

**IN THE IOWA DISTRICT COURT IN AND FOR
KOSSUTH 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: 22-2366

Arrest Date: _____

THE STATE OF IOWA

vs.

OFFENDER

Last STREET		First MICHAEL		Middle SIE-LEE		Suffix	
Address 17725 BCR 262				City FREDERICKTOWN		State MO	Zip Code 63645
DL#	State MO	DL Class	DL Endorsements		DL Restrictions		
Date of Birth 10/10/2001		Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N		
Height 5' 11"	Weight 230 LBS	Eye Color BLUE - BLU		Hair Color			

VEHICLE

Year 2004	Make CHEVROLET - CHEV		Model SUBURBAN		Color BRO	
VIN 1GNFK16Z04J273348		CDL Req? NO	Pass End Req?	HazMat End Req?	Style 4D	
Plate/Registration # 8YFA35			State MO	Year 2022	US DOT Number	ICC/MC #

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 707.11(1)	Crime Description ATTEMPTED MURDER			Speed	in	Zone
Class FELB		Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>		Other <input checked="" type="checkbox"/>			
Location Type 13 - HIGHWAY/ROAD/ALLEY									
Literal Description NORTH PARK DR									
Address 169 N. PARK DRIVE			City ALGONA			State IA	Zip Code 50511		
Is Date and Time of Incident Known? YES		Incident Date or Low Range 04/09/2022		Upper Date Range	Incident Time or Low Range 10:20		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 unlawfully and intentionally attempt to cause the death of victim and not under circumstances which would justify the person's actions, the person does any act by which the person expects to set in motion a force or chain of events which will cause or result in the death of the other person

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

Last FEATHERS		First TYLER		Middle LEE		Suffix	
Business/Organization/State/County/Municipality Name							
Address 308 WEST CALL STREET				City ALGONA		State IA	Zip 50511

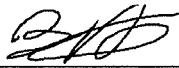
AFFIDAVIT

STATE OF IOWA, KOSSUTH 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 this date April 9th 2022, the defendant did unlawfully, willingly and knowingly discharged a firearm multiple times in the direction of the victim with the intention to cause death.




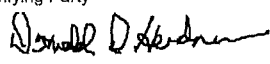
HILLYER, BRADLEY 55-19

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated 03 - ADMISSION/STATEMENTS, 05 - OPERATING MOTOR VEHICLE, 14 - OTHER PHYSICAL EVIDENCE		
Operating Motor Vehicle in County Kossuth - 55	Other Physical Evidence	Attempted To Inflict Injury

STATE OF IOWA, KOSSUTH COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 04/09/2022	
	Notary Name DONALD D HEIDNER	Signature of Verifying Party 
	Commission Number 793835	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney
	My Commission Expires 01/04/2025	