

**IN THE IOWA DISTRICT COURT IN AND FOR  
RINGGOLD 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: **2022030725**

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

**THE STATE OF IOWA**

VS.

**OFFENDER**

Last <b>MORTENSEN ZIMMERMAN</b>		First <b>KATHRYN</b>		Middle <b>ANNE</b>	Suffix
Address [REDACTED]			City <b>MOUNT AYR</b>		State <b>IA</b> Zip Code <b>50854</b>
DL# [REDACTED]	State <b>IA</b>	DL Class <b>C</b>	DL Endorsements		DL Restrictions
Date of Birth [REDACTED]	Gender <b>FEMALE</b>	Race <b>WHITE - W</b>		Ethnicity <b>NOT OF HISPANIC ORIGIN - N</b>	
Height <b>5' 03"</b>	Weight <b>125 LBS</b>	Eye Color <b>BLUE - BLU</b>		Hair Color	

**OFFENSE**

State <input checked="" type="checkbox"/> County <input type="checkbox"/> Local <input type="checkbox"/>	Code Section <b>718.6(1)</b>	Crime Description <b>FALSE REPORT TO PUBLIC ENTITY</b>			Speed	in	Zone
Class <b>SMMS</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>26 - PARK</b>							
Literal Description <b>POE HOLLOW PARK</b>							
Address <b>HWY 2</b>			City <b>MT. AYR</b>			State <b>IA</b>	Zip Code <b>50854</b>
Is Date and Time of Incident Known? <b>YES</b>	Incident Date or Low Range <b>12/05/2022</b>	Upper Date Range	Incident Time or Low Range <b>11:00</b>	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 report or cause to be reported false information to a fire department, law enforcement agency or public safety entity, knowing that the information is false or that the act did not occur

AFFIDAVIT

**STATE OF IOWA,                      RINGGOLD 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 he defendant committed his crime

State all facts and persons relied upon supporting elements of alleged crime

Zimmerman came down to Deputy Nickle and picked him up. Deputy Nickel got into the front passenger seat and Zimmerman stated" I will be pressing charges on Colby he just tried to hit me with his truck". This statement was caught on Deputy Nickel's body camera that was operating at the time. Zimmerman completed a written statement stating that Colby Holmes hit Zimmerman with his truck to the Ringgold County Sheriff Office. Zimmerman stated to Special Agent Ridout in a recorded interview, Colby Holmes hit her with his truck. According to witnesses and Zimmerman's own statement to Chief Deputy Nickle at the scene, Zimmerman was never struck by the vehicle.

*M. Ridout*

**Ridout, Marc**

**1187**

\_\_\_\_\_  
Signature of Complainant or Officer, Officer Name & Number

**GENERAL PROBABLE CAUSE**

Defendant Implicated



**03 - ADMISSION/STATEMENTS, 07 - IDENTIFIED BY WITNESSES**

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

**STATE OF IOWA, RINGGOLD COUNTY**

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 04/19/2023	
	Notary Name <b>LYNN SINGER</b>	Signature of Verifying Party 
	Commission Number <b>830152</b>	
	My Commission Expires <b>02/11/2024</b>	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney