

**IN THE IOWA DISTRICT COURT IN AND FOR  
HANCOCK 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 Form Number: **23-003010**

Arrest Date: **03/04/2023**

**THE STATE OF IOWA**

VS.

**OFFENDER**

Last <b>ECKELS</b>		First <b>MONTE</b>		Middle <b>WAYNE</b>		Suffix	
Address [REDACTED]				City <b>TITONKA</b>		State <b>IA</b>	Zip Code <b>50480-7706</b>
DL# [REDACTED]		State <b>IA</b>	DL Class <b>C</b>	DL Endorsements <b>L</b>		DL Restrictions <b>F</b>	
Date of Birth [REDACTED]		Gender <b>MALE</b>		Race <b>WHITE - W</b>		Ethnicity <b>NOT OF HISPANIC ORIGIN - N</b>	
Height <b>5' 11"</b>		Weight <b>200 LBS</b>		Eye Color <b>BLUE - BLU</b>		Hair Color <b>GRAY OR PARTIALLY GRAY - GRY</b>	

**VEHICLE**

Year <b>2012</b>	Make <b>FORD - FORD</b>		Model <b>F150 SUPERCREW</b>		Color <b>BLK</b>	
VIN <b>1FTFW1E63CFB38130</b>		CDL Req? <b>NO</b>	Pass End Req?	HazMat End Req?	Style <b>TRUCK</b>	
Plate/Registration # <b>IUX763</b>			State <b>IA</b>	Year <b>2023</b>	US DOT Number	ICC/MC #

**OFFENSE**

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section <b>707.2(1)(A)</b>	Crime Description <b>MURDER IN THE 1ST DEGREE</b>			Speed	In	Zone
Class <b>FELA</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>20 - RESIDENCE/HOME</b>									
Literal Description <b>4TH ST SE</b>									
Address <b>275 4TH ST SE</b>				City <b>BRITT</b>		State <b>IA</b>	Zip Code <b>50423</b>		
Is Date and Time of Incident Known? <b>YES</b>		Incident Date or Low Range <b>03/04/2023</b>		Upper Date Range	Incident Time or Low Range <b>19:10</b>		Upper Time Range		

**STATUS OF OFFENDER/JUVENILE**

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY <b>1 - JAILED</b>		<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input 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 having malice aforethought, willfully, deliberately, and with premeditation stabbed Leallen Bergman while inside the residence of 275 4th Street Southeast in Britt, Iowa. Leallen Bergman died as a result of this attack.

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

Last <b>BERGMAN</b>		First <b>LEALLEN</b>		Middle		Suffix	
Business/Organization/State/County/Municipality Name							
Address [REDACTED]				City <b>VENTURA</b>		State <b>IA</b>	Zip <b>50482-5047</b>

AFFIDAVIT

STATE OF IOWA, HANCOCK 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 the above date and time, I Officer Williams was dispatched to a dispute with unknown injuries to 275 4th Street Southeast in Britt Iowa. The above defendant Monte Eckels did have a malice aforethought, willfully, deliberately, and with premeditation stabbed Leallen Bergman while inside the residence of 275 4th Street Southeast in Britt, Iowa. Leallen Bergman died as a result of this attack.

*Jordan Williams*

WILLIAMS, JORDAN 41-122


Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated  
02 - CAUGHT IN ACT, 03 - ADMISSION/STATEMENTS, 07 - IDENTIFIED BY WITNESSES, 09 - NEAR SCENE OF CRIME, 10 - POSSESSION/DISPLAY/USE OF DANGEROUS WEAPONS, 13 - CAUSED PERSONAL INJURY, 15 - ATTEMPTED TO INFLICT SERIOUS INJURY

Operating Motor Vehicle in County	Other Physical Evidence	Attempted To Inflict Injury <b>SERRATED SILVER KNIFE</b>
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STATE OF IOWA, HANCOCK COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 03/05/2023	
	Notary Name <b>CARRIE EILERTSON</b>	Signature of Verifying Party <i>Carrie Eilertson</i>
	Commission Number <b>796291</b>	
	My Commission Expires <b>05/23/2025</b>	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney