IN THE IOWA DISTRICT COURT IN AND FOR LYON COUNTY

This Complaint and Affidavit is to be:

Filed with Court Clerk (cc: CA)

Submitted to County Attorney

Filed with JCO - Defendant is a Juvenile

Form Number: 2023023773	
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Arrest Date:

THE STATE OF IOWA

VS.

OFFENDER																
Last					First			Middle			Suffix					
SCHNEIDERMANN				SYD	SYDNEY		LYNN	LYNN								
Address					City LITTLE ROCK							Sta IA	te	Zip Code 51243	e	
DL# State DL Class			s DL Er	DL Endorsements			DL F	DL Restrictions								
Date of Birth Gender FEMALE			Race WHITE	Race WHITE - W					Ethnicity NOT OF HISPANIC ORIGIN - N							
Height Weight 5' 11" 180 LBS			3	Eye Color BROWN - BRO					Hair Color BROWN - BRO							
OFFENSE																
State County Local Code Section Crime Desc Image: Control Contr					iption DANGERMENT - DEATH					Spee			eed	ed in		Zone
Class FELB Serious P.I.			ous P.I.		Fatal Accident Civi				Civil Dan	il Damage Assessment				Other		
Location Type 20 - RESIDENCE/HOME																
Literal Description																
OFF ROADWAY/RO	ADWAY NO)													
Address City State Zip Code																
Is Date and Time of Incident Known? Incident Date or Low NO 09/09/2023			ow Range	Range Upper Date Range 09/10/2023			nge	Incident Time or Low Range 22:00			Upper Time Range 11:00					
STATUS OF OFFEN	DER/JUVEN	ILE														
				CUSTODY	STODY					SUMMONS TO APPEAR (Citation Issued)						
WARRANT REQUESTED					NO CONTACT ORDER REQUESTED					RELEASED TO PARENT/GUARDIAN						
NARRATIVE																
Narrative of Offense Co	mmitted															
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 First					Middle			Suffix			x					
S		١	N													
Business/Organization/State/County/Municipality Name																
Address					City					State			9	Zip		

STATE OF IOWA, LYON COUNTY

AFFIDAVIT

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

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

On 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, BRENAN 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.

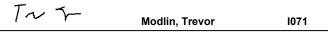
WS did not eat or suck on his pacifier during the night of September 10th, into the morning of September 11th. SYDNEY called the Avera Rock Rapids Clinic at 7:39AM to make an appointment for WS (according to SYDNEY, at this point WS had not eaten for approximately 14 hours). An appointment was made for 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.

WS's primary caregiver was his mother, SYDNEY, until WS was brought to the hospital on September 11th. WS was in the care of SYDNEY when WS sustained the final injuries which led to his death. SYDNEY did not give any possible explanations for how WS sustained the injuries.

A search of digital evidence revealed SYDNEY's cell phone, and an account belonging to her had researched Shaken Baby Syndrome three days prior to WS being brought to the hospital on September 10th.



Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implica 03 - ADMISSIC		OTHER PHYSICAL EVIDENCE								
Operating Motor V	Vehicle in County	Other Physical Evidence DIGITAL EVIDENCE		Attempted To Inflict Injury						
	STATE OF IOWA,	LYON COUNTY								
RIAL	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 08/30/2024									
CON ON	Notary Name	KEVIN HEINEMAN	Signature	ure of Verifying Party						
	Commission Number	747032								
AWOI	My Commission Expires	05/05/2025	Peac	e Officer 🕅 Notary	Prosecuting Attorney					