

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: **21-005382**

Arrest Date: _____

THE STATE OF IOWA

VS.

OFFENDER

Last WIECHMANN		First DANIEL		Middle FREDERICK		Suffix JR	
Address 207 2ND AVE NE				City HAMPTON		State IA	Zip Code 50441
DL# [REDACTED]	State IA	DL Class C	DL Endorsements		DL Restrictions		
Date of Birth [REDACTED]	Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N			
Height 5' 11"	Weight 230 LBS	Eye Color HAZEL - HAZ		Hair Color GRAY OR PARTIALLY GRAY - GRY			

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 709.4(1)(B)(2)(D)	Crime Description SEX ABUSE 3RD - CHILD VICTIM-PERSON 4 OR MORE YEARS OL			Speed	in	Zone	
Class FELC			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>				
Location Type 20 - RESIDENCE/HOME										
Literal Description 605 SE SHARON DR										
Address 605 SE SHARON DR				City ANKENY			State IA	Zip Code 50021		
Is Date and Time of Incident Known? NO		Incident Date or Low Range 05/01/2015		Upper Date Range 09/01/2015		Incident Time or Low Range 00:01		Upper Time Range 23:59		

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 checked="" 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 sexual abuse upon E [REDACTED] W [REDACTED], a child fourteen or fifteen years of age at the time of the offense, and the person being four (4) or more years older than the child

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

Last W [REDACTED]	First E [REDACTED]	Middle P [REDACTED]	Suffix
Business/Organization/State/County/Municipality Name			
Address [REDACTED]		City [REDACTED]	State [REDACTED]
		Zip [REDACTED]	

AFFIDAVIT

STATE OF IOWA, POLK 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

Between the above date and time listed, the Defendant did knowingly and unlawfully commit sexual abuse in the 3rd degree by sexually assaulting the victim during the summer between his 7th and 8th grade. This occurred at the victim's residence [REDACTED]

The Defendant committed sexual abuse by coming into the victim's bedroom and sitting on his bed to wake the victim up. The Defendant asked the victim if he had morning wood, and pulled the waistband of the victim's shorts up to look. The victim said this happened more than once, and one of the times the Defendant's hand grazed his penis.

The Defendant started talking to the victim about his masturbation habits and penis size as soon as he hit puberty, which was prior to the Defendant sexually assaulting the victim. The Defendant is the victim's step-grandfather, and he would have these conversations with all the younger male relatives. This behavior is known as grooming.

The Defendant is being charged with other sex offenses related to this case in Franklin County and Dallas County. He is also being charged with a sex offense in related case 21-005383 with the victim's stepbrother as the victim in that case.

This charge was approved by PCA Meggan Guns.

Kris Lindell #113

LINDELL, KRIS

113

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,

POLK COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 10/12/2022

Notary Name **BRIAN KROSKA**

Signature of Verifying Party

Commission Number **766828**

My Commission Expires **03/23/2023**

Brian Kroska

Peace Officer

Notary

Prosecuting Attorney