# IN THE IOWA DISTRICT COURT IN AND FOR

This Complaint and Affidavit is to be:					HAMIL	TONCO	UNTY										
Filed with Court Clerk (cc: CA)																	
Submitted to County Attorney																	
Filed with JCO - Defendant is a Juvenile Arrest Date: 11/05/2024																	
							711100	, Dui	. <u>1 170</u>	O/LVL.	<del></del>						
					THE STA		AWOI										
OFFENDER VS.																	
Last	First Mi					Middle				Suffix							
JONES				GUNNER				MICHAEL									
Address					City								State	State Zip Code			
400 WILLOW ST				WEBSTER CITY									lA	50595			
DL#	DL Cla	DL Class DL Endor			sements			DL Restrictions									
	С																
Date of Birth Gender MALE				ace						Ethnicity							
	-		HITE -						NOT OF HISPANIC ORIGIN - N								
Height	t DC	1 -	e Color		l l				Hair Color								
6' 01" OFFENSE	BS	IH.	AZEL -	HAZ													
		Todano D		ion		***************************************											
					IN THE 1ST DEGREE					Spe				eď		Zone	
Ctass   Serious P.I.				P.I. Fatal Accident Civi						il Damage Assessment				Other			
FELA Selidus F.I.				LI I atai Accident LI CIVII Dama						U Otto					L		
Location Type																	
20 - RESIDENCE/HOME																	
Literal Description 3RD ST																	
Address					City									tate Zip Code			
140 THIRD ST				WEBSTER CITY													
s Date and Time of Incident Known? Incident Date			or Low Range			Upper Date Range			Incident Time or Low Range				Upper Time Range				
NO 04/15/2023			04/16/2023				22:00						01:45				
STATUS OF OFFENDER/JUVENILE																	
TAKEN INTO CUSTODY	CUSTODY			DY			SUMMONST				· · · · · · · · · · · · · · · · · · ·						
												n Issued)					
WARRANT REQUESTED				NO CONTACT ORDER REQUESTED					RELEASED TO PARENT/GUARDIAN								
NARRATIVE																	
Narrative of Offense Committed									• • •			***************************************					
On or about the above stated date and	time, the	e Defendant e	did														
having malice aforethought, wil	fully, d	leliberately	, and	with p	remeditati	on kill a	10-mor	nth-c	old infa	ant							
VICTIM INFORMATION (Options	illy dis	played, es <sub>l</sub>	pecia	lly if N	CO is requ	iested)											
Last	Middle							s	uffix								
A H																	
Business/Organization/State/County/M	unicipalit	ty Name															
Address				С	ity						s	tate	Zi	p			

## <u>AFFIDAVIT</u>

### STATE OF IOWA,

### **HAMILTON 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

The Defendant, Gunner Jones, having malice aforethought, willfully, deliberately, and with premeditation, killed a 10-month- old infant identified by the initials "H.A.".

On April 16, 2023, at approximately 1:45 AM, a caller identified by the initials "M.A." called 911 after discovering her 10-month-old infant son, H.A., suffering from an apparent medical emergency. Just prior to the call she observed H.A. as being unresponsive and turning blue and cold to the touch. Law enforcement officers and emergency personnel responded to the dispatched location in Webster City, Hamilton County, lowa. The infant was provided emergency medical care and transported to Van Diest Medical Center. At the hospital, along with the observations of the medical emergency, unusual bruising consistent with inflicted child abuse was observed on H.A. In order to provide a more advanced level of care, H.A. was transferred to Blank Children's Hospital in Des Moines, lowa, where he later succumbed to his injuries and was pronounced dead.

An autopsy was conducted at the lowa Office of the State Medical Examiner in Ankeny, lowa. The autopsy ruled the cause of death as multiple blunt force injuries to the infant's head and the manner of death is listed as a Homicide.

Evidence gathered throughout the investigation leads investigating authorities to believe that the defendant, Gunner Jones, caused the injuries inflicted upon H.A. which resulted in his death. The Defendant and M.A. were identified as being alone in the residence with H.A. just prior to his time of death. Ultimately, the Defendant and M.A. informed law enforcement that there were no apparent medical issues with H.A. when M.A. went to sleep and that the Defendant remained awake in the residence with H.A. This timeline leaves the Defendant as the only individual alone with H.A. prior to the injuries being inflicted.

Signature of Complainant or Officer, Officer Name & Number

#### **GENERAL PROBABLE CAUSE** Defendant Implicated 07 - IDENTIFIED BY WITNESSES, 09 - NEAR SCENE OF CRIME, 14 - OTHER PHYSICAL EVIDENCE Operating Motor Vehicle in County Other Physical Evidence Attempted To Inflict Injury **DIGITAL EVIDENCE** STATE OF IOWA. **HAMILTON COUNTY** Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 11/05/2024 **MADISON N GAFKJEN Notary Name** Signature of Verifying Party Commission Number 860052 Madago N Caster **AWOI** My Commission Expires 10/31/2027 Peace Officer Notary Prosecuting Attorney