A.G. \$ 40.25	
				28. TOTAL DUE \$	
31. Date 6/4/21		32. Time 11am		33. Day Friday	
34. City/Twp./Boro Leacock Township		35. Code		36. Zone	
37. Location 68 Clearview Rd Ronks PA 17572				38. County Lancaster	
39. County Code 36				40. Defendant's Signature - Acknowledges Receipt of Citation X	
43. I verify that the facts set forth in this citation are true to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4804 of the Crimes Code (18 Pa.C.S. § 4804) relating to sworn falsification to authorities. I certify this filing complies with the LUS Case Records Public Access Policy.					
OFFICER'S SIGNATURE <i>[Signature]</i>		BADGE NUMBER 704		ORI NUMBER Animal CP	
44. Station Address 350 E. Erie Ave Philadelphia PA 19134					
45. Offense Code		46. Property Record No.		47. Systems Code	
48. <input type="checkbox"/> Initial Report		49. <input type="checkbox"/> Attention LCE		50. Incident No.	
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)		53. Sex	
54. Race/Ethnicity				55. Phone Number	
57. Confidential Information Section					
JUN 18 2021					
58. Remarks/Subpoena List Dog had pododermatitis and interdigital swelling and an ulcer on the left front foot, with severe dental disease. The commonwealth would request under 5555 prohibition of ownership, contact, control, possession and employment with dogs for maximum term of 90 days.					

AOPC 407-95 (Rev. 04/2018)

MAGISTERIAL DISTRICT JUDGE

+ 1A 1B

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1. Magisterial District Number 02-3-05		2. Docket Number NT-123-21		3. Social Security Number	
4. Address of Magisterial District Office 14 center street intercourse PA 17534			5. Driver's Number		6. State PA
7. Defendant's Name - First Middle Last OMAR Esh					
8. Defendant's Address (Street-City-State-Zip Code) 68 clearview Road Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YYYY) 6/14/2000	12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown
13. Case instituted by (C) <input type="checkbox"/> On-View Arrest (C) <input checked="" type="checkbox"/> Citation/Summons		14. JUVENILE <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Parents Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Parent's Name
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other Cruelty to Animals					
20. Nature of Offense A person commits an offense if he/she fails to provide necessary veterinary care to an animal which he/she has a duty of care to with Defendant failed to provide veterinary care to one mini poodle type dog identified as Mitch A47920896		21. Pa. Code		22. CRIMES CODE TITLE 18 <input type="checkbox"/>	
23. SECTION 5532		24. SUB SEC. (a)(3)		25. FINE	
26. COSTS 70.00		27. J.C.P./A.T.J. /C.J.E.A./O.A.G. \$ 40.25		28. TOTAL DUE \$	
29. Date 6/14/21		30. Time 11am Friday		31. City/Twp/Boro Leacock Township	
32. Location 68 clearview Road Ronks PA 17572		33. County Leacock		34. County Code 36	
35. Defendant's Signature - Acknowledges Receipt of Citation X		36. Date 6/18/21		37. Issued <input type="checkbox"/> Filed <input type="checkbox"/> Filed on info. received <input type="checkbox"/>	
43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the LUS Case Records Public Access Policy. OFFICER'S SIGNATURE: [Signature] BADGE NUMBER: 704 ORI NUMBER: ANIMALCP					
44. Station Address 300 East Erie Avenue Philadelphia PA 19134					
45. Offense Code		46. Property Record No.		47. Systems Code	
48. <input type="checkbox"/> Initial Report		49. <input type="checkbox"/> Attention LCE		50. Incident No.	
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)		53. Sex	
54. Race/Ethnicity		55. Victim's Address (Street-City-State-Zip Code)		56. Phone Number	
57. Confidential Information Section					
JUN 18 2021					
58. Remarks/Subpoena List Dog had chronic ear infections in both ears, moderate dental disease and overgrown nails. The commonwealth would request under §555 prohibition of ownership contact, control, employment or possession of dogs for maximum term of 90 days.					
58. Supv. Init.		59. Badge No.			



1. Magisterial District Number 02-3-05		2. Docket Number NT-124-21		3. Social Security Number	
4. Address of Magisterial District Office 14 Center Street Intercourse PA 17534				5. Driver's Number	
7. Defendant's Name - First OMAR		Middle		Last Esh	
8. Defendant's Address (Street-City-State-Zip Code) 68 Clearview Road Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YY) 01/21/2000	
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
17. Date Notified					
18. Time					
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other Cruelty to Animals					
20. Nature of Offense A person commits an offense if he/she fails to provide necessary veterinary to an animal which he/she has a duty of care. To wit, Defendant failed to provide necessary veterinary care to one havanese type dog identified as Akela A47920794				21. Pa. Code	
22. <input checked="" type="checkbox"/> CRIMES CODE TITLE 18				23. SECTION 5532 (a)(3)	
24. SUB SEC.				25. FINE 70.00	
26. COSTS \$ 40.25				27. J.C.P./A.T.J./C.J.E.A./O.A.G.	
28. TOTAL DUE \$				29. <input type="checkbox"/> Military Service	
30. <input type="checkbox"/> Lab Services Requested				31. Date 6/4/21	
32. Time 11am				33. Day Friday	
34. City/Twp./Boro Leacock Township				35. Code	
36. Zone				37. Location 68 Clearview Road Ronks PA 17572	
38. County Lancaster				39. County Code 36	
40. Defendant's Signature - Acknowledges Receipt of Citation X				41. Date 6/18/21	
42. <input type="checkbox"/> Issued <input checked="" type="checkbox"/> Filed				43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the UJS Case Records Public Access Policy.	
OFFICER'S SIGNATURE 		BADGE NUMBER 704		ORI NUMBER ANIMALCP	
44. Station Address 350 East Eric Avenue Philadelphia PA 19134					
45. Offense Code		46. Property Record No.		47. Systems Code	
48. <input type="checkbox"/> Initial Report		49. <input type="checkbox"/> Attention LCE		50. Incident No.	
51. Victim's Name Commonwealth of PA				52. Date of Birth (MM/DD/YY)	
53. Sex				54. Race/Ethnicity	
55. Victim's Address (Street-City-State-Zip Code)				56. Phone Number	
57. Confidential Information Section JUN 18 2021					
58. Remarks/Subpoena List Dog had ear infections in both ears, and moderate dental disease. The commonwealth would request under 5555 prohibition of ownership, contact, control, possession or employment with dogs for the maximum term of 90 days.					
59. Supv. Init.				60. Badge No.	



COMMONWEALTH OF PENNSYLVANIA CITATION NO.
NON-TRAFFIC CITATION R2596969-4

1. Magisterial District Number 02-3-05		2. Docket Number NT-125-21		3. Social Security Number	
4. Address of Magisterial District Office 14 Center Street Intercourse PA 17534				5. Driver's Number	
7. Defendant's Name - First OMAR		Middle		Last Esh	
8. Defendant's Address (Street-City-State-Zip Code) 608 Clearview Road Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (B) <input type="checkbox"/> Black (I) <input type="checkbox"/> Native American		(A) <input type="checkbox"/> Asian (H) <input type="checkbox"/> Hispanic (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female	
11. Date of Birth (MM/DD/YY) 01/21/2000		12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown		13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input checked="" type="checkbox"/> Citation/Summons	
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
18. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Retail Theft <input checked="" type="checkbox"/> Other Cruelty to Animals					
19. Charge <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Theft of Services <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages					
20. Nature of Offense A person commits an offense if he/she knowingly or recklessly illtreats an animal. To wit, Defendant illtreated one dog identified as a Havanaese type dog Malena A47920794. Dog was observed to be severely matted....				21. Pa. Code	
22. CRIMES CODE TITLE 18				23. SECTION	
24. SUB SEC.				25. FINE	
26. COSTS				27. J.C.P./A.T.J./C.J.E.A./O.A.G.	
28. TOTAL DUE				29. Zone	
31. Date 6/4/21		32. Time 11am		33. Day Friday	
34. City/Twp/Boro Leacock Township		35. Code		36. Zone	
37. Location 608 Clearview Road Ronks PA 17572		38. County Lancaster		39. County Code 36	
40. Defendant's Signature - Acknowledges Receipt of Citation X				41. Date 6/18/21	
42. Issued <input checked="" type="checkbox"/> Issued <input type="checkbox"/> Filed on info. received				43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the UJS Case Records Public Access Policy.	
OFFICER'S SIGNATURE 		BADGE NUMBER 704		ORI NUMBER ANIMALCP	
44. Station Address 350 East Erie Avenue Philadelphia PA 19134					
45. Offense Code		46. Property Record No.		47. Systems Code	
48. Initial Report		49. Attention LCE		50. Incident No.	
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)		53. Sex	
54. Race/Ethnicity				55. Phone Number	
56. Remarks/Subpoena List ... especially on the legs and face. The dog additionally had overgrown nails. The commonwealth should request under 5555 prohibition of ownership, contact, control, possession or employment with dogs for the maximum term of 90 days.					
57. Confidential Information Section JUN 13 2021					
58. Supv. Init. Badge No.					

AOPC 407-95 (Rev. 04/2018)

MAGISTERIAL DISTRICT JUDGE

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1. Magisterial District Number 02-3-05		2. Docket Number NT-126-21		3. Social Security Number	
4. Address of Magisterial District Office 14 Center Street Intercourse PA 17534				6. Driver's Number PA	
7. Defendant's Name - First Middle Last OMAR Esh					
8. Defendant's Address (Street-City-State-Zip Code) 68 Clearview Road Ronks PA 17534					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YY) 01/21/2000	
12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown		13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input checked="" type="checkbox"/> Citation/Summons			
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
17. Date Notified					
18. Time					
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other Cruelty to Animals					
20. Nature of Offense A person commits an offense if he/she fails to provide access to potable water to an animal which he/she has a duty of care. To wit, Defendant failed to provide potable water to one Havanaese type dog identified as Sasha A 47920879				21. Pa. Code	
22. <input checked="" type="checkbox"/> CRIMES CODE TITLE 18				23. SECTION 5532	
24. SUB SEC. (a)(1)				25. FINE 70.00	
26. COSTS 70.00				27. J.C.P./A.T.J./G.J.E.A./O.A.G. \$ 40.25	
28. TOTAL DUE \$				29. <input type="checkbox"/> Military Service <input type="checkbox"/> Lab Services Requested	
31. Date 6/4/21		32. Time 11am		33. Day Friday	
34. City/Twp./Boro Leacock Township					
35. Code				36. Zone	
37. Location 68 Clearview Road Ronks PA 17572				38. County Lancaster	
39. County Code 36				40. Defendant's Signature - Acknowledges Receipt of Citation X	
41. Date 6/18/21				42. <input type="checkbox"/> Issued <input checked="" type="checkbox"/> Filed on info. received	
43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the UJS Case Records Public Access Policy. OFFICER'S SIGNATURE [Signature] BADGE NUMBER 704 ORI NUMBER ANIMALC/P					
44. Station Address 350 East Eric Avenue Philadelphia PA 19134					
45. Offense Code		46. Property Record No.		47. Systems Code	
48. <input type="checkbox"/> Initial Report		49. <input type="checkbox"/> Attention LCE		50. Incident No.	
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)		53. Sex	
54. Race/Ethnicity				55. Phone Number	
57. Confidential Information Section JUN 18 2021					
58. Remarks/Subpoena List The commonwealth would request under 5555 prohibition of contact, control, ownership, employment or possession with dogs for maximum term of 90 days.					
58. Supv. Init.				Badge No.	



1. Magisterial District Number 02-3-05		2. Docket Number NT-127-21		3. Social Security Number	
4. Address of Magisterial District Office 161 Center Street Intercourse PA 17534				5. Driver's Number	
7. Defendant's Name - First Omar		Middle		Last Esh	
8. Defendant's Address (Street-City-State-Zip Code) 608 Clearview Road Banks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (B) <input type="checkbox"/> Black (I) <input type="checkbox"/> Native American		(A) <input type="checkbox"/> Asian (H) <input type="checkbox"/> Hispanic (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female	
11. Date of Birth (MM/DD/YY) 01/21/2000		12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown		13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input checked="" type="checkbox"/> Citation/Summons	
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Retail Theft <input checked="" type="checkbox"/> Other Cruelty to Animals					
20. Nature of Offense A person commits an offense if he/she fails to provide access to potable water to an animal which he/she has a duty of care to wit, Defendant failed to provide potable water to one Havanese type dog identified as Flower A47920834		21. Pa. Code		22. CRIMES CODE TITLE 18 <input type="checkbox"/>	
23. SECTION 5532		24. SUB SEC. (a)(1)			
25. FINE		26. COSTS 70.00		27. J.C.P./A.T.J./C.J.E.A./O.A.G. \$ 40.25	
28. TOTAL DUE \$		29. Lab Services Requested			
31. Date 6/4/21		32. Time 11am		33. Day Friday	
34. City/Twp/Boro Lancaster		35. Code		36. Zone	
37. Location 608 Clearview Road Banks PA 17572		38. County Lancaster		39. County Code 36	
40. Defendant's Signature - Acknowledges Receipt of Citation X				41. Date 6/18/21	
43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the UJS Case Records Public Access Policy. OFFICER'S SIGNATURE 				42. <input type="checkbox"/> Inadvised <input checked="" type="checkbox"/> Fined <input type="checkbox"/> Filing on info. received	
44. Station Address 350 East Eric Avenue Philadelphia PA 19134		BADGE NUMBER 704		ORI NUMBER ANIMAL CP	
45. Offense Code		46. Property Record No.		47. Systems Code	
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)		53. Sex	
54. Race/Ethnicity		55. Victim's Address (Street-City-State-Zip Code)		56. Phone Number	
57. Confidential Information Section					
JUN 18 2021					
58. Remarks/Subpoena List The commonwealth would request under 5555 prohibition of ownership, contact, control, possession or employment with dogs for the maximum term of 90 days.					
59. Supv. Init.				Badge No.	



COMMONWEALTH OF PENNSYLVANIA CITATION NO.
NON-TRAFFIC CITATION R2596963-5

1. Magisterial District Number 02-3-05		2. Docket Number NT-128-21		3. Social Security Number	
4. Address of Magisterial District Office 14 Center Street Intercourse PA 17534				5. Driver's Number	
7. Defendant's Name - First OMAR		Middle Esh		Last Esh	
8. Defendant's Address (Street-City-State-Zip Code) 68 Clearview Rd. Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (B) <input type="checkbox"/> Black (I) <input type="checkbox"/> Native American		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YY) 01/21/2000	
12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown		13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input checked="" type="checkbox"/> Citation/Summons			
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other <u>CRUELTY TO ANIMALS</u>					
20. Nature of Offense A person commits an offense if he/she fails to provide necessary veterinary care to an animal which he/she has a duty of care. To wit, Defendant failed to provide veterinary care to one Havanese type dog identified as Amelia A47920818				21. Pa. Code	
				22. <input checked="" type="checkbox"/> CRIMES CODE TITLE 18	
				23. SECTION 5532	
				24. SUB SEC. (a)(3)	
				25. FINE 70.00	
				26. COSTS \$ 40.25	
				27. J.C.P./A.T.J./C.J.E.A./C.A.G.	
				28. TOTAL DUE \$	
31. Date 6/4/21		32. Time 11am		33. Day Friday	
34. City/Twp/Boro Leacock Township		35. Code		36. Zone	
37. Location 68 Clearview Rd Ronks PA 17572				38. County Lancaster	
39. County Code 36					
40. Defendant's Signature - Acknowledges Receipt of Citation X				41. Date 6/18/21	
43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the LWS Case Records Public Access Policy. OFFICER'S SIGNATURE <i>[Signature]</i> BADGE NUMBER 704 ORI NUMBER Animal CP					
44. Station Address 350 E. Erie Ave Philadelphia PA 19134					
45. Offense Code		46. Property Record No.		47. Systems Code	
48. Initial Report <input type="checkbox"/>		49. Attention LCE <input type="checkbox"/>		50. Incident No.	
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)		53. Sex	
54. Race/Ethnicity				55. Phone Number	
57. Confidential Information Section					
JUN 18 2021					
58. Remarks/Subpoena List Dog had ear infections, overgrown nails, severe dental disease and Pododermatitis. The commonwealth would request under 5555 prohibition of ownership, contact, control, possession or employment with dogs for maximum term of 90 days.					
				59. Supv. Init.	
				Badge No.	

AOPC 407-95 (Rev. 04/2018)

MAGISTERIAL DISTRICT JUDGE

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1. Magisterial District Number 02-3-05		2. Docket Number NT-129-21		3. Social Security Number	
4. Address of Magisterial District Office 14 Center St. Intercourse PA 17534				5. Driver's Number	
7. Defendant's Name - First OMAR		Middle		Last Esh	
8. Defendant's Address (Street-City-State-Zip Code) 68 Clearview Rd. Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (B) <input type="checkbox"/> Black (I) <input type="checkbox"/> Native American		(A) <input type="checkbox"/> Asian (H) <input type="checkbox"/> Hispanic (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female	
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Retail Theft <input checked="" type="checkbox"/> Other CRUELTY TO ANIMALS					
20. Nature of Offense A person commits an offense if he/she fails to provide access to potable water to an animal which he/she has a duty of care. To wit, Defendant failed to provide potable water to one dog identified as Amelia A47920818.				21. Pa. Code	
22. <input checked="" type="checkbox"/> CRIMES CODE TITLE 18				23. SECTION 5532 (a) (1)	
24. SUB SEC.				25. FINE 70.00	
26. COSTS				27. J.C.P./A.T.J. C.J.E./A.O.A.G. \$ 40.25	
28. TOTAL DUE \$				29. Military Service	
31. Date 6/4/21		32. Time 11am		33. Day Friday	
34. City/Twp./Boro Leacock Township				35. Code	
37. Location 68 Clearview Rd. Ronks PA 17572				38. County Lancaster	
39. County Code 36				40. Defendant's Signature - Acknowledges Receipt of Citation X	
41. Date 6/18/21				42. <input type="checkbox"/> Issued <input checked="" type="checkbox"/> Filed <input type="checkbox"/> Filed on info. received	
43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the LJS Case Records Public Access Policy.					
OFFICER'S SIGNATURE 		BADGE NUMBER 704		ORI NUMBER ANIMALC/P	
44. Mailing Address 350 E. Erie Ave Philadelphia PA 19134					
45. Offense Code		46. Property Record No.		47. Systems Code	
48. Initial Report		49. Attention LCE		50. Incident No.	
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)		53. Sex	
55. Victim's Address (Street-City-State-Zip Code)				56. Phone Number	
57. Confidential Information Section					
JUN 18 2021					
58. Remarks/Subpoena List The commonwealth would request under 5555 prohibition of ownership, contact, control, possession or employment with dogs for maximum term of 90 days.					
				R2596964-6	
59. Supv. Init.				Badge No.	



1. Magisterial District Number 02-3-05		2. Docket Number NT-180-21		3. Social Security Number	
4. Address of Magisterial District Office 14 Center Street Intercourse PA 17534				5. Driver's Number	
7. Defendant's Name - First OMAR		Middle		Last ESH	
8. Defendant's Address (Street-City-State-Zip Code) 68 Clearview Road Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YY) 01/21/2000	12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	17. Date Notified
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other Cruelty to Animals					
20. Nature of Offense A person commits an offense if he/she fails to provide necessary veterinary care to an animal which he/she has a duty of care. To wit, Defendant failed to provide veterinary care to one, Havanaese type dog identified as Havana				21. Pa. Code	22. <input checked="" type="checkbox"/> CRIMES CODE TITLE 18
23. SECTION 5532				24. SUB SEC. (a)(3)	
25. FINE				26. COSTS 70.00	
27. J.C.F./A.T.J./C.J.E.A./O.A.G.				28. TOTAL DUE \$ 40.25	
31. Date 6/4/21		32. Time 11am	33. Day Friday	34. City/Twp./Boro Leacock Township	
37. Location 68 Clearview Road Ronks PA 17572				38. County Lancaster	39. County Code 36
40. Defendant's Signature - Acknowledges Receipt of Citation X				41. Date 6/18/21	42. <input type="checkbox"/> Issued <input checked="" type="checkbox"/> Filed <input type="checkbox"/> Filed on Info. received
43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the UUS Case Records Public Access Policy. OFFICER'S SIGNATURE <i>[Signature]</i>				BADGE NUMBER 704	ORI NUMBER ANIMAL CP
44. Station Address 350 East Erie Avenue Philadelphia PA 19134					
45. Offense Code		46. Property Record No.	47. Systems Code	48. <input type="checkbox"/> Initial Report	49. <input type="checkbox"/> Attention LCE
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)	53. Sex	54. Race/Ethnicity	
55. Victim's Address (Street-City-State-Zip Code)				56. Phone Number	
57. Confidential Information Section JUN 18 2021					
58. Remarks/Subpoena List Dog had ear infections in both ears, pododermatitis overgrown nails and mild dental disease. The commonwealth would request under 5555 prohibition of ownership, contact, control, possession or employment of dogs for 90 days.					



1. Magisterial District Number 02-3-05		2. Docket Number NT-131-21		3. Social Security Number	
4. Address of Magisterial District Office 14 Center Street Intercourse PA 17534				5. Driver's Number	
6. State <input checked="" type="checkbox"/> PA					
7. Defendant's Name - First Middle Last OMAR Esh					
8. Defendant's Address (Street-City-State-Zip Code) 68 Clearview Road Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (B) <input type="checkbox"/> Black (I) <input type="checkbox"/> Native American		(A) <input type="checkbox"/> Asian (H) <input type="checkbox"/> Hispanic (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female	
11. Date of Birth (MM/DD/YY) 01/21/2000		12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown		13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input checked="" type="checkbox"/> Citation/Summons	
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
17. Date Notified					
18. Time					
18. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Retail Theft <input checked="" type="checkbox"/> Other: Cruelty to Animals					
<input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input type="checkbox"/> Theft of Services <input type="checkbox"/> Scattering Rubbish					
<input type="checkbox"/> Criminal Mischief					
20. Nature of Offense A person commits an offense if he/she fails to provide necessary veterinary care to an animal which he/she has a duty of care. To wit, Defendant failed to provide veterinary care to one Havanaise type dog identified as Suzanna A41920838		21. Pa. Code		22. CRIMES CODE TITLE 18 <input checked="" type="checkbox"/>	
23. SECTION 5532		24. SUB SEC. (a)(3)		25. FINE	
26. COSTS		70.00		27. J.C.P./A.T.J./C.J.E.A./O.A.G. \$ 40.25	
28. TOTAL DUE		\$		29. Lab Services Requested	
30. Military Service		31. Date 6/4/21		32. Time 11am	
33. Day Friday		34. City/Twp-Boro Leacock Township		35. Code	
36. Zone		37. Location 68 Clearview Road Ronks PA 17572		38. County Lancaster	
39. County Code 30		40. Defendant's Signature - Acknowledges Receipt of Citation X		41. Date 6/18/21	
42. Issued <input type="checkbox"/>		43. Filed <input type="checkbox"/>		44. Filed on info. received <input type="checkbox"/>	
43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the UJS Case Records Public Access Policy.					
OFFICER'S SIGNATURE 		BADGE NUMBER 704		ORI NUMBER Animal CP	
4. Station Address 350 East Erie Avenue Philadelphia PA 19134					
45. Offense Code		46. Property Record No.		47. Systems Code	
48. Initial Report <input type="checkbox"/>		49. Attention LCE <input type="checkbox"/>		50. Incident No.	
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)		53. Sex	
54. Race/Ethnicity		55. Victim's Address (Street-City-State-Zip Code)		56. Phone Number	
57. Confidential Information Section					
JUN 18 2021					
58. Remarks/Subpoena List Dog had pododermatitis with interdigital swelling with purulent discharge, ear infections in both ears and severe dental disease. The Commonwealth would request under 5535, Prohibition of Contact, Control, Ownership, Possession or Employment with dogs for maximum term of 90 days.					
58. Supv. Init.		59. Badge No.			


AOPC 407-95 (Rev. 04/2018)

MAGISTERIAL DISTRICT JUDGE

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1. Magisterial District Number 12-3-05		2. Docket Number NT-132-21		3. Social Security Number	
4. Address of Magisterial District Office 14 center street Intercourse PA 17534				5. Driver's Number	6. State <input checked="" type="checkbox"/> PA
7. Defendant's Name - First Amar		Middle		Last Esh	
8. Defendant's Address (Street-City-State-Zip Code) 608 Clearview Road Ronks PA 17572					
9. Race/Ethnicity (W) <input checked="" type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female	11. Date of Birth (MM/DD/YY) 01/21/2000	12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown	13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input checked="" type="checkbox"/> Citation/Summons
14. JUVENILE <input type="checkbox"/> Yes	15. Parents Notified <input type="checkbox"/> Yes	16. Parent's Name		17. Date Notified	18. Time
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other Cruelty to Animals					
20. Nature of Offense A person commits an offense if he/she fails to provide necessary veterinary care to an animal which he/she has a duty of care to with defendant failed to provide veterinary care to one Poodle type dog identified as Fritz A47920904		21. Pa. Code	22. CRIMES CODE TITLE 18 <input type="checkbox"/>		
		23. SECTION 5532	24. SUB SEC. (a)(3)		
		25. FINE	26. COSTS 70.00		
		27. J.C.P./A.T.J. /C.J.E.A./O.A.G.	28. TOTAL DUE \$ 40.25		
29. <input type="checkbox"/> Military Service	30. <input type="checkbox"/> Lab Services Requested	31. Date 6/14/21	32. Time 11am	33. Day Friday	34. City-Twp-Boro Leacock Township
35. Code	36. Zone	37. Location 608 Clearview Road Ronks PA 17572	38. County Lancaster	39. County Code 36	
40. Defendant's Signature - Acknowledges Receipt of Citation X		41. Date 6/18/21	42. <input type="checkbox"/> Issued <input checked="" type="checkbox"/> Mailed <input type="checkbox"/> Filed on info. received		
43. I verify that the facts set forth in this citation are true to the best of my knowledge, 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. I certify this filing complies with the UJS Case Records Public Access Policy. OFFICER'S SIGNATURE:  BADGE NUMBER: 704 ORI NUMBER: ANIMAL CP					
44. Station Address 350 East Erie Avenue Philadelphia PA 19134					
45. Offense Code	46. Property Record No.	47. Systems Code	48. <input type="checkbox"/> Initial Report	49. <input type="checkbox"/> Attention LCE	50. Incident No.
51. Victim's Name Commonwealth of PA		52. Date of Birth (MM/DD/YY)	53. Sex	54. Race/Ethnicity	
55. Victim's Address (Street-City-State-Zip Code)				56. Phone Number	
57. Confidential Information Section					
JUN 18 2021					
58. Remarks/Subpoena List Dog had conjunctivitis requiring medication. The commonwealth would request under 5555 prohibition of ownership, contact, control, employment or possession of dogs for the maximum term of 90 days.					
				59. Supv. Init.	60. Badge No.