

Report Date: 9/18/08

System Date: 9/18/08

Report Id: CSS25R

CURRENT BAIL INFORMATION

Time: 2:53

Mag. Dist. No.: 49-2-01

Docket Number: CR-0000410-08



Defendant Name: MCKOWN, HOBSON L

Last Bail Action: SET Date: 9/10/08 Time: 9:45PM

Current Set Amount: \$ 250,000.00 Date: 09/10/08

Common Pleas Court Order Number: _____

Event Type: ARRAIGNMENT Date: 09/10/08 Time: 9:45PM

Release Type 1: MONETARY BAIL Release Type 2: _____

Monetary Release Type: STRAIGHT BAIL

Bail Bond Signed: NO Date: _____ Time: _____

SURETY TYPE	SURETY NAME AND ADDRESS	SECURITY TYPE	POSTED AMOUNT	PAID IN AMOUNT

LAST SURETY TYPE	LAST RECEIPT NUMBER	LAST RECEIPT DATE	LAST RECEIPT AMOUNT	LAST SURETY TYPE	LAST REFUND DATE	LAST REFUND CHECK NUMBER

Nominal/Unsecured Surety: _____

Release Conditions in Addition to Bail Bond Conditions:

Domestic Violence Conditions Imposed? NO

Bail Forfeiture Amount: \$ _____ Date of Execution of Forfeiture: _____

Bail Forfeiture Set Aside Amount: \$ _____

Reason for Last Bail Action of: _____

A503A-07

COPY: CLERK OF COURTS

PRINTED: 9/18/08 2:53:01 PM

REPORT DATE: 9/18/08
SYSTEM DATE: 9/18/08
REPORT ID...: CSR44R

MAGISTERIAL DISTRICT JUDGE SYSTEM
BAIL HISTORY REPORT

PAGE 1
TIME 14:53:02
USER DEISENHO
MAG DIST 49-2-01

OTN: K 754140-2
DOCKET NUMBER: CR-0000410-08
DEFENDANT: MCKOWN, HOBSON L

DOCKET NUMBER: CR-0000410-08
SCHEDULED EVENT
ARRAIGNMENT

EVENT DATE 9/10/08
EVENT TIME 9:45 PM
ACTION DATE 9/10/08
ACTION TIME 9:45PM

DATE UPDATED
9/10/08

BAIL SET AMOUNT
\$250,000.00

RELEASE TYPES: MONETARY STRAIGHT BAIL

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: CENTRE



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 49-2-01
MDJ: Hon. Leslie Dutchcot
Address: 1524 West College Avenue,
State College, PA 16801
Telephone: (814)237-4981

9/17
8:30

DEFENDANT: (NAME and ADDRESS):
Hobson Lyle Mckown
First Name Middle Name Last Name Gen.
592 Pierson Drive State College Pa 16803

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	ETHNICITY <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Docket Number R-000410-C8	Date Filed 09/10/08	OTN/LiveScan Number K 754140-2	Complaint/Incident Number 3708 3801	
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		DOB 09/24/1985	POB Warren Pa			
AKA		Add'l DOB / /	SSN - -	Add'l SSN - -		
SID:		HAIR COLOR <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> BLN (Blonde / Strawberry) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input type="checkbox"/> WHI (White) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> SDY (Sandy)	EYE COLOR <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> HAZ (Hazel) <input checked="" type="checkbox"/> BRO <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> XXX (Unknown)			
Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Driver License State PA	License Number 27353862	Expires: 09/25/2009	WEIGHT (lbs.) 165		
DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location	FBI Number	MNU Number	Pt. HEIGHT in. 5 9		
Fingerprint Classification:						

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code
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, Joshua A. Martin
(Name of the Affiant)

of FERGUSON TOWNSHIP POLICE DEPT.
(Identify Department or Agency Represented and Political Subdivision)

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 [206] 592 Pierson Drive, State
(Subdivision Code) (Place-Political Subdivision)

in CENTRE County [14] on or about 9/10/08 at approximately 1607hrs
(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number: CP-446.08	Date Filed: 09/10/08	OTN/LiveScan Number	Complaint/Incident Number 3708-3301
Defendant Name	First: Hobson	Middle: Lyle	Last: McKown

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate :
 (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) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
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<input type="checkbox"/>	1	780-113	(31)(i)	of the	35	1	M		
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input checked="" type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description/Acts of the accused associated with this Offense: THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT; APRIL 1972; TITLE 35; 780-113; (a) 31(i): In that the above named defendant did possess a small amount of marijuana only for personal use. To Wit: Defendant did possess a small amount of marijuana.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
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<input type="checkbox"/>	1	780-113	(32)	of the	35	1	M		
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description/Acts of the accused associated with this Offense: THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT; APRIL 1972; TITLE 35; 780-113; (a) 32: In that the above named defendant did use, or possess with 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 this Act. To Wit: The defendant did possess a glass blown smoking device.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
-------------------------	---	--	--	---	---	---	---

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

PennDOT Data (if applicable)	Accident Number	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
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Statute Description/Acts of the accused associated with this Offense:



CRIMINAL COMPLAINT

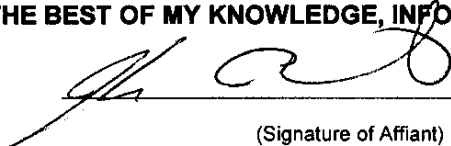
Docket Number: CR 411C-28	Date Filed: 09/10/08	OTN/LiveScan Number	Complaint/Incident Number 3708-3301
Defendant Name:	First: Hobson	Middle: Lyle	Last: Mckown

AFFIDAVIT of PROBABLE CAUSE

On 09-10-2008 Hobson Lyle McKown had a preliminary hearing at the Centre County Courthouse. McKown had his bail modified and an order was put in place by President Judge David Grine, to have all his guns turned over to the Centre County Sheriffs Office. McKown was transported to his residence by the Centre County Sheriffs Office. According to Sheriff's Deputies, McKown was very evasive about letting Deputies into his residence to take possession of the guns. While trying to take possession of the guns, Deputies observed what they thought was bomb making components inside of McKown's residence. A Penn State bomb technician was contacted and while securing the residence, a small amount of marijuana was observed as well as a small glass blunt smoking device.

Det. J. Martin

I, _____, 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.



 (Signature of Affiant)

Sworn to me and subscribed before me this 10 day of September 2008

9-10-08 Date , Magisterial District Judge

My commission expires first Monday of January, 2014





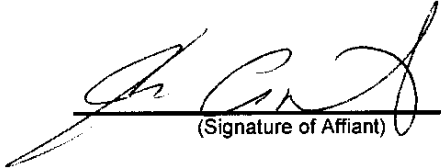
POLICE CRIMINAL COMPLAINT

Docket Number: CR 410-08	Date Filed: 09/10/08	OTN/LiveScan Number	Complaint/Incident Number
Defendant Name	First: Hobson	Middle: Lyle	Last: Mckown

- 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 is comprised of the preceding Page, as well as the attached pages that follow, numbered 1 through 4, specifying offenses and Participants, if any.

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.)


September 10, _____ 2008 _____
 (Date)


 (Signature of Affiant)

AND NOW, on this date 9-10-08 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

49-2-01
 (Magisterial District Court Number)


 (Issuing Authority)

