

**IN THE IOWA DISTRICT COURT IN AND FOR
MARSHALL 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: **PD21-00324**

Arrest Date: **02/15/2021**

THE STATE OF IOWA

VS.

OFFENDER

Last TRUJILLO		First ROCKY		Middle DEAN	Suffix 3RD
Address 707 BROMLEY STREET			City MARSHALLTOWN		State IA Zip Code 50158
DL#	State IA	DL Class 0	DL Endorsements		DL Restrictions
Date of Birth 05/29/2000	Gender MALE	Race WHITE - W		Ethnicity HISPANIC ORIGIN - H	
Height 5' 00"	Weight 120 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 707.2(1)(B)	Crime Description MURDER IN THE 1ST DEGREE		Speed	in	Zone
Class FELA			Serious P.I. <input checked="" type="checkbox"/>	Fatal Accident <input checked="" type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 07 - CONVENIENCE STORE								
Literal Description IA 14 N								
Address 111 N 3RD AVENUE			City MARSHALLTOWN			State IA	Zip Code 50158	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 02/15/2021		Upper Date Range	Incident Time or Low Range 03:07	Upper Time Range		

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY	<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, kill THE VICTIM, while participating in a forcible felony, to wit: ROBBERY.

AFFIDAVIT

STATE OF IOWA, MARSHALL 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 2-15-21, at approximately 0307 hours, the defendant armed himself with a small caliber handgun, along with ammunition, from his residence, and took the weapon to 111 N 3rd Avenue, Marshalltown Iowa-a business open to the public that had customers and store personnel inside. The defendant did willfully point the gun at the victim, and willfully without justification, pulled the trigger, striking the victim in the chest, causing his death. The defendant was located, and subsequently arrested and transported to the Marshall County Jail.

THEIN, PATRICIA

455

Signature of Complainant or Officer, Officer Name & Number

STATE OF IOWA,

MARSHALL COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 02/15/2021

Notary Name

CASEE VEREN

Signature of Verifying Party

Commission Number

813028

My Commission Expires

10/03/2021

☐ Peace Officer

☒ Notary

☐ Prosecuting Attorney

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DL#	State IA	DL Class 0	DL Endorsements		DL Restrictions		
Date of Birth 05/29/2000	Gender MALE	Race WHITE - W		Ethnicity HISPANIC ORIGIN - H			
Height 5' 00"	Weight 120 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 708.8	Crime Description GOING ARMED WITH INTENT		Speed	in	Zone
Class FELD			Serious P.I. <input checked="" type="checkbox"/>	Fatal Accident <input checked="" type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 07 - CONVENIENCE STORE								
Literal Description IA 14 N								
Address 111 N 3RD AVENUE				City MARSHALLTOWN		State IA	Zip Code 50158	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 02/15/2021		Upper Date Range		Incident Time or Low Range 03:07		Upper Time Range

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY	<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
go armed with intent to 111 N 3rd Avenue, Marshalltown Iowa, with a firearm, intending to use it on a person.

AFFIDAVIT

STATE OF IOWA, MARSHALL 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 2-15-21, at approximately 0307 hours, the defendant armed himself with a small caliber handgun, along with ammunition, from his residence, and took the weapon to 111 N 3rd Avenue, Marshalltown Iowa-a business open to the public that had customers and store personnel inside. The defendant armed himself intending to use this weapon against a person. The defendant did willfully point the gun at the victim, and willfully without justification, pulled the trigger, striking the victim in the chest, causing his death. The defendant was located, and subsequently arrested and transported to the Marshall County Jail.

THEIN, PATRICIA

455

Signature of Complainant or Officer, Officer Name & Number



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 02/15/2021

Notary Name **CASEE VEREN**

Signature of Verifying Party

Commission Number **813028**My Commission Expires **10/03/2021**☐ Peace Officer☒ Notary☐ Prosecuting Attorney

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Height 5' 00"	Weight 120 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 711.1(1)(A)	Crime Description ROBBERY 1ST DEGREE		Speed	In	Zone
Class FELB			Serious P.I. <input checked="" type="checkbox"/>	Fatal Accident <input checked="" type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 07 - CONVENIENCE STORE								
Literal Description IA 14 N								
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STATUS OF OFFENDER/JUVENILE

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<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
commit a robbery against the victim, with the intent to commit a theft, commit one or more of the following acts to assist or further the
commission of the intended theft or the person's escape from the scene thereof with or without the stolen property while armed with a
dangerous weapon: 1. Commit an assault upon another. 2. Threaten another with or purposely put another in fear of immediate
serious injury. 3. Threaten to commit immediately any forcible felony

AFFIDAVIT

STATE OF IOWA, MARSHALL 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 2-15-21, at approximately 0307 hours, the defendant armed himself with a small caliber handgun, along with ammunition, from his residence, and took the weapon to 111 N 3rd Avenue, Marshalltown Iowa-a business open to the public that had customers and store personnel inside. The defendant armed himself intending to use this weapon against a person. The defendant did willfully point the gun at the victim, and willfully without justification, pulled the trigger, striking the victim in the chest, causing his death. The defendant attempted to gain access to the cash register in the store after murdering the clerk. The defendant was located, and subsequently arrested and transported to the Marshall County Jail.

THEIN, PATRICIA

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Signature of Complainant or Officer, Officer Name & Number

STATE OF IOWA,

MARSHALL COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 02/15/2021

Notary Name **CASEE VEREN**

Signature of Verifying Party

Commission Number **813028**

My Commission Expires **10/03/2021**

☐ Peace Officer

☒ Notary

☐ Prosecuting Attorney

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OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 711.1(1)(A)	Crime Description ROBBERY 1ST DEGREE		Speed	in	Zone
Class FELB			Serious P.I. <input checked="" type="checkbox"/>	Fatal Accident <input checked="" type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
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<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
commit a robbery against THE VICTIM, with the intent to commit a theft, commit one or more of the following acts to assist or further the
commission of the intended theft or the person's escape from the scene thereof with or without the stolen property while armed with a
dangerous weapon: 1. Commit an assault upon another. 2. Threaten another with or purposely put another in fear of immediate
serious injury. 3. Threaten to commit immediately any forcible felony

AFFIDAVIT

STATE OF IOWA, MARSHALL 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

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THEIN, PATRICIA

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Signature of Complainant or Officer, Officer Name & Number



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 02/15/2021

Notary Name

CASEE VEREN

Signature of Verifying Party

Commission Number

813028

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OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 708.2(1)	Crime Description ASSAULT WITH INTENT TO INFLICT SERIOUS INJURY		Speed	in	Zone
Class AGMS			Serious P.I. <input checked="" type="checkbox"/>	Fatal Accident <input checked="" type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
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NARRATIVE

Narrative of Offense Committed On or about the above stated date and time, the Defendant did assault THE VICTIM with the intent to inflict a serious injury

AFFIDAVIT

STATE OF IOWA, MARSHALL 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

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THEIN, PATRICIA

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Signature of Complainant or Officer, Officer Name & Number



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Notary Name **CASEE VEREN**

Signature of Verifying Party

Commission Number **813028**My Commission Expires **10/03/2021**☐ Peace Officer☒ Notary☐ Prosecuting Attorney

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DL#	State IA	DL Class 0	DL Endorsements		DL Restrictions		
Date of Birth 05/29/2000	Gender MALE	Race WHITE - W		Ethnicity HISPANIC ORIGIN - H			
Height 5' 00"	Weight 120 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 724.16A(1)(A)	Crime Description TRAFFICKING IN STOLEN WEAPONS 1ST OFFENSE		Speed	in	Zone
Class FELD			Serious P.I. <input checked="" type="checkbox"/>	Fatal Accident <input checked="" type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 07 - CONVENIENCE STORE								
Literal Description IA 14 N								
Address 111 N 3RD AVENUE				City MARSHALLTOWN		State IA	Zip Code 50158	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 02/15/2021		Upper Date Range		Incident Time or Low Range 03:07		Upper Time Range

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<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 transfer, acquire possession or facilitate the transfer of a stolen firearm

AFFIDAVIT

STATE OF IOWA, MARSHALL 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 did have a long gun in his possession in his residence at 707 Bromley Street Marshalltown Iowa 50158. The defendant sent the weapon with another from his residence on 2-15-21, while the defendant's residence was being surveilled. The vehicle that left the residence was subsequently stopped, and the firearm, a 12 gauge shotgun, was located, and the want on that firearm was confirmed through NCIC-showing that the said shotgun was stolen.

[Signature]

THEIN, PATRICIA

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Signature of Complainant or Officer, Officer Name & Number



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 02/15/2021

Notary Name **CASEE VEREN**

Signature of Verifying Party

Commission Number **813028**My Commission Expires **10/03/2021**☐ Peace Officer☒ Notary☐ Prosecuting Attorney