| This Complaint and Affida                      | vit is to be:           |                     |                        | 7 (31,50 mm, Prof.) 2,50 | A             | DAIRCOUNT   | Y     |             |                 |                        |          |         |             |      |
|--|-------------------------|---------------------|------------------------|--------------------------|---------------|-------------|-------|-------------|-----------------|------------------------|----------|---------|-------------|------|
| Filed with Court Cle                           | rk (cc: CA)             |                     |                        |                          |               |             |       |             | 520             |                        |          |         |             |      |
| Submitted to County                            | Attorney                |                     |                        |                          |               | Fo          | m Nu  | mber: 24-0  | 03477           |                        |          |         |             |      |
| Filed with JCO - Def                           | fendant is a J          | uvenile             |                        |                          |               |             |       | Date: 08/1: | 3-59-17         |                        |          |         |             |      |
|  |                         |                     |                        | ,                        | HE ST         | ATE OF ION  | V۸    |             | 200000000       | 3-15-                  |          |         |             |      |
|  |                         |                     |                        |                          | 1112 317      |             | 10    |             |                 |                        |          |         |             |      |
| OFFENDER                                       |                         |                     |                        |                          |               | VS.         |       |             |                 |                        |          |         |             |      |
| Last   | The State of            |                     |                        | First                    |               |             |       | Middle      |                 |                        | s        | uffix   |             |      |
| SHIMER   |                         |                     |                        | SHAWN                    | 4             |             |       | DOUGLA      | NS.             |                        |          |         |             |      |
| Address  |                         |                     |                        |                          |               | City        |       |             |                 |                        | S        | tate    | Zip Code    |      |
| 504 NE HAYES ST                                |                         |                     |                        |                          |               | GREENFIE    | LD    |             |                 |                        | V        | ۸.      | 50849       |      |
| DL#  |                         | State               | DL Class               | DL Endor                 | rsements      |             |       | 0000000     | trictions       |                        |          |         |             |      |
| 597AH3623                                      |                         | IA                  | С                      |                          |               |             |       | S,J,I       |                 |                        |          |         |             |      |
| Date of Birth                                  |                         | Gender              |                        | Race                     |               |             |       | Ethnicit    | T. 600000000    |                        |          |         |             |      |
| 05/09/1994                                     |                         | MALE                |                        | WHITE - V                | ~             |             | _     | _           | OF HISP         | ANIC (                 | ORIGIN   | - N     |             |      |
| Height Weight Eye Coli<br>6' 01" 140 LBS HAZEL |                         |                     |                        |                          | 447           |             |       | Hair Co     | nor<br>VN - BRO |                        |          |         |             |      |
| VEHICLE  | 140 LBS HAZEL - HAZ     |                     |                        |                          |               |             | _     | ВКОМ        | - BR            | _                      |          |         |             |      |
| Year   | Make                    |                     |                        |                          | Model         |             | _     |             | 1.              | Color                  |          |         | -           |      |
| 2003   | DODGE                   | - DODG              |                        |                          | 1401000000000 | 500 QUAD S  | 3     |             |                 | RED                    |          |         |             |      |
| VIN  | PODOL                   | - 5050              | CDL Rec                | 12                       | -             |             | -     | Mat End Re  | _               | Style                  |          |         |             |      |
| 1D7HU18D73J589167                              |                         |                     | ass End Req? HazMat Er |                          |               | PK          |       |             |                 |                        |          |         |             |      |
| Plate/Registration #                           |                         |                     |                        |                          | State Year    |             |       | ,           | t               | US DOT Number ICC/MC # |          |         |             |      |
| ONF620   | 520 IA 2024             |                     |                        |                          |               |             |       |             |                 |                        |          |         |             |      |
| OFFENSE  |                         |                     |                        |                          |               |             |       |             |                 |                        |          |         |             |      |
| NA CICI  | Code Section<br>321.561 |                     | Orime Desc<br>DRIVING  | ription<br>WHILE BA      | RRED          |             |       |             |                 |                        | Speed    |         | in          | Zone |
| Class<br>AGMS                                  |                         | Serio               | us P.I.                | ☐ Fa                     | atal Accide   | nt 🗌        | (     | Civil Damag | e Assess        | ment                   |          | Other   | $\boxtimes$ |      |
| Location Type                                  |                         |                     |                        |                          |               |             |       |             |                 |                        |          |         |             |      |
| 13 - HIGHWAY/ROAD                              | VALLEY                  |                     |                        |                          |               |             | _     |             |                 |                        |          |         |             |      |
| Literal Description                            |                         |                     |                        |                          |               |             |       |             |                 |                        |          |         |             |      |
| 2600 BLOCK IA 92 E                             | -                       |                     |                        |                          | 100           |             | _     |             |                 |                        | Tour.    | Zip     | 0.4         |      |
| Address  |                         |                     |                        |                          | City          | NFIELD      |       |             |                 |                        | IA       | 1000    | 849         |      |
| Is Date and Time of Incide                     | ent Known?              | Incident<br>08/13/2 | Date or Low            | Range                    | _             | Date Range  |       | Incident Ti | me or Lov       | v Rang                 |          |         | ime Range   |      |
| STATUS OF OFFEND                               | ED/ IIIVEN              |                     | 024                    |                          | -             |             |       | 10.00       |                 |                        | _        | _       |             |      |
| TAKEN INTO CU                                  | -                       |                     | Cu                     | STODY                    |               |             |       |             | - e             | IMMON                  | IS TO AF | PPEAR   |             |      |
| - IAKEN INTO CO                                | 31001                   |                     | 100                    | 31001                    |               |             |       |             | X               | itation I              |          | ·       |             |      |
| ☐ WARRANT REQU                                 | JESTED                  |                     |                        | NO CON                   | TACT OR       | DER         |       |             |                 | ELEAS                  | ED TO    | IAN     |             |      |
| NARRATIVE                                      |                         |                     | 100                    |                          |               | - 7.0 -1 -  |       |             |                 |                        |          |         |             |      |
| Narrative of Offense Com                       | mitted                  |                     |                        |                          |               |             |       |             |                 |                        |          |         |             |      |
| On or about the above sta                      | ited date and           | time, the De        | nendant did            |                          |               |             |       |             |                 |                        |          |         |             |      |
| operate a motor vehi<br>Iowa                   | cle within t            | he state v          | rhile licens           | e has been               | n barred      | for being a | habit | ual offend  | der unde        | r sect                 | ion 321. | .555 of | the Code    | of   |
| SUMMONS 1 prom                                 | ise to appear           | in said cour        | t at said time         | e and place.             |               |             |       | -           |                 |                        |          |         |             |      |
|  | S                       | Jan                 | Sh                     | m                        |               |             |       | Cour        | t Date 0        | 8/22/2                 | 024      |         |             |      |
|  |                         |                     | of Defenda             |                          |               |             |       | Cour        | t Time 9        | :30 AI                 | м        |         |             |      |
| 70 - 00 - 00 - 2000                            |                         |                     |                        | 3 1723                   | 100 E         |             |       | LD 50849    |                 |                        |          |         |             |      |

Printed At ADAIR COUNTY SHERIFF OFFICE

## STATE OF IOWA,

## ADAIR COUNTY

I, the undersigned, being duly swom, 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

| De GINDEL BITEST              | for Driving while Barred.                                  |                      |   |              |                                      |                      |                         |                         |
|-------------------------------|--|----------------------|---|--------------|--------------------------------------|----------------------|-------------------------|-------------------------|
| The defendant also issued a w | was transported to the Ada<br>ritten warning for the windo | ir County<br>w tint. | Jail to complete a shorter              | ned booking  | process and be re                    | leased o             | n a summons to app      | pear. The defendant was |
| 3                             |  |                      |   | m            | Styr-1.                              | -5                   | STOFER, MICHAE          | L 1-5                   |
|                               |  |                      |   | 55           | Signature of Cor                     | nplainant            | or Officer, Officer Nar | me & Number             |
| GENERAL PR                    | OBABLE CAUSE   |                      |   |              |                                      |                      |                         |                         |
| Operating Motor               | Vehicle in County  |                      | Other Physical Evidence                 |              |                                      | Attempte             | ed To Inflict Injury    |                         |
| Product - OT                  | STATE OF IOWA.   |                      | ADAIR COUNTY                            |              |                                      |                      |                         |                         |
| CARIAL OF                     | Subscribed and swom to be<br>Notary Name                   |                      | y the person(s) signing the<br>HOAKISON | Complaint an | d Affidavit(s) on 08<br>Signature of | V13/2024<br>Verityin |                         |                         |
| · 告:                          | Commission Number  | 79474                | 7                                       |              |                                      |                      | an                      |                         |
| AWOI                          | My Commission Expires                                      | 02/23/               | 2025                                    |              | Peace                                | Officer              | Notary                  | Prosecuting Attorney    |

3:40 PM

| This Complaint an   | d Affidavit is so to   |                        |  | 104 115     | 1E IOWA DISTRI     | ICT COURT  | TIN AND F    | OR                         |               |        |           |          |  |
|---|--|------------------------|--|-------------|--------------------|------------|--------------|----------------------------|---------------|--------|-----------|----------|--|
| minutes in  | ourt Clerk (cc: CA   |                        |  |             | AU                 | AIRCOUN    | TY           |                            |               |        |           |          |  |
|   | County Attorney  |                        |  |             |                    |            |              |                            |               |        |           |          |  |
|   |  |                        |  |             |                    | Fo         | m Number:    | 24-01                      | 16            |        |           |          |  |
|   | O - Defendant is   | a Juvenil              | le.  |             |                    |            | Arrest Date: |                            |               |        |           |          |  |
|   |  |                        |  |             | THEORY             |            |              | 20/1/                      | 2024          |        |           |          |  |
| -24.000.000   |  |                        |  |             | THE STA            |            | WA           |                            |               |        |           |          |  |
| OFFENDER  |  |                        |  |             | 1                  | VS.        |              |                            |               |        |           |          |  |
| AGAN  |  |                        |  | Fi          | irst               |            | Local        |                            |               |        |           |          |  |
|   |  |                        |  | 1000        | OBBY               |            | Middl        |                            |               |        | Suffix    |          |  |
| Address<br>515 C HARDING  |  |                        |  |             | 10                 | City       | GLE          | NN                         |               |        | III       |          |  |
| 515 S HARRISO   | NST  | _                      |  |             |                    | STUART     |              |                            |               | - 1    | State     | Zip Code |  |
| 124FF0550   |  | State                  | DL CI  | ess DL      | Endorsements       |            | Tou          |                            |               |        | IA        | 50250    |  |
| Date of Birth   |  | IA                     | С  |             |                    |            | B,           | Restric                    | tions         |        |           |          |  |
| 02/13/1972  |  | Gende                  |  | Race        |                    |            | -            |                            |               |        |           |          |  |
| Height  |  | MALE                   |  | _           | TE - W             |            |              | OT OF HISPANIC OPIGIN      |               |        |           |          |  |
| 5' 07"  |  | Weight                 |  | Eye C       |                    |            |              | NOT OF HISPANIC ORIGIN - N |               |        |           |          |  |
| OFFENSE   |  | 170 L                  | 88   | BLUE        | E-BLU              |            | 10000        |                            | - BRO         |        |           |          |  |
| State County Local  | N Code Section   |                        |  |             |                    |            | John         |                            | SILO          |        |           |          |  |
| X II I  | 155A.23(4)   |                        |  | escription  | 0                  |            |              |                            |               |        |           |          |  |
| Class   | 1004.23(4)   | (A)                    | UNLAW  | FUL PO      | SSESSION OF F      | PRESCRIP   | TION DRU     | G                          |               | Speed  |           | in Zone  |  |
| SRMS  |  | Se                     | erious P.I.  |             | Fatal Accident     | П          |              |                            |               |        | 1         |          |  |
| ocation Type  |  | _                      | 2000000  | _           |                    | П          | Civil Dam    | age As                     | ssessment     |        | Other     |          |  |
| 0 - RESIDENCE/H   | OME  |                        |  |             |                    |            |              |                            |               |        |           |          |  |
| iteral Description  |  |                        |  |             |                    |            |              |                            |               |        |           |          |  |
| OUTH HARRISON   | N ST   |                        |  |             |                    |            | 2.5          | -                          |               |        |           |          |  |
| ddress  |  |                        |  |             | Tec.               |            |              |                            |               |        |           |          |  |
| 15 S. HARRISON  |  |                        |  |             | City               |            |              |                            |               | State  | Zip C     | ode      |  |
| Date and Time of Inc  | sident Known?  | Inciden                | nt Date or Lo  | w Ranna     | STUART             | _          |              |                            |               | IA     | 5025      |          |  |
| ES  |  | 08/16/                 |  | w mange     | Upper Date         | Range      | Incident     | Time o                     | Low Range     | 1      | Jpper Tim | e Rance  |  |
| TATUS OF OFFER  | IDER/JUVENI  | LE                     |  |             |                    |            | 22:06        |                            |               |        |           |          |  |
| TAKEN INTO C  |  |                        | C  | USTODY      |                    |            |              |                            |               |        |           |          |  |
| 700   |  |                        | 10.50  | - JAILED    | )                  |            | - 3          |                            | SUMMONS       |        | PEAR      |          |  |
| WARRANT RE  | QUESTED  |                        | F  | NO C        | ONTACT ORDER       |            |              | -                          | (Citation Iss |        |           |          |  |
| DDATE   |  |                        |  | REGI        | UESTED             |            |              |                            | RELEASED      |        |           |          |  |
| ARRATIVE  |  |                        |  |             |                    |            |              |                            | PARENTIG      | UARDIA | N         |          |  |
| reave or Offense Co.  |  |                        |  |             |                    |            |              | -                          |               |        |           |          |  |
|   | Inhad days   |                        | Victoria de la companya della companya della companya de la companya de la companya della compan |             |                    |            |              |                            |               |        |           |          |  |
| or about the above s  | lated date and til   | me, the D              | lefendant dic  |             |                    |            |              |                            |               |        |           |          |  |
| or about the above s  | tated date and til<br>drug or device   | me, the D<br>ce fimite | d to dispe   | nsation b   | by prescription, v | which drug | was not &    | ewfull                     | v dispenser   | 1      |           |          |  |
| or about the above s<br>lawfully possess a  | drug or devic  | ce limite              | ed to dispe  | nsation b   | by prescription, u | which drug | was not &    | awfull                     | y dispensed   | i      |           | 1        |  |
| or about the above s<br>lawfully possess a  | drug or devic  | display                | ed to dispe  | nsation b   | by prescription, 1 | which drug | was not &    | awfull                     | y dispensed   | 1      |           |          |  |
| or about the above s<br>lawfully possess a<br>TIM INFORMATIO  | drug or devic  | display                | ed to dispe<br>yed, espec  | nsation b   | by prescription, o | which drug | was not l    | ewfull                     |               |        |           |          |  |
| or about the above s<br>lawfully possess a<br>CTIM INFORMATIO<br>t<br>UDLER   | or device or device on the organization of the | display                | ed to dispe<br>yed, espec<br>est<br>ACKIE  | nsation b   | by prescription, o | d)         | was not &    | awfull                     | y dispensed   |        |           |          |  |
| or about the above s<br>lawfully possess a<br>CTIM INFORMATIO<br>t<br>UDLER<br>iness/Organization/St                                | or device or device on the organization of the | display                | ed to dispe<br>yed, espec<br>est<br>ACKIE  | nsation b   | by prescription, v | d)         | was not l    | əwfull                     |               |        |           |          |  |
| or about the above a<br>Nawfully possess a<br>CTIM INFORMATIO<br>II<br>NUDLER<br>siness/Organization/Si<br>fress<br>I S. GAINES ST. | or device or device on the organization of the | display                | ed to dispe<br>yed, espec<br>est<br>ACKIE  | cially if N | CO is requested    | d)         | was not l    | awfull                     |               | ×      | Tip .     |          |  |

## 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 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 baggles 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 frearms 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 NAR                               | RRATIVE.                                      |  |  |   |
|--|---|--|--|---|
|  |   |  | O / Irving, Daniel 39-1                                    | 6 |
| GENERAL P                                | ROBABLE CAUSE                                 |  | Signature of Complainant or Officer, Officer Name & Number |   |
| Defendant Impl                           |   |  |  |   |
| )1 - POSSES<br>MITNESSES                 | SSED DRUGS/PARAPHERN<br>1, 11 - POSSESSION    | IALIA, 03 - ADMISSION/STATEMI                        | ENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY      |   |
| 2  | or Vehicle in County                          | Other Observed F. St.                                |  |   |
| Operating Moto                           | Transacti County                              | Other Physical Evidence                              | Attempted To Inflict Injury                                |   |
| Operating Moto                           | STATE OF IOWA,                                |  | Attempted To Inflict Injury                                |   |
| 7-00-00-00-00-00-00-00-00-00-00-00-00-00 | STATE OF IOWA,                                | ADAIR COUNTY   |  |   |
|  | STATE OF IOWA, Subscribed and sworn to before |  |  |   |
| gIA/                                     | STATE OF IOWA, Subscribed and sworn to belo   | ADAIR COUNTY ore me by the person(s) signing the Cor | riplaint and Affidavit(s) on 08/17/2024                    |   |

| This Complaint and   | Affidavit is to be | e: ADAIRCOUNTY |                     |        |           |               |                              |                  | OR       |           |                      |            |            |      |
|--|--------------------|----------------|---------------------|--------|-----------|---------------|------------------------------|------------------|----------|-----------|----------------------|------------|------------|------|
| arms.  | rt Clerk (oc: CA)  |                |                     |        |           |               | NOOD MINCOUN                 | 11               |          |           |                      |            |            |      |
| and the same of th | ounty Attorney     | •              |                     |        |           |               |                              |                  |          |           |                      |            |            |      |
| Account to the second s |                    |                |                     |        |           |               | Fo                           | rm Number:       | 24-011   | 16        |                      |            |            |      |
| - ried with 300  | - Defendant is     | a Juvenši      | 0.5                 |        |           |               |                              | Arrest Date:     | 1.010    |           |                      |            |            |      |
|  |                    |                |                     |        |           | THE ST        | ATE OF IO                    |                  |          |           |                      |            |            |      |
| OFFENDER   |                    |                |                     |        |           |               | VS.                          |                  |          |           |                      |            |            |      |
| Last   |                    |                |                     | _      | First     |               |                              |                  |          |           |                      |            |            |      |
| AGAN   |                    |                |                     |        | BOB       | BY            |                              | Midd             |          |           |                      | Suffix     |            |      |
| Address  |                    |                |                     |        | 1000      |               | City                         | GLE              | NN       |           |                      | m          |            |      |
| 515 S HARRISON   | ST                 |                |                     |        |           |               | STUART                       |                  |          |           |                      | State      | Zip Cod    | ie : |
| 0L#<br>124FF0550   |                    | State          | 0.550               | Class  | OL En     | dorsements    | 100000                       | Inc              | Restric  | finne     |                      | IA         | 50250      |      |
| Date of Birth  |                    | IA             | C                   |        |           |               |                              | 1.00             | J,H      | worts.    |                      |            |            |      |
| 2/13/1972  |                    | Gende          |                     |        | Race      | C204 S        |                              | -                | micity   |           |                      |            |            |      |
| feight   |                    | Weight         | _                   | _      | WHITE     |               |                              | NO               | TOF      | HISPANI   | C ORIG               | IIN - N    |            |      |
| 5' 07"   |                    | 170 LE         |                     |        | Eye Colo  |               |                              | 1000             | r Color  | 1         |                      |            |            |      |
| FFENSE   |                    | 1              | -                   |        | BLUE -    | BLU           |                              | BR               | OWN      | BRO       |                      |            |            |      |
| state County Local   | Code Section       | 1              | Crime               | Danne  |           |               |                              |                  |          |           |                      |            |            |      |
|  | 708.11(3)(A        |                |                     |        |           | ERRION O      |                              | 2200             |          |           | Spee                 | 4          | 10%        | 0.5  |
| lass   |                    | 1              | Joine               | Tusto  | - 1000    | COSION O      | F DANGERO                    | US WEAP          | ON       |           | Open                 |            | m          | Zone |
| ELC  |                    | Se             | trious P.I.         |        |           | Fatal Accider | nt 🗌                         | Civil Dar        | nage As  | sessment  | П                    | Othe       | . 🖂        |      |
| ocation Type   |                    |                |                     |        |           |               |                              |                  |          |           | -                    | -          |            |      |
| 0 - RESIDENCE/H  | OME                |                |                     |        |           |               |                              |                  |          |           |                      |            |            |      |
| teral Description  |                    |                |                     |        |           |               |                              |                  | _        |           |                      |            |            |      |
| OUTH HARRISON  | ST                 |                |                     |        |           |               |                              |                  |          |           |                      |            |            |      |
| fdress<br>5 S. HARRISON  |                    |                |                     |        |           | City          |                              |                  |          |           | Str                  | do Zie     | Code       |      |
| Date and Time of Inc   |                    | -              |                     |        |           | STUAR         | RT                           |                  |          |           | IA                   |            | 250        |      |
| S  |                    | 08/16          | nt Date or<br>/2024 | Low R  | ange      | Upper D       | late Range                   | Inciden<br>22:06 | t Time o | r Low Ran |                      | 100        | ime Range  |      |
| ATUS OF OFFEN  |                    | ILE            |                     |        |           |               |                              | 22:06            |          |           | _                    | 1          |            |      |
| TAKEN INTO C   | USTODY             |                |                     | CUST   | ODY       |               |                              |                  | 1-       | CULTURE   | NIC TO               |            |            |      |
|  |                    |                |                     | 1 - JA | AILED     |               |                              |                  |          |           | (Issued)             | APPEAR     |            |      |
| WARRANT REC  | DUESTED            |                | 1                   | П      |           | NTACT ORDS    | ER.                          |                  |          | RELEAS    | _                    |            |            | _    |
| RRATIVE  |                    |                |                     | toud.  | REQUE     | STED          |                              |                  |          |           | TIGUAR               | DIAN       |            |      |
| vative of Offense Cor  | mained             |                |                     |        |           |               |                              |                  |          |           |                      |            |            |      |
| or about the above s   |                    | me the f       | Defendant           | -      |           |               |                              |                  |          |           |                      |            |            |      |
| lk the victim. Jaci  | cie Baurller w     | uhilo in a     | noreacti            |        | a danne   |               | And the second of the second |                  |          |           |                      |            |            |      |
| ecific person that<br>ends to cause boo  | would cause        | a reason       | nable per           | rson t | o feel to | errorized, f  | rightened in                 | sefully eng      | aging    | in course | e of cor             | duct dire  | ected at a |      |
| ands to cause boo  | filly injury to,   | or deati       | h of that           | speci  | fic pers  | on or mem     | ber of that s                | pecific per      | son's i  | mmediat   | or to re<br>te famil | sar that t | he person  |      |
| TIM INFORMATIO   | N (Optional)       | y asspire      | you, cap            | pecial | ly if NC  | O is reques   | sted)                        |                  |          |           |                      |            |            |      |
| UDLER  |                    | 113            | ACVIE               |        |           |               | Middle                       |                  |          | 1         | Suttix               |            |            |      |
| iness/Organization/S   | late/County/Mur    |                | ACKIE               |        |           |               |                              |                  |          |           |                      |            |            |      |
|  |                    |                |                     |        |           |               |                              |                  |          |           |                      |            |            |      |
| WAS .  |                    |                |                     |        |           |               |                              |                  |          |           |                      |            |            |      |
| S. GAINES ST.  |                    |                |                     |        | City      | UART          |                              |                  |          | s         | tane                 | Zip        |            | _    |

## 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

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| END OF NARE      | RATIVE.   |                                  |  |  |
|------------------|---|----------------------------------|--|--|
|                  |   |                                  | 21   | 7 IRVING, DANIEL 39-16                   |
|                  |   |                                  | Signature of Compt                         | ainant or Officer, Officer Name & Number |
| Defendant Implic | ROBABLE CAUSE   |                                  |  |  |
| WITNESSES,       | SED DRUGS/PARAPHER 11 - POSSESSION  Vehicle in County | Other Physical Evid              |  | ERTY DAMAGE, 07 - IDENTIFIED BY          |
|                  | STATE OF IOWA,  | ADAIR COUNTY                     |  |  |
| gIA/             | Subscribed and sworn to b                             | efore me by the person(s) signin | ng the Complaint and Affidavit(s) on 08/17 | 7/2024                                   |
| ARIA OF A        | Notary Name   | POLLY HOLMES                     | Signature of Ve                            | orllying Party                           |
| Z AGIA F         |   |                                  |  | O .                                      |
| - AUDI           | Commission Number                                     | 817327                           |  | Blytolne                                 |

| This Complaint and Affidavit is to I        | be:                |                       |  | Δ.            | DAIRCOUN  | IN AND F       | OR      |                    |        |            |                 |          |        |
|---|--------------------|-----------------------|--|---------------|-----------|----------------|---------|--------------------|--------|------------|-----------------|----------|--------|
| Filed with Court Clerk (cc: C               |                    |                       |  | - 7           | -AIR COUN |                |         |                    |        |            |                 |          |        |
| Submitted to County Attorne                 |                    |                       |  |               | 60        |                |         |                    |        |            |                 |          |        |
| Filed with JCO - Defendant in               |                    |                       |  |               | For       | m Number:      | 24-01   | 16                 |        |            |                 |          |        |
|   | s a Juvenile       |                       |  |               |           | Arrest Date: ( |         |                    |        |            |                 |          |        |
|   |                    |                       |  | THE STA       | TE OF IOV | VA             |         | 1                  |        |            |                 |          |        |
| OFFENDER                                    |                    |                       |  |               | VS.       |                |         |                    |        |            |                 |          |        |
| Lest  |                    |                       | First                                    |               |           | -              |         |                    |        | _          |                 |          |        |
| AGAN  |                    |                       | вовв                                     | Y             |           | Middle         | 3277    |                    |        | Suf        | Mix             |          |        |
| Address                                     |                    | 100.7                 |  |               | City      | GLE            | WN.     |                    |        | III        |                 |          |        |
| 515 S HARRISON ST                           |                    |                       |  |               | STUART    |                |         |                    |        | Sta        | te              | Zip Code | 1      |
| DL#<br>124FF0550                            | State              | DL Class              | DL Endo                                  | orsements     |           | In             | Restric | tions              | _      | IA         |                 | 50250    |        |
| Date of Birth                               | IA                 | C                     |  |               |           | B              |         | tions              |        |            |                 |          |        |
| 02/13/1972                                  | Gender             |                       | Race                                     |               |           | -              | nicity  |                    |        |            |                 |          |        |
| Height                                      | MALE               |                       | WHITE - V<br>Eye Color                   | w             |           |                |         | HISPANI            | C ORM  | SIN - I    | N               |          |        |
| 5" 07"                                      | Weight<br>170 LBS  |                       | NOT OF HISPANIC ORIGIN - N<br>Hair Color |               |           |                |         |                    |        |            |                 |          |        |
| OFFENSE                                     | 170 LBS BLUE - BLU |                       |  |               |           |                |         | - BRO              |        |            |                 |          |        |
| State County Local Code Section             | 20                 | Cina Sa               |  |               |           |                |         |                    |        |            |                 |          |        |
| □ □ 124,414                                 | 211                | Crime Desc<br>POSSESS |  | RUG PAR       | APHERNALI | A              |         |                    | Spec   | ed         |                 | in.      | Zone   |
| SMMS  | Serio              | us P.I.               | _  | Ital Accident |           |                | age Ar  | sessment           | -      |            | Other           |          | 3000   |
| ocation Type                                |                    |                       |  |               |           |                |         |                    |        |            | Other           |          |        |
| 0 - RESIDENCE/HOME                          |                    |                       |  |               |           |                |         |                    |        |            |                 |          |        |
| iteral Description                          |                    |                       |  |               |           |                | _       |                    |        |            |                 |          |        |
| OUTH HARRISON ST                            |                    |                       |  |               |           |                |         |                    |        |            |                 |          |        |
| ddress<br>15 S. HARRISON ST.                |                    |                       |  | City          |           |                |         |                    | Te.    |            |                 | -        |        |
| Date and Time of Incident Known?            | _                  |                       |  | STUAR         | T         |                |         |                    | IA     | ate        | Zip Co<br>50250 |          |        |
| ES  | Incident C         | ate or Low F          | Range                                    | Upper Da      | te Range  | Incident       | Time o  | r Low Ran          |        | -          | -               | Range    | _      |
| TATUS OF OFFENDER/JUVE                      | 08/16/20           | 24                    |  |               |           | 22:06          |         |                    | **     | Opp        | or rame         | Hange    |        |
| TAKEN DITO OLONGO                           | VILE               | -                     |  |               |           |                |         |                    |        | -          |                 |          |        |
| Δ.  |                    | 1000                  | AILED                                    |               |           |                |         | SUMMO<br>(Citation |        |            | AR              |          |        |
| WARRANT REQUESTED                           |                    |                       |  | ACT ORDE      | R         | -              |         | RELEAS             | -      | _          | _               |          |        |
| ARRATIVE                                    |                    |                       | REQUEST                                  | ED            |           |                |         | PAREN              | T/GUAR | DIAN       |                 |          |        |
| strative of Offense Committed               |                    |                       |  |               |           |                |         |                    |        |            |                 |          |        |
| or about the above stated date and          | time, the Det      | andant did            |  |               |           |                |         |                    |        |            |                 |          |        |
| owingly possess drug paraphe                | ernalia            | - Julia did           |  |               |           |                |         |                    |        |            |                 |          |        |
| CTIM INFORMATION (Optiona                   | lly displaye       | d, especia            | lly if NCO                               | ie roquesi    | to di     |                | _       |                    |        |            |                 |          |        |
| *   | First              |                       | , ,,,,,,,                                | is reques     | Middle    |                |         | -                  |        |            |                 |          |        |
| UDLER<br>iness/Organization/State/County/Mo | JAC                | KIE                   |  |               | wyodie    |                |         | S                  | uffor  |            |                 |          |        |
|   | micipality Nar     | ne                    |  |               |           |                |         |                    |        |            |                 |          | $\neg$ |
| ress  |                    |                       | City                                     |               |           |                |         | T <sub>o</sub>     | Inte   | 1-         |                 |          |        |
| S. GAINES ST.                               | STUART             |                       |  |               |           |                |         | 14                 | tate   | Zip<br>502 | 50              |          |        |

## STATE OF IOWA.

## ADAIR COUNTY

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Unlawful possession of prescription meds
Felon in possession of a firearm (x2 for gun and ammo)
Unauthorized possession of offensive weapon

|              | casession of offensive wee                                    |                    |                                   |   |            |                           |                      |
|--------------|---|--------------------|-----------------------------------|---|------------|---------------------------|----------------------|
| END OF NARE  | RATIVE.   |                    |                                   |   |            |                           |                      |
|              |   |                    |                                   | 21  |            | Irving, Daniel            | 39-16                |
| GENERAL PR   | ROBABLE CAUSE   |                    |                                   | Signature of Co                             | mplainar   | nt or Officer, Officer Na | ime & Number         |
| WITNESSES,   | SED DRUGS/PARAPHER 11 - POSSESSION  Vehicle in County         |                    | ADMISSION/STATEME                 | NTS, 04 - CAUSED PR                         |            | Y DAMAGE, 07 - II         | DENTIFIED BY         |
|              | STATE OF IOWA,  | AD                 | AIR COUNTY                        |   |            | 200                       |                      |
| CRIAL OF ALL | Subscribed and sworn to b<br>Notary Name<br>Commission Number | POLLY HO<br>817327 | person(s) signing the Com<br>LMES | plaint and Affidavit(s) on 0<br>Signature o | d Verifyin |                           |                      |
| AWA          | My Commission Expires   | 06/10/2025         | Š .                               | Peace                                       | Officer    | Notary [                  | Prosecuting Attorney |

| This Complaint and Attidavit is to be   | ě             |              | 00000000    |               | AIRCOUNT       |              | )R                         |              |          |           |               |  |  |  |  |  |
|---|---------------|--------------|-------------|---------------|----------------|--------------|----------------------------|--------------|----------|-----------|---------------|--|--|--|--|--|
| Filed with Court Clerk (oc: CA  |               |              |             |               | AIRCOON        |              |                            |              |          |           |               |  |  |  |  |  |
| Submitted to County Attorney  |               |              |             |               |                |              |                            |              |          |           |               |  |  |  |  |  |
| ATTENDANCE OF THE PROPERTY OF |               |              |             |               | For            | m Number: 2  | 24-011                     | 6            |          |           |               |  |  |  |  |  |
| Filed with JCO - Defendant is   | a Juvenile    |              |             |               |                | rest Date: ( |                            |              |          |           |               |  |  |  |  |  |
|   |               |              |             | THE STA       | TE OF IOV      |              |                            |              |          |           |               |  |  |  |  |  |
| OFFENDER  |               |              |             |               | VS.            | 77.50        |                            |              |          |           |               |  |  |  |  |  |
| Last  |               |              |             |               |                |              |                            |              |          |           |               |  |  |  |  |  |
| AGAN  |               |              | First       |               |                | Middle       |                            | 1            |          | Suffix    |               |  |  |  |  |  |
| Address   |               |              | BOBB        | Υ             |                | GLEN         | IN                         |              |          | III       |               |  |  |  |  |  |
| 515 S HARRISON ST   |               |              |             |               | City<br>STUART |              |                            |              |          | State     | Zip Code      |  |  |  |  |  |
| DE#   | State         | DL Class     | Dt. Endo    | rsements      | ., ., ., .,    | Int          | Restric                    | et           |          | IA        | 50250         |  |  |  |  |  |
| 124FF0550   | IA            | C            |             |               |                | B,J          | 211555                     | tions        |          |           |               |  |  |  |  |  |
| Date of Birth   | Gender        |              | Race        |               |                |              | ricity                     |              | _        |           |               |  |  |  |  |  |
| 02/13/1972  | MALE          |              | WHITE - V   | w             |                | 1,150.55     |                            | HISPANIC     | OPICH    |           |               |  |  |  |  |  |
| feight<br>5' 07"  | Weight        | 77-000       |             |               |                |              | NOT OF HISPANIC ORIGIN - N |              |          |           |               |  |  |  |  |  |
|   | 170 LBS BLUE  |              |             |               |                |              |                            |              |          |           |               |  |  |  |  |  |
| OFFENSE<br>State County Local Code Section  |               |              |             |               |                |              |                            |              |          | _         |               |  |  |  |  |  |
| itale County Local Code Section 724.26(1)   |               | Crime Descr  |             |               |                |              |                            |              |          |           |               |  |  |  |  |  |
| lass   /24.20(1)  | -             | DOMINION     | CONTRO      | L OF FIRE     | ARMOFFE        | NSIVE WE     | APON                       | BY FEL       | Speed    |           | in Zone       |  |  |  |  |  |
| ELD   | Serio         | us P.I.      | Fa          | stal Accident | П              | Chil Dam     |                            | sessment     |          | T         | _             |  |  |  |  |  |
| ocation Type  | _             |              |             |               |                | Grea Dam     | age As                     | sessment     | ш        | Other     |               |  |  |  |  |  |
| - RESIDENCE/HOME  |               |              |             |               |                |              |                            | 7.00         |          |           |               |  |  |  |  |  |
| teral Description   |               |              |             |               |                |              |                            |              |          |           |               |  |  |  |  |  |
| OUTH HARRISON ST  |               |              |             |               |                |              |                            |              |          |           |               |  |  |  |  |  |
| dress   |               |              |             | City          |                |              |                            |              |          |           |               |  |  |  |  |  |
| 5 S. HARRISON ST.   |               |              |             | STUART        |                |              |                            |              | State    | Zip (     | ode           |  |  |  |  |  |
| Date and Time of Incident Known?  | Incident D    | ate or Low F | tange       | Upper Date    |                | Inches of    | _                          |              | -        | IA 50250  |               |  |  |  |  |  |
| S   | 08/16/20      |              |             |               | o rearryo      | 22:06        | lime o                     | r Low Range  |          | Upper Tin | ne Range      |  |  |  |  |  |
| ATUS OF OFFENDER/JUVEN  | ILE           |              |             |               |                | 22.00        |                            |              |          |           |               |  |  |  |  |  |
| TAKEN INTO CUSTODY  |               | 1000000      | AILED       |               |                |              |                            | SUMMONS      | S TO AP  | PEAR      |               |  |  |  |  |  |
| WARRANT REQUESTED   |               | 1-3          |             | ACT ORDER     |                |              | ш                          | (Citation Is | sued)    |           |               |  |  |  |  |  |
|   |               |              | REQUEST     |               |                |              |                            | RELEASE      |          | 2000      |               |  |  |  |  |  |
| RRATIVE   |               |              |             |               |                |              | -                          | PARENTA      | SUARDU   | AN        |               |  |  |  |  |  |
| rative of Offense Committed   |               |              |             |               |                | _            | -                          |              |          |           |               |  |  |  |  |  |
| or about the above stated date and t  | ime, the Defe | endant did   |             |               |                |              |                            |              |          |           |               |  |  |  |  |  |
| ng a convicted felon or adjudi<br>e under his/her dominion and  | cated delin   | quent on t   | he basis o  | f conduct t   | hat would d    | nostitute i  | folor                      | ne if manue  |          |           |               |  |  |  |  |  |
| e under his/her dominion and<br>nuts with fireworks attached  | control or    | possession   | n, receive, | transport     | or cause to    | be transpo   | orted.                     | a firearm    | or offer | y an adu  | at, knowingly |  |  |  |  |  |
| TIM INFORMATION (Optional   | v dienimo     | 4            |             |               | -              |              |                            |              |          | ISING WE  | apon, to-wit: |  |  |  |  |  |
| Topicial (optional  | First         | u, especia   | lly if NCO  | is requeste   |                |              |                            |              |          |           |               |  |  |  |  |  |
| JDLER   | JAC           |              |             |               | Middle         |              |                            | Suf          | fix      |           |               |  |  |  |  |  |
| ness/Organization/State/County/Mur  |               |              |             |               |                |              | +                          |              |          |           |               |  |  |  |  |  |
| esa   |               |              |             |               |                |              |                            |              |          |           |               |  |  |  |  |  |
| S. GAINES ST.   |               |              | City        | 0,100         |                |              |                            | Stat         | e I      | Zip       |               |  |  |  |  |  |
| o. onneo ot.  |               |              | STUA        | ART           |                |              |                            | IA           | 2.5      | 50250     |               |  |  |  |  |  |

## STATE OF IOWA.

## ADAIR COUNTY

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Possession of controlled substance (marijuana) 2nd offense
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Unlawful possession of prescription meds
Felon in possession of a frearm (x2 for gun and ammo)
Unauthorized possession of offensive weapon

| END OF NARE | RATIVE.                            |  |  |
|-------------|------------------------------------|--|--|
|             |                                    |  | Irving, Daniel 39-16   |
|             |                                    |  | Signature of Complainant or Officer, Officer Name & Number                             |
| GENERAL PR  | ROBABLE CAUSE                      |  |  |
| WITNESSES,  | 11 - POSSESSION  Vehicle in County | Other Physical Eviden  | ATEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY  Attempted To Inflict Injury |
|             | STATE OF IOWA.                     | ADAIR COUNTY   |  |
| est Az      | Subscribed and sworn to b          | The second secon | the Complaint and Affidavit(s) on 06/17/2024   |
| ARRIAY OF   | Notary Name                        | POLLY HOLMES   | Signature of Verifying Party   |
| · @:        | Commission Number                  | 817327   | Golfy Holm   |
| AWOL        | My Commission Expires              | 06/10/2025   | Peace Officer Notary Prosecuting Attorney  |

| This Complaint and Affidavit is  | s to be:                |  |                                       |                   | ADAIN             | COUNTY     |            |            |   |          |               |                   |  |  |
|--|-------------------------|--|---------------------------------------|-------------------|-------------------|------------|------------|------------|---|----------|---------------|-------------------|--|--|
| Filed with Court Clerk (   | c: CA)                  |  |                                       |                   |                   |            |            |            |   |          |               |                   |  |  |
| Submitted to County At   | 10000                   |  |                                       |                   |                   | Form Ni    | mber: 24-  | 0116       |   |          |               |                   |  |  |
| Filed with JCO - Defend  | 300 m                   | mole   |                                       |                   |                   |            |            | 08/17/2024 |   |          |               |                   |  |  |
|  |                         |  |                                       |                   |                   | Alles      | Date: Uar  | 17/202     | 4   |          |               |                   |  |  |
|  |                         |  |                                       | т                 | HE STATE C        | OF IOWA    |            |            |   |          |               |                   |  |  |
| OFFENDER   |                         |  |                                       |                   | VS.               |            |            |            |   |          |               |                   |  |  |
| Last   |                         |  |                                       | First             |                   |            | Middle     | -          | _   | _        | 0.16          |                   |  |  |
| AGAN   |                         |  |                                       | вовву             |                   |            | GLENN      |            |   |          | Suffix<br>III |                   |  |  |
| Address<br>515 S HARRISON ST   |                         |  |                                       |                   | City<br>STU       | ART        |            |            |   | - 1      | State<br>IA   | Zip Code<br>50250 |  |  |
| DL#<br>124FF0550   | - 40                    | itate<br>A   | DL Class<br>C                         | DL Endon          | sements           |            | DL Re      | strictio   | ns  |          | 7             |                   |  |  |
| Date of Birth<br>02/13/1972  | - 17                    | ender<br>MALE  |                                       | Race<br>WHITE - W | ,                 |            | Ethnic     | ity        | SPANIC  | OBIGIA   | . N           |                   |  |  |
| Height<br>5' 07"   | v                       | Veight<br>70 LBS   | Eye Color Hair Color BLUE - BLU BROWN |                   |                   |            |            |            |   | ORIGIN   | - N           |                   |  |  |
| OFFENSE  |                         |  |                                       | DEGE - DE         |                   |            | BRO        | W - 1      | ako .   |          |               |                   |  |  |
|  | Section<br>401(5)(B)    |  | Orime Desc                            |                   | ONTROLLED S       | SUBSTANC   | F - MAR    | LIUAN      | A 2ND   | Speed    |               | in 2              |  |  |
| Class<br>SRMS  |                         | Serio  |                                       |                   | tal Accident      |            | Civil Dama |            |   |          | Oth           | ser 🗌             |  |  |
| Location Type<br>20 - RESIDENCE/HOME   |                         |  |                                       |                   |                   |            |            |            |   |          |               |                   |  |  |
| Literal Description<br>SOUTH HARRISON ST   |                         |  |                                       |                   |                   |            |            |            |   |          |               |                   |  |  |
| Address<br>515 S. HARRISON ST.   |                         |  |                                       |                   | City              |            |            |            |   | Stat     | 5 1 5         | ip Code<br>0250   |  |  |
| s Date and Time of Incident H<br>YES   | nown?                   | Incident 0<br>08/16/20   | ate or Low                            | Range             | Upper Date R      | lange      | Incident 1 | Time or    | Low Rang  | ge       | -             | Time Range        |  |  |
| STATUS OF OFFENDER   | JUVENIL                 | E  |                                       |                   |                   |            |            |            |   |          | _             |                   |  |  |
| ☐ TAKEN INTO CUSTO   | DY                      |  | 177                                   | STODY<br>JAILED   |                   |            |            |            |   | NS TO A  | PPEAR         | 1                 |  |  |
| WARRANT REQUES   | TED                     |  |                                       | NO CONT           | TACT ORDER<br>TED |            |            |            | (Citation lissued)  RELEASED TO PARENT/GUARDIAN |          |               |                   |  |  |
| NARRATIVE  |                         |  | 177                                   |                   |                   |            |            |            |   |          |               |                   |  |  |
| farrative of Offense Committe<br>on or about the above stated<br>knowingly or intentionally<br>previously convicted of a | date and tin<br>possess | a contro   | illed subs                            |                   | it: marijuana,    | a schedule | 1 contro   | lled s     | ubstance  | , by a p | erson         | having been       |  |  |
| CTIM INFORMATION (C  |                         |  |                                       | cially if NCC     | ) is requested    | n          |            |            |   |          |               |                   |  |  |
| ast<br>BAUDLER   |                         | Firs   |                                       |                   |                   | Middle     |            |            |   | Suffix   |               |                   |  |  |
| Business/Organization/State/O  | ounty/Mun               | The second secon |                                       |                   |                   |            |            |            |   |          |               |                   |  |  |
| Address  |                         |  |                                       | City              |                   |            |            | -          | T,  | State    | Zip           |                   |  |  |
| 508 S. GAINES ST.  |                         |  |                                       | 1000              | JART              |            |            |            | li li   | A        | 502           | 50                |  |  |

#### 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 \$/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 tugnuts 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 tugnuts 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 tugnuts towards the victims house. These tugnuts 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.

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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 Agen'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 paraphemalia
Unlawful possession of prescription meds
Felon in possession of a firearm (x2 for gun and ammo)
Unauthorized possession of offensive weapon

|  | possession of offerigive mee                                 | port  |   |   |
|--|--|---|---|---|
| END OF NARE                                  | RATIVE.  |   | 016   |   |
| GENERAL PR                                   | ROBABLE CAUSE  |   | 1.77  | Irving, Daniel 39-16<br>or Officer, Officer Name & Number |
| Defendant Impli<br>01 - POSSES<br>WITNESSES, |  | RNALIA, 03 - ADMISSION/STAT                                     | TEMENTS, 04 - CAUSED PROPERTY                                       | Y DAMAGE, 07 - IDENTIFIED BY                              |
| Operating Motor                              | Vehicle in County  | Other Physical Evidence   | a Attempt   | ed To Inflict Injury                                      |
|  | STATE OF IOWA,   | ADAIR COUNTY  |   |   |
| ARIAL SEAL                                   | Subscribed and swom to b<br>Notary Name<br>Commission Number | efore me by the person(s) signing the<br>POLLY HOLMES<br>817327 | e Comptaint and Affidavit(s) on 08/17/2024<br>Signature of Verifyin | Bley Holms  |
|  | My Commission Expires  | 06/10/2025  | Peace Officer   | Notary Prosecuting Attorney                               |

| This Complaint and Affidavit i  | s to be:                |                       |                        | ADAIR                         | COUNTY                 |                         |                          |                      |        |                                      |
|---|-------------------------|-----------------------|------------------------|-------------------------------|------------------------|-------------------------|--------------------------|----------------------|--------|--------------------------------------|
| Filed with Court Clerk (  | oc: CA)                 |                       |                        |                               |                        |                         |                          |                      |        |                                      |
| Submitted to County At  |                         |                       |                        |                               | 4150                   |                         | 2039                     |                      |        |                                      |
| Filed with JCO - Defend   |                         |                       |                        |                               |                        | Number: 24              | 21 1 2 1 2 1 2 2         |                      |        |                                      |
| Linea with 2001- Delend   | iant is a Juvenile      |                       |                        |                               | Arre                   | est Date: 08/           | 17/2024                  |                      |        |                                      |
|   |                         |                       | TI                     | HE STATE                      | OF IOWA                |                         |                          |                      |        |                                      |
| OFFENDER  |                         |                       |                        | VS.                           |                        |                         |                          |                      |        |                                      |
| Last<br>AGAN  |                         | 55                    | First<br>BOBBY         |                               |                        | Middle                  |                          |                      | Suf    | You                                  |
| Address<br>515 S HARRISON ST  |                         |                       |                        | City                          | UART                   |                         |                          |                      | Sta    | te Zip Code<br>50250                 |
| DL#<br>124FF0550  | State                   | DL Class<br>C         | OL Endors              | ements                        |                        | DL R                    | estrictions              |                      |        | 10000                                |
| Date of Birth<br>02/13/1972   | Gender<br>MALE          |                       | Race<br>WHITE - W      | 7                             |                        | Ethnic                  |                          | ANIC OF              | HGIN - | N                                    |
| Height<br>5' 07"  | Weight<br>170 LB        | s                     | Eye Color<br>BLUE - BL |                               |                        | Hair C                  |                          |                      | - Out  |                                      |
| OFFENSE   |                         |                       |                        |                               |                        | - Divo                  | THE BUILT                |                      |        |                                      |
|   | Section<br>26(1)        | Orime Desc<br>DOMINIO | ription<br>N/CONTROI   | L OF FIREA                    | RM/OFFEN               | ISIVE WEA               | APON BY                  | FEL S                | eed    | in                                   |
| Class<br>FELD   | Ser                     | rious P.I.            | Fat                    | al Accident                   |                        | Civil Dame              | ge Assess                | ment [               |        | Other _                              |
| Location Type<br>20 - RESIDENCE/HOME  |                         |                       |                        |                               |                        |                         |                          |                      |        |                                      |
| Literal Description   |                         |                       |                        |                               |                        |                         |                          |                      |        |                                      |
| SOUTH HARRISON ST   |                         |                       |                        |                               |                        |                         |                          |                      |        |                                      |
| Address<br>515 S. HARRISON ST.  |                         |                       |                        | City                          |                        |                         |                          |                      | State  | Zip Code<br>50250                    |
| Is Date and Time of Incident K<br>YES   | nown? Incider<br>08/16/ | t Date or Low<br>2024 | Range                  | Upper Date                    | Range                  | Incident<br>22:06       | Time or Low              | Range                | U      | oper Time Range                      |
| STATUS OF OFFENDER  | JUVENILE                |                       |                        |                               |                        | -                       |                          |                      |        |                                      |
| TAKEN INTO CUSTO  | DY                      | 100.00                | STODY<br>JAILED        |                               |                        |                         | 2.0                      | MMONS<br>tation Issu |        | EAR                                  |
| WARRANT REQUEST   | red                     |                       | NO CONT                | ACT ORDER                     |                        |                         |                          | LEASED<br>MENT/GU    | 100    | N .                                  |
| NARRATIVE   |                         |                       |                        |                               |                        |                         |                          |                      |        |                                      |
| Narrative of Offense Committee  | d                       |                       |                        |                               |                        |                         |                          |                      |        |                                      |
| On or about the above stated of<br>being a convicted felon of<br>have under his/her dominammunition | r adjudicated de        | elinquent or          | the basis of           | of conduct to<br>transport of | nat would our cause to | constitute<br>be transp | a felony i<br>orted, a f | commit<br>rearm o    | ted by | an adult, knowir<br>sive weapon, to- |
| CONTRACTION (C  | ptionally displ         | ayed, espec           | ially if NCO           | is requeste                   | d)                     |                         |                          | -0.                  |        |                                      |
| Last<br>BAUDLER   | ,                       | inst<br>IACKIE        |                        |                               | Middle                 |                         |                          | Sutt                 | ×      |                                      |
| Business/Organization/State/C   | ounty/Municipality      | Name                  |                        |                               |                        |                         |                          |                      |        |                                      |
| Address<br>508 S. GAINES ST.  |                         |                       | City                   | ART                           |                        |                         |                          | Stati                |        | Zip<br>E03E0                         |

## STATE OF IOWA.

#### ADAIR COUNTY

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

| THE RESERVE AND ADDRESS. |   |  |   |                             |             |
|--------------------------|---|--|---|-----------------------------|-------------|
| END OF NAR               | RATIVE.   |  | 2/6   |                             |             |
|                          |   |  | 12  | Irving, Daniel              | 39-16       |
|                          |   | 12   | Signature of Complain                                     | ant or Officer, Officer Nam | ne & Number |
| GENERAL P                | ROBABLE CAUSE   |  |   |                             |             |
| WITNESSES                | 11 - POSSESSION   | LIA, 03 - ADMISSION/STATEMEN                         | TTO, GT - GROGED PROPER                                   | TO PORTAGE, OF - IDE        | ENTIFIED BY |
| Operating Moto           | r Vehicle in County                                       | Other Physical Evidence                              | Atten   | pted To Inflict Injury      |             |
| Operating Moto           | r Vehicle in County STATE OF IOWA,                        | Other Physical Evidence  ADAIR COUNTY                | Atterr  | pled To Inflict Injury      |             |
|                          | STATE OF IOWA,  | ADAIR COUNTY   |   | 88.                         |             |
|                          | STATE OF IOWA, Subscribed and sworn to before             |  | plaint and Affidavit(s) on 08/17/2                        | 124                         |             |
| Operating Moto           | STATE OF IOWA, Subscribed and sworn to before Notary Name | ADAIR COUNTY  e me by the person(s) signing the Comp | plaint and Affidevit(s) on G8/17/20<br>Signature of Verif | 124                         |             |

| This Complaint and Affidavi              | t is to be:                             |               |                       |              | ADAIR         | COUNTY      |                     |               |              |         |         |              |        |
|--|---|---------------|-----------------------|--------------|---------------|-------------|---------------------|---------------|--------------|---------|---------|--------------|--------|
| Filed with Court Clerk                   | (ec: CA)                                |               |                       |              |               |             |                     |               |              |         |         |              |        |
| Submitted to County                      |   |               |                       |              |               | Earn N      | lumber: 24-         | 0446          |              |         |         |              |        |
| Filed with JCO - Defe                    |   | ovenile       |                       |              |               |             |                     | COLCUMB:      |              |         |         |              |        |
|  |   | Telino.       |                       |              |               | Affec       | st Date: <u>08/</u> | 17/202        | 4            |         | _       | _            |        |
|  |   |               |                       | T            | HE STATE      | OF IOWA     |                     |               |              |         |         |              |        |
|  |   |               |                       |              | VS.           |             |                     |               |              |         |         |              |        |
| OFFENDER                                 |   |               |                       |              |               |             |                     |               |              |         |         |              |        |
| Last                                     |   |               |                       | First        |               |             | Middle              |               |              | 1       | Suffee  |              |        |
| AGAN                                     |   |               |                       | BOBBY        |               |             | GLENN               | 1             |              | - 1     | 11      |              |        |
| Address<br>515 S HARRISON ST             |   |               |                       |              | City          | JART        |                     |               |              | - 1     | State   | Zip Cod      | e      |
| DL#                                      |   | State         | DL Class              | DL Endon     |               | JAKI        | Tours.              | estrictio     |              | 16      | Α       | 50250        |        |
| 124FF0550                                |   | IA            | C                     | DE CHOOL     | and the same  |             | B,J,I               |               |              |         |         |              |        |
| Date of Birth                            |   | Gender        |                       | Race         |               |             | Ethnic              | -             |              |         |         | _            |        |
| 02/13/1972                               |   | MALE          |                       | WHITE - W    |               |             |                     |               | SPANIC       | ORIGIN  | - N     |              |        |
| Height                                   |   | Weight        |                       | Eye Color    |               |             | Hair C              | color         |              |         |         |              |        |
| 5' 07"                                   |   | 170 LBS       |                       | BLUE - BL    | U             |             | BRO                 | WN - E        | BRO          |         |         |              |        |
| OFFENSE                                  |   |               |                       |              |               |             |                     |               |              |         |         | ve-          |        |
|  | de Section<br>4.401(5)                  |               | Crime Desc<br>POSSESS |              | NTROLLED      | SUBSTAN     | CE - 2ND            | OFFE          | NSE          | Speed   |         | in           | Zone   |
| Class                                    |   | Seriou        | Seesa .               | _            | tal Accident  |             | Civil Dame          |               | 7            |         | -       |              |        |
| AGMS                                     |   | 7000          | 32.00                 |              |               | ш           | Cire Deline         | ige nas       | e a a mente. |         | Othe    | K            |        |
| ocation Type<br>20 - RESIDENCE/HOME      |   |               |                       |              |               |             |                     |               |              |         |         |              |        |
| iteral Description                       |   |               |                       |              |               |             |                     | _             |              |         |         |              |        |
| OUTH HARRISON ST                         |   |               |                       |              |               |             |                     |               |              |         |         |              |        |
| ddress                                   |   |               |                       |              | City          |             |                     | -             | _            | State   |         |              |        |
| 15 S. HARRISON ST.                       |   |               |                       |              | STUART        |             |                     |               |              | IA      | 12.5    | Code<br>1250 |        |
| s Date and Time of Incident              | Known?                                  | C 4000 103    | ate or Low            | Range        | Upper Date I  | Range       | 25/8/65             | Time or       | Low Rang     |         | _       | Time Range   | 8      |
| ES                                       |   | 08/16/20      | 124                   |              |               |             | 22:06               | _             |              |         |         |              |        |
| TATUS OF OFFENDE                         |   | .E            | Lau                   |              |               |             |                     | _             |              | -       |         |              |        |
| AKEN INTO COST                           | 001                                     |               | 1877                  | JAILED       |               |             |                     |               | (Citation    |         | PPEAR   |              |        |
| WARRANT REQUE                            | STED                                    |               |                       | NO CONT      | ACT ORDER     |             |                     |               | RELEAS       | ED TO   | IAN     |              |        |
| IARRATIVE                                |   |               |                       |              |               |             |                     |               | 11012011     |         |         |              |        |
| arrative of Offense Commit               | tted                                    |               |                       |              |               |             |                     | _             |              |         |         |              |        |
| in or about the above state              |   |               |                       |              |               |             |                     |               |              |         |         |              |        |
| nowingly or intentiona<br>elated offense | fly possess                             | a contro      | illed subst           | tance, to-w  | it: methampi  | netamine, t | y a perso           | n hav         | ng been      | previou | sty con | nvicted of   | a drug |
| ICTIM INFORMATION                        | (Optional)                              | y display     | ed, espec             | ially if NCC | ) is requeste | d)          |                     | $\rightarrow$ |              |         |         |              |        |
| ast                                      | , | Firs          |                       | ,            |               | Middle      |                     | $\rightarrow$ | s            | Suffix  |         |              |        |
| AUDLER                                   |   | 0.000         | CKIE                  |              |               | 10000000    |                     |               |              |         |         |              |        |
| usiness/Organization/State               | /County/Mur                             | ricipality Na | ime                   | -            |               | A           |                     |               |              |         |         |              |        |
| ddress                                   |   |               |                       | City         |               |             |                     |               | le le        | State   | Zip     |              |        |
| 08 S. GAINES ST.                         |   |               |                       |              | IART          |             |                     |               |              | A       | 5025    | 0            |        |

#### STATE OF IOWA.

#### ADAIR COUNTY

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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 emmo)
Unauthorized possession of offensive weapon

| END OF NARR | RATIVE.   |                                       | 010   |
|-------------|---|---------------------------------------|---|
|             |   |                                       | Irving, Daniel 39-16 Signature of Complainant or Officer, Officer Name & Number       |
| GENERAL PR  | OBABLE CAUSE  |                                       |   |
| WITNESSES,  | SED DRUGS/PARAPHER 11 - POSSESSION  Vehicle in County | Other Physical Evidence               | TEMENTS, 04 - CAUSED PROPERTY DAMAGE, 07 - IDENTIFIED BY  Attempted To Inflict Injury |
|             | STATE OF IOWA,  | ADAIR COUNTY                          |   |
| 0141        | Subscribed and swom to b                              | efore me by the person(s) signing the | e Complaint and Affidavit(s) on 08/17/2024  |
| CARIAL OF   | Notary Name   | POLLY HOLMES                          | Signature of Verifying Party  |
| · #         | Commission Number                                     | 817327                                | Golly Holm  |
| AWOI        | My Commission Expires                                 | 06/10/2025                            | Peace Officer Notary Prosecuting Attorney   |

| Height S' 07" 170 LBS BLUE - BLU BROWN - BRO  OFFENSE  State County Local Code Section 724.26(1) DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL Cotters  FELD Serious P.I. Fatal Accident Civil Damage Assessment Other Cotters County Location Type 20 - RESIDENCE/HOME  Literal Description  SOUTH HARRISON ST  Address City State Zip Code 515 S. HARRISON ST. STUART IA 50250  Incident Date or Low Range Upper Date Range Incident Time or Low Range Upper Time Range YES  O8/16/2024  Use Color Hair Color BROWN - BRO  Speed In 32  Speed In 33  Other City Damage Assessment Cotter County | This Complaint and Affidavit is to be  | c.                               |                                     | ADA                             | RCOUNTY      |   |                   |                           |             |                     |                         |                    |
|--|--|----------------------------------|-------------------------------------|---------------------------------|--------------|---|-------------------|---------------------------|-------------|---------------------|-------------------------|--------------------|
| Submitted to County Attorney   Form Number: 24-0116     Filed with JCO - Defendant is a Juvenile   | Filed with Court Clerk (cc: CA)  |                                  |                                     |                                 |              |   |                   |                           |             |                     |                         |                    |
| Fled with JCO - Defendant is a Juvenile  Arrest Date: <u>08/17/2024</u> THE STATE OF IOWA  VS.  OFFENDER  Last  AGAN  AGAN  AGAN  Address  515 S HARRISON ST  UAFF0550  DL State  C C  STUART  DL Restrictions  B,JH  DL Restrictions  B,JH  DL Restrictions  B,JH  DL Restrictions  B,JH  NOT OF HISPANIC ORIGIN - N  Height  Story  170 LBS  State  County Local Code Section  T24.26(1)  DOMINIONICONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL  County Local Code Section  T24.26(1)  DOMINIONICONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL  Serious P.I.   Fatal Accident   Civil Damage Assessment   Other    CRy  STUART  Cry  State  County Local Code Section  T24.26(1)  DOMINIONICONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL  Serious P.I.   Fatal Accident   Civil Damage Assessment   Other    CRY  STUART  State  State  State  CRY  STUART  State  State  State  STATUS OF OFFENDER/JUVENILE  TAKEN INTO CUSTODY  LOCATION TOPE  CUSTODY  LAKEN INTO CUSTODY  CUSTODY  LAKEN INTO CUSTODY  LOCATION TOPE  RELEASED TO  RELEASED TO  RELEASED TO   | re-q   |                                  |                                     |                                 | 2000         |   | 222               |                           |             |                     |                         |                    |
| THE STATE OF IOWA  VS.  OFFENDER  Last AGAN AGAN AGAN AGHER STUART  State CRy STUART  DL Class C DL Endorsements DL Restrictions B,J,H  O2013/1972  MALE WHITE - W NOT OF HISPANIC ORIGIN - N Height S' 07"  TO LBS BLUE - BLU BROWN - BRO  OFFENSE  State County Local T74.26(1)  Crime Description DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL Class FELD  Coston Type 20 - RESIDENCE/HOME Ulteral Description SOUTH HARRISON ST. State Serious P,I. Fatal Accident CRy STUART  CRy STUART  State CRy STUART  State Crime Description DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL Class FELD  Coston Type Class STATUS OF OFFENDERJUVENILE  TAKEN INTO CUSTODY Custoon Tostact OrDer Custoon |  |                                  |                                     |                                 |              |   |                   |                           |             |                     |                         |                    |
| Clast  | Pred with 200 - Defendant is   | a Juvenile                       |                                     |                                 | Arre         | st Date: <u>08/</u>                     | 17/202            | 4                         | _           |                     |                         |                    |
| Description      |  |                                  |                                     | THE STATE                       | OF IOWA      |   |                   |                           |             |                     |                         |                    |
| Lest AGAN BOBBY GLENN BILL  Address State County Code Section 724.26(1) DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL DOMINION ST ADDRESS STATUS OF OFFENDER Uniter Description SOUTH HARRISON ST.  South HARRISON ST.  Chy STUART State Clay State II A 50250  DL. Restrictions BJ.J.H.  State DL. Class DL. Endorsements DJ. Restrictions BJ.J.H.  Physical Class DL. Endorsements DJ. Restrictions BJ.J.H.  South Hair Color BROWN - BRO  OFFENSE  State County Local Code Section Crime Description DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL DISTRICTION SET DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL DISTRICTION SET DOMINION SET DATE SET DESCRIPTION SOUTH HARRISON ST.  S  |  |                                  |                                     | VS                              |              |   |                   |                           |             |                     |                         |                    |
| AGAN  BOBBY  GLENN  III  Address  S18  | OFFENDER   |                                  |                                     |                                 |              |   |                   |                           |             |                     |                         |                    |
| Address  518 S HARRISON ST  City STUART  City STUART  DL Restrictions B, J, H  Date of Birth O2/13/1972  MALE WHITE - W  Weight For 170 LBS  State Color BROWN - BRO  OFFENSE  State County Local T24.26(1)  Coles Serious P.I. Fatal Accident Coled Section T24.26(1)  Coles Serious P.I. Fatal Accident Coled Damage Assessment Other  Coled Section T24.26(1)  Coles Serious P.I. Fatal Accident Coled Damage Assessment Other  Coled Code Section T24.26(1)  Coles Serious P.I. Fatal Accident Coled Damage Assessment Other  Coled Code Section T24.26(1)  Coled Section T24.26(1)  Co | 5600   |                                  | 3000000                             | BY                              |              |   |                   |                           | - 1         | F1000               |                         |                    |
| State   DL Class   DL Endorsements   DL Restrictions   DL Restri   |  |                                  |                                     |                                 |              | -                                       |                   |                           | - 1         | 0.00                | 1000000                 |                    |
| Cate of Birth O2/13/1972 MALE WHITE - W WHITE - W NOT OF HISPANIC ORIGIN - N Hair Color 5' 07" Hair Color 5' 07" BLUE - BLU BROWN - BRO  OFFENSE State County Local Code Section 724.26(1) OMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL Class FELD Serious P.I. Fatal Accident Civil Damage Assessment Other  Other  Other  Other  Other  Solution Type 20 - RESIDENCE/HOME  Literal Description SOUTH HARRISON ST Address 515 S. HARRISON ST. SID Date and Time of Incident Known? Incident Date or Low Range O8/16/2024  STATUS OF OFFENDER/JUVENILE  TAKEN INTO CUSTODY  VARRANT REQUESTED  NO CONTACT ORDER  ReleasED TO  Hair Color BROWN - BRO  Crime Description Speed In : Crime Description State Stat | 3371   | 2 232.42                         |                                     | dorsements                      |              | 2000                                    | 900               | ns                        |             |                     | 100200                  |                    |
| Height 5' 07" 170 LBS BLUE - BLU BROWN - BRO  OFFENSE  State County Local Code Section 724.26(1) DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL Class FELD Serious P.I. Fatal Accident Civil Damage Assessment Other Code Code Code Code Code Code Code Code  |  | - 2004000                        |                                     | ·w                              |              | Ethnic                                  | city              | SPANIC OF                 | DIGIN       | . м                 |                         |                    |
| State County Local Code Section   Crime Description   DOMENION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL   In   Chief Damage Assessment   Other   Other   Chief Damage Assessment   Other   Chief Damage Assessme | 0.0 <b>7</b> 10  | Weight                           | Eye Color                           | r                               |              | Hair C                                  | color             | Design and the second     | doin        | - 14                |                         |                    |
| State County Local Code Section 724.26(1) Crime Description DOMINION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL In Speed In Child Damage Assessment Other Control Control Child Damage Assessment Other Other Child Damage Assessment Other Other Child Damage Assessment Other Ot |  | 170 000                          | DEUE - I                            | BLU                             |              | BRO                                     | WN - E            | SRO                       | _           |                     |                         |                    |
| Class FELD Serious P.I. Fatal Accident Civil Damage Assessment Other  Coation Type 20 - RESIDENCE/HOME Literal Description SOUTH HARRISON ST Address 515 S. HARRISON ST. Is Date and Time of Incident Known? Incident Date or Low Range O8/16/2024  STATUS OF OFFENDERUJUVENILE  TAKEN INTO CUSTODY  WARRANT REQUESTED  DOMENION/CONTROL OF FIREARM/OFFENSIVE WEAPON BY FEL Speed In Civil Damage Assessment Other Other Civil Damage Assessment Other |  | n Icen                           | on Description                      |                                 |              |   | $\rightarrow$     |                           |             |                     | _                       |                    |
| FELD Serious P.I. Fatal Accident Civil Damage Assessment Other  Location Type  20 - RESIDENCE/HOME  Literal Description  SOUTH HARRISON ST  Address  515 S. HARRISON ST.  Is Date and Time of Incident Known? Incident Date or Low Range Upper Date Range 22:06  STATUS OF OFFENDER/JUVENILE  TAKEN INTO CUSTODY  1 - JAILED  NO CONTACT ORDER  Civil Damage Assessment Other  Civil Damage Assessment Other  Other  Civil Damage Assessment Other   | □ □   724.26(1)  | 0.000                            |                                     | OL OF FIRE                      | ARM/OFFEN    | SIVE WEA                                | PON               | BY FEL S                  | peed        |                     | in                      | Zone               |
| 20 - RESIDENCE/HOME  Literal Description  SOUTH HARRISON ST  Address  515 S. HARRISON ST.  Is Date and Time of Incident Known? Incident Date or Low Range Upper Date Range Upper Date Range 22:06  STATUS OF OFFENDER/JUVENILE  TAKEN INTO CUSTODY  1 - JAILED  WARRANT REQUESTED  NO CONTACT ORDER  STATUS DESCRIPTION  RELEASED TO   |  | Serious P                        | r 🗆                                 | Fatal Accident                  |              | Civil Dama                              | ge Ass            | esament [                 |             | Other               |                         |                    |
| Literal Description  SOUTH HARRISON ST  Address  515 S. HARRISON ST.  Is Date and Time of Incident Known? Incident Date or Low Range Upper Date Range Upper Date Range 22:06  STATUS OF OFFENDER/JUVENILE  TAKEN INTO CUSTODY  1 - JAILED  WARRANT REQUESTED  NO CONTACT ORDER  State Zip Code IA 50250  Upper Time Range Upper Time Range Upper Time Range City STUART  IA 50250  STATUS OF OFFENDER/JUVENILE  CUSTODY 1 - JAILED  RELEASED TO  | Location Type  |                                  |                                     |                                 |              |   |                   |                           |             | _                   |                         |                    |
| Address Address Address STUART STUART Sole and Time of Incident Known? Incident Date or Low Range 08/16/2024  STATUS OF OFFENDERJUVENILE  TAKEN INTO CUSTODY  TAKEN INTO CUSTODY  WARRANT REQUESTED  NO CONTACT ORDER  City STUART STUART Incident Time or Low Range 22:06  STATUS OF OFFENDERJUVENILE  CUSTODY 1 - JAILED  NO CONTACT ORDER  RELEASED TO  | 20 - RESIDENCE/HOME  |                                  |                                     |                                 |              |   |                   |                           |             |                     |                         |                    |
| Address 515 S. HARRISON ST.  5 Date and Time of Incident Known? Incident Date or Low Range 08/16/2024  5 TATUS OF OFFENDER/JUVENILE  TAKEN INTO CUSTODY  1 - JAILED  NO CONTACT ORDER  TRUE STATUS OF OFFENDER/JUVENILE  WARRANT REQUESTED  STATUS OF OFFENDER/JUVENILE  TAKEN INTO CUSTODY  1 - JAILED  NO CONTACT ORDER  STATUS OF OFFENDER/JUVENILE  RELEASED TO  | Literal Description  |                                  |                                     |                                 |              |   |                   |                           |             |                     |                         |                    |
| STUART ST | SOUTH HARRISON ST  |                                  |                                     |                                 |              |   |                   |                           |             |                     |                         |                    |
| STUART  STUART  IA 50250  STATUS OF OFFENDER/JUVENILE  TAKEN INTO CUSTODY  1 - JAILED  WARRANT REQUESTED  STUART  STUART  Upper Date Range Incident Time or Low Range Upper Time Range  SUMMONS TO APPEAR (Citation Issued)  RELEASED TO   | Address  |                                  |                                     | City                            |              |   |                   |                           | State       | e Zip               | Code                    |                    |
| TAKEN INTO CUSTODY  TAKEN INTO CUSTODY  TOUSTODY  TOUSTODY  1 - JAILED  WARRANT REQUESTED  NO CONTACT ORDER  22:06  SUMMONS TO APPEAR (Citation Issued)  RELEASED TO   | 515 S. HARRISON ST.  |                                  |                                     | STUART                          |              |   |                   |                           |             | 3.50                |                         |                    |
| TAKEN INTO CUSTODY  CUSTODY  1 - JAILED  WARRANT REQUESTED  CUSTODY  1 - OUT OF THE PROPERTY O |  | **                               | or Low Range                        | Upper Date                      | e Range      | 100000000000000000000000000000000000000 | Time or           | Low Range                 |             | Upper T             | ime Range               | 8                  |
| TAKEN INTO CUSTODY  1 - JAILED  WARRANT REQUESTED  CUSTODY 1 - JAILED  NO CONTACT ORDER  RELEASED TO   |  |                                  |                                     |                                 |              | 22.00                                   |                   | _                         |             |                     | _                       |                    |
| 1 - JAILED (Citation Issued)  WARRANT REQUESTED NO CONTACT ORDER RELEASED TO   | - TAVEN INTO CUETODY   | HILE                             | CHETON                              |                                 |              | -                                       | -                 | minutes -                 | 70.         | 200                 |                         |                    |
| I I I I I I I I I I I I I I I I I I I  |  |                                  |                                     |                                 |              |   |                   |                           | 200         | PPEAR               |                         |                    |
|  | WARRANT REQUESTED  |                                  | 0.25.25.25.3                        |                                 | 1            |   |                   |                           |             | MAN                 |                         |                    |
| NARRATIVE  | NARRATIVE  |                                  | -                                   |                                 |              |   |                   |                           |             | -,850               |                         |                    |
| Narrative of Offense Committed   |  |                                  |                                     |                                 |              |   |                   |                           | _           |                     |                         |                    |
| On or about the above stated date and time, the Defendant did  | 선생이가 없었다면 하루 환경 경우 경기 (1977년 1887년 1 | d time, the Defend               | dant did                            |                                 |              |   |                   |                           |             |                     |                         |                    |
| being a convicted felon or adjudicated delinquent on the basis of conduct that would constitute a felony if committed by an adult, knowing a nave under his/her dominion and control or possession, receive, transport or cause to be transported, a firearm or offensive weapon, to-variety   | have under his/her dominion a  | idicated delinquind control or p | ent on the basi<br>ossession, recei | is of conduct<br>ive, transport | that would o | onstitute<br>be transp                  | a felor<br>orted, | y if commi<br>a firearm o | tted or off | by an a<br>ensive v | dult, knov<br>veapon, t | vingly<br>o-wit: 3 |
| IUNS /ICTIM INFORMATION (Optionally displayed, especially if NCO is requested)   |  | ally displayed                   | aspecially if he                    | CO le como                      | -            | -                                       |                   |                           | -           |                     |                         |                    |
|  |  |                                  | especially if NO                    | CO is reques                    |              |   | -                 | Le                        |             |                     |                         |                    |
| and a second   |  | 1925.00                          | ie.                                 |                                 | Middle       |   |                   | Suff                      | fiot        |                     |                         |                    |
| BAUDLER JACKIE  Jusiness/Organization/State/County/Municipality Name   |  |                                  | _                                   |                                 |              | _                                       |                   |                           | _           |                     |                         |                    |
|  |  | - 900.20                         |                                     |                                 |              |   |                   |                           |             |                     |                         |                    |
| ddress City State Zip STUART IA 50250  |  |                                  | 100                                 |                                 |              |   |                   | 533                       | to.         | 4 1000              |                         |                    |

## 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 paraphernalla
Unlawful possession of prescription meds
Felon in possession of a frearm (x2 for gun and ammo)
Unauthorized possession of offensive weapon

END OF NARRATIVE.

| GENERAL P                                    | ROBABLE CAUSE     |                                      | Signature of Compl    | Irving, Daniel           | 39-16<br>& Number |
|--|-------------------|--------------------------------------|-----------------------|--------------------------|-------------------|
| Defendant Impli<br>01 - POSSES<br>WITNESSES, |                   | RNALIA, 03 - ADMISSION/STATEME       | NTS, 04 - CAUSED PROP | ERTY DAMAGE, 07 - IDE    | NTIFIED BY        |
|  |                   |                                      |                       |                          |                   |
| perating Motor                               | Vehicle in County | Other Physical Evidence              | An                    | empted To Inflict Injury |                   |
| perating Motor                               | STATE OF IOWA,    | Other Physical Evidence ADAIR COUNTY | An                    | empted To Inflict Injury |                   |