

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

Agency Case Number: **18032652**

Arrest Date: \_\_\_\_\_

## THE STATE OF IOWA

VS.

## OFFENDER

Last <b>BENWARD</b>		First <b>SHAUN</b>		Middle <b>JOSEPH</b>		Suffix	
Address <b>13208 LEILA ST</b>				City <b>OCEAN SPRINGS</b>		State <b>MS</b>	Zip Code <b>39564</b>
DL# [REDACTED]	State <b>MS</b>	DL Class <b>O</b>	DL Endorsements		DL Restrictions		
Date of Birth [REDACTED]	Gender <b>MALE</b>	Race <b>BLACK - B</b>		Ethnicity <b>NOT OF HISPANIC ORIGIN - N</b>			
Height <b>5' 10"</b>	Weight <b>230 LBS</b>	Eye Color <b>BROWN - BRO</b>		Hair Color <b>BLACK - BLK</b>			

## OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section <b>99F.15(4)(D)</b>	Crime Description <b>GAMBLING - CHEATING OR ALTER OUTCOME OF GAME</b>		Speed	in	Zone
Class <b>FELD</b>			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type <b>05 - COMMERCIAL/OFFICE BUILDING</b>								
Literal Description <b>STATE 9/IOWA 9</b>								
Address <b>1415 GRAND FALLS BLVD</b>				City <b>LARCHWOOD</b>		State <b>IA</b>	Zip Code <b>51241</b>	
Is Date and Time of Incident Known? <b>NO</b>		Incident Date or Low Range <b>12/16/2018</b>		Upper Date Range <b>12/16/2018</b>		Incident Time or Low Range <b>01:29</b>		Upper Time Range <b>02:52</b>

## 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  
cheat at or commit any act which alters the outcome of a gambling game.

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

Last		First		Middle		Suffix	
Business/Organization/State/County/Municipality Name <b>GRAND FALLS CASINO</b>							
Address <b>1415 GRAND FALLS BLVD</b>				City <b>LARCHWOOD</b>		State <b>IA</b>	Zip <b>51241</b>

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

At approximately 2:00 AM on 12/16/18, BENWARD manipulated Dealer ANDREW PARKER, Supervisor BOBBY CHANTHALAKEO, and Manager MIKE DYER at Grand Falls Casino. He requested the dealer to place a \$100 roulette bet for him and then disputed the placement of the bet after the outcome was known. This resulted in a \$3,500 payout to BENWARD. BENWARD has conducted and been arrested for the same scam throughout the country. This activity was reviewed on surveillance footage by Table Games Director TODD SLAGER.



DAGIT, JOSH

1179

Signature of Complainant or Officer, Officer Name &amp; Number

**GENERAL PROBABLE CAUSE**

Defendant Implicated

**07 - IDENTIFIED BY WITNESSES, 14 - OTHER PHYSICAL EVIDENCE**

Operating Motor Vehicle in County

Other Physical Evidence

**VIDEO**

Attempted To Inflict Injury

STATE OF IOWA,

LYON COUNTY



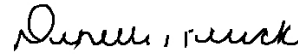
Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on: 04/12/2019

Notary Name

**DANELLE HAUCK**

Signature of Verifying Party

Commission Number

**786201**


My Commission Expires

**12/19/2021**

Peace Officer



Notary



Prosecuting Attorney