



OFFICE OF THE DISTRICT ATTORNEY
Adams County Courthouse
111 Baltimore Street, Room 6
Gettysburg, Pennsylvania
17325

BRIAN. R. SINNETT
DISTRICT ATTORNEY

PHONE (717)337-9840
FAX (717)334-3859

*****PRESS RELEASE***PRESS RELEASE***PRESS RELEASE*****

FOR IMMEDIATE RELEASE
February 20, 2020

Contact: Robert A. Bain II
Assistant District Attorney
Adams County
Office (717) 337-9840
Rbain@adamscounty.us

Drug Dealers Arrested and Methamphetamine Seizure in Adams County

Adams County District Attorney Brian Sinnett announced today that members of the Pennsylvania State Police, the Adams County Drug Task Force, the Cumberland Township Police Department, and the Gettysburg Borough Police Department arrested two individuals for transporting and selling methamphetamine in Adams County.

Specifically, Victoria Reigh and Agustin Sanbria, both from Charlotte, North Carolina, were arrested for allegedly selling suspected methamphetamine to a Confidential Informant working with the Adams County Drug Task Force. Following this alleged drug deal, Reigh and Sanbria's vehicle was searched. Adams County Drug Task Force Detectives found an additional pound of methamphetamine as well as United States Currency, two firearms, other weapons, and drug paraphernalia in the suspects' vehicle. The drugs allegedly seized from Reigh and Sanbria have a street value in excess of \$50,000.00. (A photograph of the seized drugs, weapons, and other contraband is attached to this press release along with attached criminal complaints and affidavits.)

Sinnett thanked the Pennsylvania State Police, the Adams County Drug Task Force, the Cumberland Township Police Department, and the Gettysburg Borough Police Department for their continued excellent and cooperative efforts in this endeavor. The prosecution of these cases will be handled by Assistant District Attorney Robert A. Bain II.

No date for a preliminary hearing has been set. As with all criminal cases, Reigh and Sanbria are presumed innocent until proven guilty.

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: ADAMS



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 51-3-04
MDJ: Hon. 525 BOYDS SCHOOL RD.,
Address: SUITE 800, GETTYSBURG, PA
17325
Telephone: (717)337-3870

DEFENDANT: (NAME and ADDRESS):
AGUSTIN RODRIGUES SANBRIA
First Name Middle Name Last Name Gen.
4724 WEST CREST DRIVE, CHARLOTTE, PA 28028

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed 02/20/2020	OTN/LiveScan Number	Complaint/Incident Number AC-03-20	SID	Request Lab Services? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 01/04/1972	POB CA	Add'l DOB / /	Co-Defendant(s) <input checked="" type="checkbox"/>	
First Name		Middle Name		Last Name Gen.	
AKA					
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 checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown					
HAIR COLOR <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 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)					
EYE COLOR <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)					
Driver License State	License Number	Expires: / /		WEIGHT (lbs.)	
DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location			140	
FBI Number 6465MA7	MNU Number			Ft. HEIGHT In.	
Defendant Fingerprinted <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			5		8
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	Reg. same as Def. <input type="checkbox"/>
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, DET. TIM BIGGINS

(Name of the Affiant)

19239

(PSP/MPPOETC -Assigned Affiant ID Number & Badge #)

of ADAMS COUNTY DRUG TASK FORCE

(Identify Department or Agency Represented and Political Subdivision)

PA001013A

(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 [205] 3612 CHAMBERSBURG RD.
DOLLAR GENERAL STORE (Subdivision Code) (Place-Political Subdivision)

in ADAMS County [01] on or about 2/20/20 AT 12:10 HOURS
(County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 02/20/20	OTN/LiveScan Number	Complaint/Incident Number AC-03-20
Defendant Name	First: AGUSTIN	Middle: RODRIGUES	Last: SANBRIA

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. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 – 213.7.)

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>	1	780-113	30 (a)	of the	TITLE 35	1	F		18
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
<input type="checkbox"/>						<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Statute Description (include the name of statute or ordinance): MFG/DEL/POSS/Int CNTRL SB

Acts of the accused associated with this Offense: Count #1 Title 35, Health and Safety, Chapter 6 Drugs, Poison and dangerous substances, The Controlled Substance, Drug, Devvice and Cosmetic Act Section 780-113(a) Prohibited Acts; Penalties Sub Section 30 Manufacture, Deliver, Possess with the intent to deiler a controlled substance, In that, on or about said date, The defendant, not being registered under the Controlled Substance, Drug, Device and Cosmetic Act, nor a practitioner registered or licensed by the appropriate state board, did knowingly deliver and posses 450 plus grams of methamphetamine a Schdule II controlled substance as listed by Act 64 of 1972, to a confidential Informant, in violation of Section 780-113(a)(30) of Title 35, the PA Controlled Substance,Drug,Device and Cosmetic Act. (Title 35 780-113(a)(30))

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
<input type="checkbox"/>						<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:

<input type="checkbox"/> Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
<input type="checkbox"/>						<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: 2/20/20	OTN/LiveScan Number	Complaint/Incident Number AC-03-20
Defendant Name	First: SANABRIA	Middle: AGUSTIN	Last: RODRIGUEZ

- 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.

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.)

DET. TIM BIGGINS

2/20/20

(Date)

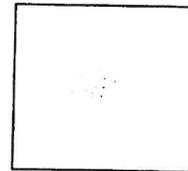
Det Tim Biggins
 (Signature of Affiant)

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: 02/20/2020	OTN/LiveScan Number	Complaint/Incident Number AC-03-20
Defendant Name:	First: AGUSTIN	Middle: RODRIGUES	Last: SANBRIA

AFFIDAVIT of PROBABLE CAUSE

On 02/20/2020 at 2255 hours, Det. Tim Biggins of the Adams County Drug Task Force, was working with a Confidential Informant in the Adams County area. The informant relayed information that he could purchase 1 ounce of methamphetamine and 1 ounce of cocaine, from a female known to the CI as "Victoria". The price for the two items was set at \$1800.00 dollars. Several hours prior to the deal the happening the defendant advised she only had the methamphetamine. The new price was now \$1500.00. The C/I was searched for money and or narcotics with negative results.

The C/I was then supplied with \$1800.00 in US currency. At approx. 12:10 hours the defendant arrived in the parking lot of the Dollar General located at 3612 Chambersburg Rd., Franklin Township, Adams County, Pennsylvania with the co-defendant. The C/I exited his vehicle and got into the defendant's vehicle. A short time later the C/I exited the defendant's vehicle and returned to his vehicle. The defendant was then taken into custody. The C/I was followed and turned over approx. 2 oz of suspect methamphetamine to Trp. James O'shea. The C/I was then researched for currency and narcotics with negative results. The defendant's vehicle was then returned to the CTPD and searched. A secondary search of the vehicle found 2 firearms, digital scales, packaged suspect marijuana and approx. 450 grams of methamphetamine.

Based on the affiants training and experience the substance found and purchased was consistent in color, appearance and packaged consistent with Methamphetamine, a schedule II-controlled substance.

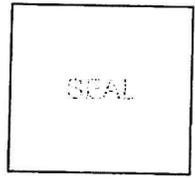
This affiant believes that probable cause exists to charge the defendant with one count of Possession with the Intent to Deliver a Controlled Substance.

I, DET. TIM BIGGINS, 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.

DET. TIM B
(Signature of Affiant)

Sworn to me and subscribed before me this _____ day of _____
_____, Date _____, Magisterial District Judge

My commission expires first Monday of January,



COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF ADAMS
 Magisterial District Number: 51-3-04
 MDJ: Hon. 525 BOYDS SCHOOL RD.,
 Address: SUITE 800, GETTYSBURG, PA 17325
 Telephone: (717)337-3870



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT: (NAME and ADDRESS):
VICTORIA SHUIOI REIGH
 First Name Middle Name Last Name Gen.
 6001 MAPLE STREET, CHARLOTTE NC 28269-3081

NCIC Extradition Code Type

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

DEFENDANT IDENTIFICATION INFORMATION

Docket Number: _____ Date Filed: ____/____/____ OTN/LiveScan Number: _____ Complaint/Incident Number: **AC-03-20** SID: _____ Request Lab Services? YES NO

GENDER: Male Female DOB: **01/11/1994** POB ID: _____ Add'l DOB: ____/____/____ Co-Defendant(s): 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)

Driver License: State **NC** License Number **44718134** Expires: **01/11/2025** WEIGHT (lbs.): _____
 DNA: YES NO DNA Location: _____ **130**
 FBI Number: **518420EH7** MNU Number: _____ Ft. HEIGHT In. _____
 Defendant Fingerprinted: YES NO **5** **4**
 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, **DET. TIM BIGGINS** **19239**
 (Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)
 of **ADAMS COUNTY DRUG TASK FORCE** **PA001013A**
 (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 **[205]** **3612 CHAMBERSBURG RD.**
DOLLAR GENERAL STORE (Subdivision Code) (Place-Political Subdivision)
 in **ADAMS** County **[01]** on or about **2/20/20 AT 12:10 HOURS**
 (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: 02/20/20	OTN/LiveScan Number	Complaint/Incident Number AC-03-20
Defendant Name	First: VICTORIA	Middle: SHUIOI	Last: REIGH

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. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 – 213.7.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903
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<input type="checkbox"/>	1	780-113	30 (a)	of the	TITLE 35	1	F		18
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	

Statute Description (include the name of statute or ordinance): MFG/DEL/POSS/Int CNTRL SB

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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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<input type="checkbox"/>				of the					
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	PennDOT Data (if applicable)	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: 02/20/2020	OTN/LiveScan Number	Complaint/Incident Number AC-03-20
Defendant Name:	First: VICTORIA	Middle: SHUIOI	Last: REIGH

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I, DET. TIM BIGGINS, 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.

Det. Tim Biggins
(Signature of Affiant)

Sworn to me and subscribed before me this _____ day of _____
_____, Date _____, Magisterial District Judge

My commission expires first Monday of January,

