IN THE IOWA DISTRICT COURT IN AND FOR

| | | | | | 10 11(10) 00 | | D I OIX | | | | | | | |
|---|--------------|------------|-------------------------|------------------|--------------|--------------|------------|-----------------------------|---------------|------------------|----------------|----|--|--|
| This Complaint and Affidavit is to be: | | | | 1 | MONONACC | UNTY | | | | | | | | |
| Filed with Court Clerk (cc: CA) | | | | | | | Agency F | orm Number: 23- | 003844 | | | | | |
| Submitted to County Attorney | | | | | | | . go, . | Arrest Date: 05/ | | | | | | |
| Filed with JCO - Defendant Is a Ju | venile | | | | | | | Anoch Bato. <u>Go.</u> | | | | | | |
| T wed with 500 - 50/c/facility is a 50 | | | | | | | | | | | | | | |
| | | | | THE | STATE OF | IOWA | | | | | | | | |
| | | | | | VS. | | | | | | | | | |
| OFFENDER | | | | | | | | | | 27 | | | | |
| Last | | | First | | | | M≀ddle | | S | ⊔ffix | | | | |
| LYONS | | | INE | | | | LARAE | | | | | | | |
| Address | | | | | City | | - Note: | | S | tate | Zlp Code | | | |
| | | | | | ONAV | VA | | | IA | 4 | 51040 | | | |
| DL# | State | DL Cla | ss DL E | ndorsen | nents | | DL Res | strictions | | | | | | |
| | NE | 0 | | | | | | | | | | | | |
| Date of Birth | Gender | | Race | | | | Ethnich | ly | | | | | | |
| = | FEMAL | E | AMER | RICAN | INDIAN/ALAS | SKAN NAT | NOT | OF HISPANIC C | ORIGIN - N | | | | | |
| Helght | Weight | | Eye Color Hair Color | | | | | | | | | | | |
| 5' 06" | 200 LB | S | BROWN - BRO BLACK - BLK | | | | | | | | | | | |
| OFFENSE | | | | | | | | | | | | | | |
| State County Local Code Section | | Crime D | escription | | | | | | Cnood | | ļ,_ | 7 | | |
| | | ATTEM | EMPTED MURDER | | | | | | Speed in Zone | | | | | |
| Class | | doug D.I. | | Fotol | Aggidant [| $\neg \Box$ | Cluil Dama | no Assassment | | Oth | er 🔀 | | | |
| FELB Serious P.I. | | | | Fatal Accident | | | | | Other 🔀 | | | | | |
| Location Type | | | | | | | | | | | | | | |
| 20 - RESIDENCE/HOME | | | | | | | | | | | | | | |
| Literal Description | | | | | | | | | | | | | | |
| 2ND ST MEASURING 168 FEET | SOUTH | FROM R | UBY ST | | | | | | | | | | | |
| Address | | | | | City | | | | State | - 1 | ip Code | | | |
| 803 2ND ST #3 | | | | | ONAWA | | | | IA | 5 | 1040 | | | |
| Is Date and Time of Incident Known? | | | ow Range | 1 | | | | | | Upper Time Range | | | | |
| NO | 05/10 | /2023 | | | 05/10/2023 | | 01:15 | | | 01:47 | ? | | | |
| STATUS OF OFFENDER/JUVEN | NILE | | | | | _ | | | | | | | | |
| 1 X | | | | | | | | | ONS TO APPEAR | | | | | |
| 1 | | | 1 - JAILE | | | | | (Citation Issued) | | | | | | |
| WARRANT REQUESTED | | | IXI | NO CONTACT ORDER | | | | RELEASED TO PARENT/GUARDIAN | | | | | | |
| | | | RE | QUEST | ED | | | PARENI | /GUARI | JIAN | | | | |
| NARRATIVE | _ | _ | - | | | _ | | | - | = | | | | |
| Narrative of Offense Committed | 14* 41 | Datie dent | 41.4 | | | | | | | | | | | |
| On or about the above stated date and unlawfully and intentionally atte | - | | | F Dorok | Allon Wohe | for 10 and | d not und | or cleanmetane | oc whi | sh wa | ulal inchifu t | ho | | |
| person's actions, the person do | | | | | | | | | | | | | | |
| the death of the other person | | | | | | | | | | | | | | |
| VICTIM INFORMATION (Option | ally disp | layed, es | pecially | If NCO | Is requested | d) | | | | | | | | |
| Last | | First | | | | Middle | | | Suffix | | | | | |
| WEBSTER DEREK | | | | | ALLEN | | | | JR | JR | | | | |
| Business/Organization/State/County/M | funicipality | Name | | | | | | | | | | | | |
| Address | | | | City | | | | | State | Zip | | | | |
| | | | | - 7 | | | | | | P | | | | |

803 2ND ST #3

ONAWA

51040

IA

AFFIDAVIT

STATE OF IOWA,

MONONA 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 May 10th 2023, Burgess Hospital in Onawa, IA contacted the Monona County Sheriff's Office to notify Derek Webster Jr has arrived at their location seeking medical attention for a stab wound to the chest.

Monona County Law Enforcement arrived and spoke with Derek Webster Jr, which he stated he had been at a local bar and was jumped outside by a white male driving a motorcycle. Webster Jr's girlfriend, Inessa Lyons, was also present at the hospital and provided a similar statement. Webster Jr was transported

to Mercy One in Sloux City, lowa where he received treatment for his injury.

Monona County Sheriff Deputies and Special Agents with the Iowa Division of Criminal Investigation conducted a series of interviews and examination of the residence of 803 2nd St Apt 3 Onawa, IA. Throughout the course of the investigation Lyons provided additional details wherein she admitted to assaulting Webster Jr. Lyons stated Webster Jr had been harassing her to transport him to a store to purchase more alcohol, which after repeatedly denying his requests, stabbed him with a knife while both were in the kitchen area of the residence.

A further investigation determined Lyons had previously been convicted of voluntary manslaughter as a result of stabbing an individual.

| , raidio into | | , , | Kyle tonk | TANK, KYLE | 67-5 |
|------------------------------------|-------------------------------|-----------------------------------|--------------------------------------|----------------------------------|--------------------|
| | | | Signature of Com | plainant or Officer, Officer Nam | e & Number |
| GENERAL PRO | OBABLE CAUSE | | | | |
| Defendant Implica 03 - ADMISSIC | ated DN/STATEMENTS, 13 - C | CAUSED PERSONAL INJUR | Y, 14 - OTHER PHYSICAL EVID | DENCE | |
| Operating Motor \ | Vehicle in County | Other Physical Evider | nce | Attempted To Inflict Injury | |
| | STATE OF IOWA, | MONONA COUNTY | | | |
| -01/1 | Subscribed and sworn to b | efore me by the person(s) signing | the Complaint and Affidavit(s) on 05 | 5/10/2023 | |
| NRIAL SE | Notary Name | TRACY INGRAM | Signature o | f Verifying Party | |
| · 鲁: | Commission Number | 725486 | | English | |
| AWOI | My Commission Expires | 11/13/2024 | Peace | Officer Notary | Prosecuting Attorn |

2:11 PM

| | | | IN 1 | THE IO | WA DISTR | | | ND F | FOR | | | | | | | | |
|---|-------------|-------------------|------------|-----------|--------------|---|---------|---------|---------------------------------------|-------------------------|-----------------|---------|----------------|---------|-----------|-------------|--|
| This Complaint and Affidavit is to be: | | | | | MON | ONACOU | NTY | | | | | | - | | | | |
| Filed with Court Clerk (cc: CA) | | | | | | | | Ac | dency Fo | orm Nui | mber: 23 | L-00384 | 14 | | | | |
| Submitted to County Attorney | | | | | | Agency Form Number: <u>23-003844</u> Arrest Date: <u>05/10/2023</u> | | | | | | | | | | | |
| Filed with JCO - Defendant is a J | uvenile | | | | | | | | | 7 11 1001 | Date. <u>00</u> | 101201 | <u></u> | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | THE STA | ATE OF I | AWC | | | | | | | | | | |
| | | | | | | VS. | | | | | | | | | | | |
| OFFENDER | | | | | | | | | | | | | | | | | |
| Last | | | | | | Middle | | | | | | Suffix | | | | | |
| LYONS | | | | INESS | SA | T | | LA | RAE | | | | | | | | |
| Address 803 2ND ST #3 | | | | | | City | | | | | | - 1 | State | 1 | Zip Code | • | |
| DL# | State | DI C | lana | DI Ene | lorsements | ONAWA | | т. | | | | | IA_ | | 51040 | | |
| H14207387 | NE | DL Class DL Endor | | | orsements | rsements | | | DL Rest | rictions | | | | | | | |
| Date of Birth | Gender | | Б | Race | | Ethnia | | | Ethnicity | ı | | | | | | | |
| 08/08/1992 | FEMAL | Æ | 1 | | AN INDIA | N/ALASK | AN NA | - 1 | • | | PANIC | ORIGIN | V - N | I | | | |
| Height | Weight | | E | ye Color | | | | -+- | Hair Col | | | | | | | <u></u> | |
| 5' 06" | 200 LB | S | 1.13 | | | | | | < | | | | | | | | |
| OFFENSE | | | | | | | | | | | | | | | | | |
| State County Local Code Section | | Crime I | , | | | | | | | | | Speed | | | 1 | | |
| 707.11(1) | | ATTE | MPTE | D MUR | DER | | | | | | | Opeca | | | in | Zone | |
| Class FELB | Se | rlous P.I. | | 7 | Fatal Accide | ent 🗍 | | Civil I | Damage | Asses | sment | | | Other | X | | |
| Location Type | | | | | | | | | | | | | | | <u> </u> | | |
| 20 - RESIDENCE/HOME | | | | | | | | | | | | | | | | | |
| Literal Description | | | | | | | | | | | | | | | | | |
| 2ND ST MEASURING 168 FEET | SOUTH | FROM F | RUBY | ST | | | | | | | | | | | | | |
| Address | | | | | City | | | | | | | Sta | State Zip Code | | | | |
| 803 2ND ST #3 | | | | | ONAV | ONAWA | | | | | | IA |) | | | | |
| Is Date and Time of Incident Known? | | nt Date or | Low R | ange | Upper | Upper Date Range Incident Time or Low F | | | ow Rang | ange Upper Time Range | | | | | | | |
| NO | | /2023 | | | 05/10 | /2023 | | 01:15 | | | | | 01:47 | | | | |
| STATUS OF OFFENDER/JUVEN | ILE | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| TAKEN INTO CUSTODY CUSTODY | | | | | | SUMMONS TO AP | | | | | ₹PPE | PPEAR | | | | | |
| WARRANT REQUESTED | | | 1 - JAILED | | | MAT ODDED | | | (Citation Issued | | | | ···· | | | | |
| William | | | X | %I I I | | | | | | ASED TO :NT/GUARDIAN | | | | | | | |
| NARRATIVE | | | | | | | | | | | | | | | | | |
| Narrative of Offense Committed | | | | | | | | | | | | | | | | | |
| On or about the above stated date and | | | | | | | | | | | | | | | | | |
| unlawfully and intentionally atte | mpt to d | cause the | e dea | th of D | erek Allen | Webster. | JR. and | not | under | · circu | nstanc | es whic | ch w | ould j | ustify th | ie | |
| person's actions, the person doe the death of the other person | s any a | ct by Wh | iich th | ie perso | on expects | to set in | motion | a fo | orce or | chain | of eve | nts wh | ilch 1 | will ca | use or i | esult in | |
| VICTIM INFORMATION (Optional | lly disp | layed, es | specia | ally if N | CO is rea | uested) | | - | | | | | | - | | | |
| Last | | First | | | | | lddle | | | | Т, | Suffix | | | | | |
| WEBSTER | | DEREK | | | | A | | | | | | JR | | | | | |
| Business/Organization/State/County/Mu | ınlcipality | Name | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | r | | | | | | |
| Mulioss | | | | Ic | Sity | | | | | | ; | State | Z | ip qi | | | |

803 2ND ST #3

ONAWA

ΙA

51040

AFFIDAVIT

STATE OF IOWA,

MONONA 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 May 10th 2023, Burgess Hospital in Onawa, IA contacted the Monona County Sheriff's Office to notify Derek Webster Jr has arrived at their location seeking medical attention for a stab wound to the chest.

Monona County Law Enforcement arrived and spoke with Derek Webster Jr, which he stated he had been at a local bar and was jumped outside by a white male driving a motorcycle. Webster Jr's girlfriend, Inessa Lyons, was also present at the hospital and provided a similar statement. Webster Jr was transported

to Mercy One in Sioux City, Iowa where he received treatment for his injury.

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A further investigation determined Lyons had previously been convicted of voluntary manslaughter as a result of stabbing an individual.

| retained are | , | , | Kyle tank | TANK, KYLE | 67-5 |
|-------------------|-------------------------------|---------------------------------------|-------------------------------|---------------------------------|--------------------|
| | | | Signature of C | Complainant or Officer, Officer | Name & Number |
| GENERAL PRO | OBABLE CAUSE | | | | |
| Defendant Implica | ated DN/STATEMENTS, 13 - C | CAUSED PERSONAL INJURY, 1 | 14 - OTHER PHYSICAL EV | VIDENCE | |
| Operating Motor \ | Vehicle in County | Other Physical Evidence KNIFE | | Attempted To Inflict Injury | |
| | STATE OF IOWA, | MONONA COUNTY | | | |
| an t A r | Subscribed and sworn to b | efore me by the person(s) signing the | Complaint and Affidavit(s) on | 05/10/2023 | |
| | Notary Name | TRACY INGRAM | Signature | e of Verifying Party | |
| · | Commission Number | 725486 | | CANC | MAKTA) |
| AWOI | My Commission Expires | 11/13/2024 | Pea | ace Officer X Notary | Prosecuting Attorn |

Page 2 of 2