

**IN THE IOWA DISTRICT COURT IN AND FOR
LYONCOUNTY**

This Complaint and Affidavit is to be:

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

Form Number: **2023023773**

Arrest Date: _____

THE STATE OF IOWA

VS.

OFFENDER

Last SCHNEIDERMANN		First BRENAN		Middle JAY	Suffix
Address			City LITTLE ROCK	State IA	Zip Code 51243
DL#	State IA	DL Class A	DL Endorsements	DL Restrictions	
Date of Birth	Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N	
Height 5' 09"	Weight 170 LBS	Eye Color BLUE - BLU		Hair Color BROWN - BRO	

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 726.6(5)	Crime Description CHILD ENDANGERMENT - DEATH		Speed	in	Zone
Class FELB			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 20 - RESIDENCE/HOME								
Literal Description OFF ROADWAY/ROADWAY NOT FOUND								
Address			City LITTLE ROCK			State IA	Zip Code 51243	
Is Date and Time of Incident Known? NO		Incident Date or Low Range 09/09/2023		Upper Date Range 09/10/2023		Incident Time or Low Range 22:00		Upper Time Range 11:00

STATUS OF OFFENDER/JUVENILE

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

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did being a parent, guardian, or person having custody or control over a child or a minor under the age of eighteen with a mental or physical disability, or a person who is a member of the household in which a child or such minor resides, knowingly act in a manner that creates a substantial risk to WS's physical, mental or emotional health or safety, resulting in the death of the child or minor

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

Last S	First W	Middle	Suffix
Business/Organization/State/County/Municipality Name			
Address		City	State Zip

AFFIDAVIT

STATE OF IOWA, LYON 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 September 10th, 2023, at approximately 7:36PM, infant child WS (DOB: 08/16/2023) was taken to the Avera Hospital Emergency Room (ER) in Rock Rapids by his mother, SYDNEY SCHNEIDERMANN, after what SYDNEY described as a sudden episode where WS went limp in the arms of WS's father, BRENNAN SCHNEIDERMANN at their residence. At the ER, WS's vitals were tested, and all came back normal. WS would have sporadic, short bursts of crying while at the hospital. It was documented that WS had unexplained, linear red marks on his jawline. WS was released from the hospital and taken home with instructions to follow up with their primary care provider the next day.

WS did not eat or suck on his pacifier during the night of September 10th, into the morning of September 11th. SYDNEY called the Avera Rock Rapids Clinic at 7:39AM to make an appointment for WS (according to SYDNEY, at this point WS had not eaten for approximately 14 hours). An appointment was made for 11AM on September 11th. The ER provider who originally examined WS the night before called SYDNEY and got an update on WS's situation. SYDNEY was advised to bring WS directly into the ER by the medical provider. Immediately after arrival at the Rock Rapids hospital on September 11th, it was obvious that WS was in critical condition. His pupils were dilated, he needed assistance breathing, and his heart rate was dropping. The jawline marks documented the night before were now obvious bruises. WS was stabilized and life flighted to Avera Hospital in Sioux Falls. WS was quickly transferred to Sanford Children's Hospital, also in Sioux Falls.

Doctors at Sanford Children's Hospital said WS had bruising on his neck consistent with child abuse, a subdermal hematoma, and retinal hemorrhages caused by "acceleration-deceleration", typically associated with a shaking in babies. WS had an extremely large amount of brain swelling.

WS died because of his injuries on September 25th, 2023. WS's autopsy was conducted by the Iowa Office of the State Medical Examiner in Ankeny, Iowa. WS's cause of death was ruled abusive head trauma with another significant findings of healing rib fractures. The manner of death was ruled homicide.

BRENNAN was a secondary caregiver for WS. BRENNAN's wife, SYDNEY, was WS's primary caregiver. BRENNAN did not give any possible explanations for how WS sustained the injuries.

A search of digital evidence from BRENNAN's cell phone revealed that SYDNEY's cell phone had sent a screen shot to BRENNAN of an internet search for results related to Shaken Baby Syndrome three days prior to WS being brought to the hospital on September 10th. BRENNAN's lack of action to protect WS during those next three days created a substantial risk to WS which resulted in WS's death.

MODLIN, TREVOR I071

Signature of Complainant or Officer, Officer Name & Number

STATE OF IOWA, LYON COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/30/2024	
	Notary Name KEVIN HEINEMAN	Signature of Verifying Party
	Commission Number 747032	
	My Commission Expires 05/05/2025	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney