

**IN THE IOWA DISTRICT COURT IN AND FOR
FREMONT 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: **23003556**

Arrest Date: _____

THE STATE OF IOWA

VS.

OFFENDER

Last DUPRE		First MARK		Middle SEAN		Suffix	
Address				City SIDNEY		State IA	Zip Code 51652
DL#	State IA	DL Class C	DL Endorsements		DL Restrictions F, B		
Date of Birth		Gender MALE		Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N	
Height 5' 07"		Weight 130 LBS		Eye Color BROWN - BRO		Hair Color BROWN - BRO	

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 type="checkbox"/>			
Location Type 20 - RESIDENCE/HOME										
Literal Description MAIN ST										
Address 508 MAIN ST				City SIDNEY			State IA	Zip Code 51652		
Is Date and Time of Incident Known? YES		Incident Date or Low Range 04/17/2023		Upper Date Range		Incident Time or Low Range 11:45		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 D'Andre Kyle 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 KYLE		First D'ANDRE		Middle DAVELL		Suffix	
Business/Organization/State/County/Municipality Name							
Address				City		State	Zip

AFFIDAVIT

STATE OF IOWA, FREMONT 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

Mark Dupre did set in motion a force or chain of events with the expectation that the action will cause or result in the death of another, with the intent to cause such death of D'Andre Kyle, by stabbing him.



Wake, Andrew

36-3

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

02 - CAUGHT IN ACT, 03 - ADMISSION/STATEMENTS, 07 - IDENTIFIED BY WITNESSES, 09 - NEAR SCENE OF CRIME, 10 - POSSESSION/DISPLAY/USE OF DANGEROUS WEAPONS, 13 - CAUSED PERSONAL INJURY, 15 - ATTEMPTED TO INFLICT SERIOUS INJURY

Operating Motor Vehicle in County



Other Physical Evidence

Attempted To Inflict Injury

KNIFE

STATE OF IOWA,

FREMONT COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 05/08/2023	
	Notary Name	CONNIE ELLEN AISTROPE <div style="float: right; text-align: right;">  <small>Signature of Verifying Party</small> </div>
	Commission Number	188825
	My Commission Expires	02/17/2024
		<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney