

**IN THE IOWA DISTRICT COURT IN AND FOR
ADAIR COUNTY**

This Complaint and Affidavit is to be:

- Filed with Court Clerk (cc: CA)
- Submitted to County Attorney
- Filed with JCO - Defendant is a Juvenile

Form Number: **24-003477**

Arrest Date: **08/13/2024**

THE STATE OF IOWA

VS.

OFFENDER

Last SHIMER		First SHAWN		Middle DOUGLAS		Suffix	
Address 504 NE HAYES ST				City GREENFIELD		State IA	Zip Code 50849
DL# 597AH3623	State IA	DL Class C	DL Endorsements		DL Restrictions S,J,I		
Date of Birth 05/09/1994	Gender MALE		Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N		
Height 6' 01"	Weight 140 LBS		Eye Color HAZEL - HAZ		Hair Color BROWN - BRO		

VEHICLE

Year 2003	Make DODGE - DODG	Model RAM 1500 QUAD S		Color RED	
VIN 1D7HU18D73J589167		CDL Req? NO	Pass End Req?	HazMat End Req?	Style PK
Plate/Registration # ONF620			State IA	Year 2024	US DOT Number ICCMC #

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 321.561	Crime Description DRIVING WHILE BARRED		Speed	in	Zone
Class AGMS			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input checked="" type="checkbox"/>		
Location Type 13 - HIGHWAY/ROAD/ALLEY								
Literal Description 2600 BLOCK IA 92 E								
Address				City GREENFIELD		State IA	Zip Code 50849	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 08/13/2024		Upper Date Range		Incident Time or Low Range 15:03		Upper Time Range

STATUS OF OFFENDER/JUVENILE

<input type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY	<input checked="" type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did operate a motor vehicle within the state while license has been barred for being a habitual offender under section 321.555 of the Code of Iowa

SUMMONS I promise to appear in said court at said time and place.

 Signature of Defendant	Court Date 08/22/2024
	Court Time 9:30 AM

In the Court At **ADAIR COUNTY COURTHOUSE 400 PUBLIC SQUARE, STE 7, GREENFIELD 50849**

AFFIDAVIT

STATE OF IOWA, ADAIR COUNTY

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

On the above time and date, I observed the above vehicle being driven by the defendant, Shawn Douglas Shimer, who I recognized. I also believed that the window tint on the truck was excessively dark, below the requirement by IA Code 321.438(2) for side windows and wind shields. I requested Adair County Dispatch run the defendant to check if he was Barred still and they advised that he was.

I caught up with the vehicle at 2656 Highway 92 as the vehicle turned into that residence. I pulled into the driveway, then yard to initiate a traffic stop. The defendant exited the vehicle and sat on the tail gate. I confirmed the side windows were excessively dark with a tint meter and advised the defendant he would be under arrest for Driving While Barred.

The defendant was transported to the Adair County Jail to complete a shortened booking process and be released on a summons to appear. The defendant was also issued a written warning for the window tint.

M Stof 1-5

STOFER, MICHAEL

1-5

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

02 - CAUGHT IN ACT, 05 - OPERATING MOTOR VEHICLE, 08 - CRIME OBSERVED BY OFFICERS, 09 - NEAR SCENE OF CRIME

Operating Motor Vehicle in County


Other Physical Evidence

Attempted To Inflict Injury

Adair - 01

STATE OF IOWA,

ADAIR COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/13/2024	
	Notary Name DANA HOAKISON	Signature of Verifying Party <i>DM</i>
	Commission Number 794747	
	My Commission Expires 02/23/2025	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney

**IN THE IOWA DISTRICT COURT IN AND FOR
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This Complaint and Affidavit is to be:

- Filed with Court Clerk (cc: CA)
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Form Number: **24-0116**

Arrest Date: **08/17/2024**

THE STATE OF IOWA

VS.

OFFENDER

Last AGAN		First BOBBY		Middle GLENN		Suffix III	
Address 515 S HARRISON ST				City STUART		State IA	Zip Code 50250
DL# 124FF0550	State IA	DL Class C	DL Endorsements		DL Restrictions B, J, H		
Date of Birth 02/13/1972		Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N		
Height 5' 07"	Weight 170 LBS		Eye Color BLUE - BLU		Hair Color BROWN - BRO		

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 155A.23(4)(A)	Crime Description UNLAWFUL POSSESSION OF PRESCRIPTION DRUG			Speed	in	Zone
Class SRMS		Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>				
Location Type 20 - RESIDENCE/HOME									
Literal Description SOUTH HARRISON ST									
Address 515 S. HARRISON ST.				City STUART		State IA	Zip Code 50250		
Is Date and Time of Incident Known? YES		Incident Date or Low Range 08/16/2024		Upper Date Range		Incident Time or Low Range 22:06		Upper Time Range	

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY 1 - JAILED		<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)	
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED		<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN	

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did unlawfully possess a drug or device limited to dispensation by prescription, which drug was not lawfully dispensed

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last BAUDLER		First JACKIE		Middle		Suffix	
Business/Organization/State/County/Municipality Name							
Address 508 S. GAINES ST.				City STUART		State IA	Zip 50250

STATE OF IOWA,

ADAIR COUNTY

AFFIDAVIT

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

On 8/16/2024 at approximately 2206 hours Stuart Police Department executed a search warrant at 515 S. Harrison St. Stuart, IA, 50250. This search warrant stemmed from a month long investigation into the resident at the above listed address, Bobby Glenn Agan III, who was allegedly using lugnuts as projectiles and launching them across the alley at his neighbor's residence (508 S. Gaines St.)

During our investigation Stuart Police Department located 47 lugnuts with 6 of those having what we believe to be fireworks attached to them with the use of some sort of adhesive. It was also stated from a witness that Agan told him that he was using a slingshot to shoot these lugnuts towards the victims house. These lugnuts and fireworks were later to be confirmed by Agan.

During the execution of the search warrant multiple lugnuts along with fireworks which appeared to be the same as what we had located at the victims residence were located at Agan's residence.

Stuart officers search the residence in accordance with the search warrant while Stuart Police Chief David Reha and myself transported Agan to the Stuart Police Department to interview him about this incident. At approximately 2254 we arrived with Agan at the PD. Agan was advised of his miranda rights. Agan both verbally waived his right to remain silent as well as signed an official miranda form waiving his rights.

During the interview Agan admitted to possessing the fireworks and often referred to them as "snappers". Agan stated that they are meant to explode upon contact with another object. Agan also made multiple statements that he would light fireworks off in order to make the victim, Jackie Baudler, upset or scared. Stuart Officers also located several additional lugnuts with fireworks attached to them throughout the house and garage.

Also during the search warrant Stuart Officers located multiple pieces of drug paraphernalia as well as baggies with white crystalline substance, which due to training and experience believe to be methamphetamine, as well as a green leafy substance, again through training and experience believe to be marijuana. Also located were multiple prescription pills were located that were not labeled as belonging to Agan.

Also located were 3 firearms as well as ammunition. I know that Agan is a prohibited possessor due to prior felony convictions as well as being part of a protection order.

I also reviewed Agan's criminal history which showed prior convictions for possession of marijuana and possession of methamphetamine.

At this time I am charging Agan with the following:

- Stalking (dangerous weapon)
- Possession of controlled substance (meth) 2nd offense
- Possession of controlled substance (marijuana) 2nd offense
- Possession of drug paraphernalia
- Unlawful possession of prescription meds
- Felon in possession of a firearm (x2 for gun and ammo)
- Unauthorized possession of offensive weapon

END OF NARRATIVE.

Irving, Daniel

39-16

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

01 - POSSESSED DRUGS/PARAPHERNALIA, 03 - ADMISSION/STATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY WITNESSES, 11 - POSSESSION

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

STATE OF IOWA,

ADAIR COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/17/2024

Notary Name POLLY HOLMES

Signature of Verifying Party

Commission Number 817327

My Commission Expires 08/10/2025

Peace Officer Notary Prosecuting Attorney

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THE STATE OF IOWA

VS.

OFFENDER

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DL# 124FF0550	State IA	DL Class C	DL Endorsements		DL Restrictions B,J,H		
Date of Birth 02/13/1972		Gender MALE		Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N	
Height 5' 07"		Weight 170 LBS		Eye Color BLUE - BLU		Hair Color BROWN - BRO	

OFFENSE

<input checked="" type="checkbox"/> State	<input type="checkbox"/> County	<input type="checkbox"/> Local	Code Section 708.11(3)(A)(2)	Crime Description STALKING - POSSESSION OF DANGEROUS WEAPON			Speed	in	Zone
Class FELC		Serious P.I. <input type="checkbox"/>		Fatal Accident <input type="checkbox"/>		Civil Damage Assessment <input type="checkbox"/>		Other <input type="checkbox"/>	
Location Type 20 - RESIDENCE/HOME									
Literal Description SOUTH HARRISON ST									
Address 515 S. HARRISON ST.				City STUART		State IA	Zip Code 50250		
Is Date and Time of Incident Known? YES		Incident Date or Low Range 08/16/2024		Upper Date Range		Incident Time or Low Range 22:06		Upper Time Range	

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY 1 - JAILED		<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)	
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED		<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN	

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did stalk the victim, Jackie Baudler, while in possession of a dangerous weapon by purposefully engaging in course of conduct directed at a specific person that would cause a reasonable person to feel terrorized, frightened, intimidated, or threatened or to fear that the person intends to cause bodily injury to, or death of that specific person or member of that specific person's immediate family

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last BAUDLER		First JACKIE		Middle		Suffix	
Business/Organization/State/County/Municipality Name							
Address 508 S. GAINES ST.				City STUART		State IA	Zip 50250

AFFIDAVIT

STATE OF IOWA, ADAIR COUNTY

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

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During our investigation Stuart Police Department located 47 lugnuts with 6 of those having what we believe to be fireworks attached to them with the use of some sort of adhesive. It was also stated from a witness that Agan told him that he was using a slingshot to shoot these lugnuts towards the victims house. These lugnuts and fireworks were later to be confirmed by Agan.

During the execution of the search warrant multiple lugnuts along with fireworks which appeared to be the same as what we had located at the victims residence were located at Agan's residence.

Stuart officers search the residence in accordance with the search warrant while Stuart Police Chief David Reha and myself transported Agan to the Stuart Police Department to interview him about this incident. At approximately 2254 we arrived with Agan at the PD. Agan was advised of his miranda rights. Agan both verbally waived his right to remain silent as well as signed an official miranda form waiving his rights.

During the interview Agan admitted to possessing the fireworks and often referred to them as "snappers". Agan stated that they are meant to explode upon contact with another object. Agan also made multiple statements that he would light fireworks off in order to make the victim, Jackie Baudler, upset or scared. Stuart Officers also located several additional lugnuts with fireworks attached to them throughout the house and garage.

Also during the search warrant Stuart Officers located multiple pieces of drug paraphernalia as well as baggies with white crystalline substance, which due to training and experience believe to be methamphetamine, as well as a green leafy substance, again through training and experience believe to be marijuana. Also located were multiple prescription pills were located that were not labeled as belonging to Agan.

Also located were 3 firearms as well as ammunition. I know that Agan is a prohibited possessor due to prior felony convictions as well as being part of a protection order.

At this time I am charging Agan with the following:

- Stalking (dangerous weapon)
- Possession of controlled substance (meth) 2nd offense
- Possession of controlled substance (marijuana) 2nd offense
- Possession of drug paraphernalia
- Unlawful possession of prescription meds
- Felon in possession of a firearm (x2 for gun and ammo)
- Unauthorized possession of offensive weapon

END OF NARRATIVE.



IRVING, DANIEL

39-16

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

01 - POSSESSED DRUGS/PARAPHERNALIA, 03 - ADMISSION/STATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY WITNESSES, 11 - POSSESSION

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

STATE OF IOWA,

ADAIR COUNTY

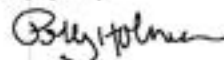


Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/17/2024

Notary Name POLLY HOLMES

Signature of Verifying Party

Commission Number 817327



My Commission Expires 06/10/2025

Peace Officer Notary Prosecuting Attorney

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THE STATE OF IOWA

VS.

OFFENDER

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Address 515 S HARRISON ST				City STUART	State IA Zip Code 50250
DL# 124FF0550	State IA	DL Class C	DL Endorsements	DL Restrictions B,J,H	
Date of Birth 02/13/1972	Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N	
Height 5' 07"	Weight 170 LBS	Eye Color BLUE - BLU	Hair Color BROWN - BRO		

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 124.414	Crime Description POSSESSION OF DRUG PARAPHERNALIA	Speed	In	Zone
Class SMMS		Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 20 - RESIDENCE/HOME							
Literal Description SOUTH HARRISON ST							
Address 515 S. HARRISON ST.				City STUART	State IA	Zip Code 50250	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 08/16/2024		Upper Date Range	Incident Time or Low Range 22:06		Upper Time Range

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY 1 - JAILED	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed
On or about the above stated date and time, the Defendant did knowingly possess drug paraphernalia

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last BAUDLER	First JACKIE	Middle	Suffix
Business/Organization/State/County/Municipality Name			
Address 508 S. GAINES ST.		City STUART	State IA Zip 50250

AFFIDAVIT

STATE OF IOWA, ADAIR COUNTY

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

On 8/16/2024 at approximately 2206 hours Stuart Police Department executed a search warrant at 515 S. Harrison St. Stuart, IA, 50250. This search warrant stemmed from a month long investigation into the resident at the above listed address, Bobby Glenn Agan III, who was allegedly using lugnuts as projectiles and launching them across the alley at his neighbor's residence (508 S. Gaines St.)

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During the interview Agan admitted to possessing the fireworks and often referred to them as "snappers". Agan stated that they are meant to explode upon contact with another object. Agan also made multiple statements that he would light fireworks off in order to make the victim, Jackie Baudier, upset or scared. Stuart Officers also located several additional lugnuts with fireworks attached to them throughout the house and garage.

Also during the search warrant Stuart Officers located multiple pieces of drug paraphernalia as well as baggies with white crystalline substance, which due to training and experience believe to be methamphetamine, as well as a green leafy substance, again through training and experience believe to be marijuana. Also located were multiple prescription pills were located that were not labeled as belonging to Agan.

Also located were 3 firearms as well as ammunition. I know that Agan is a prohibited possessor due to prior felony convictions as well as being part of a protection order.

I also reviewed Agan's criminal history which showed prior convictions for possession of marijuana and possession of methamphetamine.

At this time I am charging Agan with the following:

- Stalking (dangerous weapon)
- Possession of controlled substance (meth) 2nd offense
- Possession of controlled substance (marijuana) 2nd offense
- Possession of drug paraphernalia
- Unlawful possession of prescription meds
- Felon in possession of a firearm (x2 for gun and ammo)
- Unauthorized possession of offensive weapon

END OF NARRATIVE.

[Handwritten Signature]

Irving, Daniel

39-16

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

01 - POSSESSED DRUGS/PARAPHERNALIA, 03 - ADMISSION/STATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY WITNESSES, 11 - POSSESSION

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

STATE OF IOWA,

ADAIR COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/17/2024

Notary Name POLLY HOLMES

Signature of Verifying Party

Commission Number 817327

[Handwritten Signature]

My Commission Expires 06/10/2025

Peace Officer Notary Prosecuting Attorney

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Height 5' 07"		Weight 170 LBS		Eye Color BLUE - BLU		Hair Color BROWN - BRO	

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 724.26(1)	Crime Description DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL			Speed	in	Zone
Class FELD		Serious P.I. <input type="checkbox"/>		Fatal Accident <input type="checkbox"/>		Civil Damage Assessment <input type="checkbox"/>		Other <input type="checkbox"/>	
Location Type 20 - RESIDENCE/HOME									
Literal Description SOUTH HARRISON ST									
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Is Date and Time of Incident Known? YES		Incident Date or Low Range 08/16/2024		Upper Date Range		Incident Time or Low Range 22:06		Upper Time Range	

STATUS OF OFFENDER/JUVENILE

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<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED		<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN	

NARRATIVE

Narrative of Offense Committed
On or about the above stated date and time, the Defendant did being a convicted felon or adjudicated delinquent on the basis of conduct that would constitute a felony if committed by an adult, knowingly have under his/her dominion and control or possession, receive, transport or cause to be transported, a firearm or offensive weapon, to-wit: igniter with fireworks attached

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last BAUDLER		First JACKIE		Middle		Suffix	
Business/Organization/State/County/Municipality Name							
Address 508 S. GAINES ST.				City STUART		State IA	Zip 50250

AFFIDAVIT

STATE OF IOWA, ADAIR COUNTY

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END OF NARRATIVE.

Irving, Daniel

39-16

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

01 - POSSESSED DRUGS/PARAPHERNALIA, 03 - ADMISSION/STATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY WITNESSES, 11 - POSSESSION

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

STATE OF IOWA,

ADAIR COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/17/2024

Notary Name: POLLY HOLMES

Signature of Verifying Party

Commission Number: 817327

My Commission Expires 08/10/2025

Peace Officer Notary Prosecuting Attorney

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VS.

OFFENDER

Last AGAN		First BOBBY		Middle GLENN		Suffix III	
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Date of Birth 02/13/1972	Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N			
Height 5' 07"	Weight 170 LBS	Eye Color BLUE - BLU		Hair Color BROWN - BRO			

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 124.401(5)(B)	Crime Description POSSESSION OF CONTROLLED SUBSTANCE - MARIJUANA 2ND			Speed	in	Zone
Class SRMS		Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>		Other <input type="checkbox"/>			
Location Type 20 - RESIDENCE/HOME									
Literal Description SOUTH HARRISON ST									
Address 515 S. HARRISON ST.				City STUART		State IA	Zip Code 50250		
Is Date and Time of Incident Known? YES		Incident Date or Low Range 08/16/2024		Upper Date Range		Incident Time or Low Range 22:06		Upper Time Range	

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY 1 - JAILED	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did knowingly or intentionally possess a controlled substance, to-wit: marijuana, a schedule I controlled substance, by a person having been previously convicted of a drug related offense

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last BAUDLER		First JACKIE		Middle		Suffix	
Business/Organization/State/County/Municipality Name							
Address 508 S. GAINES ST.				City STUART		State IA	Zip 50250

AFFIDAVIT

STATE OF IOWA, ADAIR COUNTY

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

On 8/16/2024 at approximately 2205 hours Stuart Police Department executed a search warrant at 515 S. Harrison St. Stuart, IA, 50250. This search warrant stemmed from a month long investigation into the resident at the above listed address, Bobby Glenn Agan III, who was allegedly using lugnuts as projectiles and launching them across the alley at his neighbor's residence (508 S. Gaines St.)

During our investigation Stuart Police Department located 47 lugnuts with 6 of those having what we believe to be fireworks attached to them with the use of some sort of adhesive. It was also stated from a witness that Agan told him that he was using a slingshot to shoot these lugnuts towards the victims house. These lugnuts and fireworks were later to be confirmed by Agan.

During the execution of the search warrant multiple lugnuts along with fireworks which appeared to be the same as what we had located at the victims residence were located at Agan's residence.

Stuart officers search the residence in accordance with the search warrant while Stuart Police Chief David Reha and myself transported Agan to the Stuart Police Department to interview him about this incident. At approximately 2254 we arrived with Agan at the PD. Agan was advised of his miranda rights. Agan both verbally waived his right to remain silent as well as signed an official miranda form waiving his rights.

During the interview Agan admitted to possessing the fireworks and often referred to them as "snappers". Agan stated that they are meant to explode upon contact with another object. Agan also made multiple statements that he would light fireworks off in order to make the victim, Jackie Baudler, upset or scared. Stuart Officers also located several additional lugnuts with fireworks attached to them throughout the house and garage.

Also during the search warrant Stuart Officers located multiple pieces of drug paraphernalia as well as baggies with white crystalline substance, which due to training and experience believe to be methamphetamine, as well as a green leafy substance, again through training and experience believe to be marijuana. Also located were multiple prescription pills were located that were not labeled as belonging to Agan.

Also located were 3 firearms as well as ammunition. I know that Agan is a prohibited possessor due to prior felony convictions as well as being part of a protection order.

I also reviewed Agan's criminal history which showed prior convictions for possession of marijuana and possession of methamphetamine.

At this time I am charging Agan with the following:

- Stalking (dangerous weapon)
- Possession of controlled substance (meth) 2nd offense
- Possession of controlled substance (marijuana) 2nd offense
- Possession of drug paraphernalia
- Unlawful possession of prescription meds
- Felon in possession of a firearm (x2 for gun and ammo)
- Unauthorized possession of offensive weapon

END OF NARRATIVE.



Irving, Daniel

39-16

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

01 - POSSESSED DRUGS/PARAPHERNALIA, 03 - ADMISSION/STATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY WITNESSES, 11 - POSSESSION

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

STATE OF IOWA,

ADAIR COUNTY

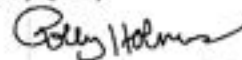


Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/17/2024

Notary Name POLLY HOLMES

Signature of Verifying Party

Commission Number 817327



My Commission Expires 06/10/2025

Peace Officer Notary Prosecuting Attorney

**IN THE IOWA DISTRICT COURT IN AND FOR
ADAIR COUNTY**

This Complaint and Affidavit is to be:

- Filed with Court Clerk (cc: CA)
 Submitted to County Attorney
 Filed with JCO - Defendant is a Juvenile

Form Number: **24-0116**

Arrest Date: **08/17/2024**

THE STATE OF IOWA

VS.

OFFENDER

Last AGAN		First BOBBY		Middle GLENN		Suffix III	
Address 515 S HARRISON ST				City STUART		State IA	Zip Code 50250
DL# 124FF0550	State IA	DL Class C	DL Endorsements		DL Restrictions B,J,H		
Date of Birth 02/13/1972	Gender MALE		Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N		
Height 5' 07"	Weight 170 LBS		Eye Color BLUE - BLU		Hair Color BROWN - BRO		

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 724.26(1)	Crime Description DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL			Speed	in	Zone
Class FELD		Serious P.I. <input type="checkbox"/>		Fatal Accident <input type="checkbox"/>		Civil Damage Assessment <input type="checkbox"/>		Other <input type="checkbox"/>	
Location Type 20 - RESIDENCE/HOME									
Literal Description SOUTH HARRISON ST									
Address 515 S. HARRISON ST.				City STUART			State IA	Zip Code 50250	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 08/16/2024		Upper Date Range		Incident Time or Low Range 22:06		Upper Time Range	

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY 1 - JAILED	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed
 On or about the above stated date and time, the Defendant did
 being a convicted felon or adjudicated delinquent on the basis of conduct that would constitute a felony if committed by an adult, knowingly
 have under his/her dominion and control or possession, receive, transport or cause to be transported, a firearm or offensive weapon, to-wit:
 ammunition

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last BAUDLER		First JACKIE		Middle		Suffix	
Business/Organization/State/Country/Municipality Name							
Address 508 S. GAINES ST.				City STUART		State IA	Zip 50250

AFFIDAVIT

STATE OF IOWA, ADAIR COUNTY

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

On 8/16/2024 at approximately 2206 hours Stuart Police Department executed a search warrant at 515 S. Harrison St. Stuart, IA, 50250. This search warrant stemmed from a month long investigation into the resident at the above listed address, Bobby Glenn Agan III, who was allegedly using lugnuts as projectiles and launching them across the alley at his neighbor's residence (508 S. Gaines St.)

During our investigation Stuart Police Department located 47 lugnuts with 6 of those having what we believe to be fireworks attached to them with the use of some sort of adhesive. It was also stated from a witness that Agan told him that he was using a slingshot to shoot these lugnuts towards the victims house. These lugnuts and fireworks were later to be confirmed by Agan.

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Also during the search warrant Stuart Officers located multiple pieces of drug paraphernalia as well as baggies with white crystalline substance, which due to training and experience believe to be methamphetamine, as well as a green leafy substance, again through training and experience believe to be marijuana. Also located were multiple prescription pills were located that were not labeled as belonging to Agan.

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I also reviewed Agan's criminal history which showed prior convictions for possession of marijuana and possession of methamphetamine.

At this time I am charging Agan with the following:

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- Possession of controlled substance (meth) 2nd offense
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- Possession of drug paraphernalia
- Unlawful possession of prescription meds
- Felon in possession of a firearm (x2 for gun and ammo)
- Unauthorized possession of offensive weapon

END OF NARRATIVE.

Irving, Daniel

39-16

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

01 - POSSESSED DRUGS/PARAPHERNALIA, 03 - ADMISSION/STATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY WITNESSES, 11 - POSSESSION

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

STATE OF IOWA,

ADAIR COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/17/2024

Notary Name POLLY HOLMES

Signature of Verifying Party

Commission Number 817327

My Commission Expires 06/10/2025

Peace Officer Notary Prosecuting Attorney

**IN THE IOWA DISTRICT COURT IN AND FOR
ADAIR COUNTY**

This Complaint and Affidavit is to be:

- Filed with Court Clerk (cc: CA)
- Submitted to County Attorney
- Filed with JCO - Defendant is a Juvenile

Form Number: **24-0116**

Arrest Date: **08/17/2024**

THE STATE OF IOWA

VS.

OFFENDER

Last AGAN		First BOBBY		Middle GLENN		Suffix III	
Address 515 S HARRISON ST				City STUART		State IA	Zip Code 50250
DL# 124FF0550	State IA	DL Class C	DL Endorsements		DL Restrictions B,J,H		
Date of Birth 02/13/1972	Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N			
Height 5' 07"	Weight 170 LBS	Eye Color BLUE - BLU		Hair Color BROWN - BRO			

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 124.401(5)	Crime Description POSSESSION OF CONTROLLED SUBSTANCE - 2ND OFFENSE			Speed	in	Zone
Class AGMS		Serious P.I. <input type="checkbox"/>		Fatal Accident <input type="checkbox"/>		Civil Damage Assessment <input type="checkbox"/>		Other <input type="checkbox"/>	
Location Type 20 - RESIDENCE/HOME									
Literal Description SOUTH HARRISON ST									
Address 515 S. HARRISON ST.				City STUART		State IA	Zip Code 50250		
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STATUS OF OFFENDER/JUVENILE

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<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed
On or about the above stated date and time, the Defendant did knowingly or intentionally possess a controlled substance, to-wit: methamphetamine, by a person having been previously convicted of a drug related offense

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

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Business/Organization/State/County/Municipality Name							
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Possession of controlled substance (meth) 2nd offense
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Possession of drug paraphernalia
Unlawful possession of prescription meds
Felon in possession of a firearm (x2 for gun and ammo)
Unauthorized possession of offensive weapon

END OF NARRATIVE.

[Handwritten Signature]

Irving, Daniel

39-16

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

01 - POSSESSED DRUGS/PARAPHERNALIA, 03 - ADMISSION/STATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY WITNESSES, 11 - POSSESSION

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

STATE OF IOWA,

ADAIR COUNTY



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Notary Name POLLY HOLMES

Signature of Verifying Party

Commission Number 817327

[Handwritten Signature]

My Commission Expires 06/10/2025

Peace Officer Notary Prosecuting Attorney

**IN THE IOWA DISTRICT COURT IN AND FOR
ADAIR COUNTY**

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Form Number: **24-0116**

Arrest Date: **08/17/2024**

THE STATE OF IOWA

VS.

OFFENDER

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Date of Birth 02/13/1972	Gender MALE		Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N		
Height 5' 07"	Weight 170 LBS		Eye Color BLUE - BLU		Hair Color BROWN - BRO		

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 724.26(1)	Crime Description DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL			Speed	in	Zone
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NARRATIVE

Narrative of Offense Committed
On or about the above stated date and time, the Defendant did being a convicted felon or adjudicated delinquent on the basis of conduct that would constitute a felony if committed by an adult, knowingly have under his/her dominion and control or possession, receive, transport or cause to be transported, a firearm or offensive weapon, to-wit: 3 guns

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last BAUDLER		First JACKIE		Middle		Suffix	
Business/Organization/State/County/Municipality Name							
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- Unauthorized possession of offensive weapon

END OF NARRATIVE.

Irving, Daniel

39-16

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

01 - POSSESSED DRUGS/PARAPHERNALIA, 03 - ADMISSION/STATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY WITNESSES, 11 - POSSESSION

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Other Physical Evidence

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STATE OF IOWA,

ADAIR COUNTY



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Notary Name POLLY HOLMES

Signature of Verifying Party

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