

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

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 706B.2(1)(C)	Crime Description MONEY LAUNDERING - CONDUCT TRANSACTION		Speed	in	Zone
Class FELC			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 05 - COMMERCIAL/OFFICE BUILDING								
Literal Description STATE 9/IOWA 9								
Address 1415 GRAND FALLS BLVD				City LARCHWOOD		State IA	Zip Code 51241	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 12/16/2018		Upper Date Range		Incident Time or Low Range 15:13		Upper Time Range

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 conduct a transaction with the intent to avoid a transaction-reporting requirement under chapter 529, federal law, or the Iowa financial transaction reporting act
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VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last	First	Middle	Suffix
Business/Organization/State/County/Municipality Name STATE OF IOWA / INTERNAL REVENUE SERVICE			
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 12/16/18 at approximately 3:13 PM, BENWARD had BRITTANY MCKEE conduct a transaction by cashing in \$2,500 in \$500 chips at the Grand Falls Casino cage. MCKEE was never observed with \$500 chips while gaming at Grand Falls Casino. BENWARD's transactions do not add up to his recorded play. This transaction was in addition to 4 other transactions that day. Throughout those transactions BENWARD changed his outfit multiple times, used BRITTANY MCKEE, and went to different tellers in order to break up transactions totaling \$12,850. Transactions that are \$10,000 or greater are required to be reported to the IRS. This activity was witnessed on video by Special Agent JOSH DAGIT and surveillance director VINCE FURY.



DAGIT, JOSH

1179

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

14 - OTHER PHYSICAL EVIDENCE

Operating Motor Vehicle in County


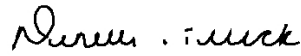
Other Physical Evidence

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
	Commission Number	786201
	My Commission Expires	12/19/2021
		Signature of Verifying Party  <input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney