

**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 707.2(1)(A) | Crime Description MURDER IN THE 1ST DEGREE | | | Speed | in | Zone |
| Class FELA | | | 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
 having malice aforethought, willfully, deliberately, and with premeditation kill Corey Tyrone Miller Jr.

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

| | | | | | | | |
|--|--|-----------------------|--|-------------------------|--|---------------------|-----|
| Last MILLER | | First COREY | | Middle TYRONE | | Suffix JR | |
| 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 with malice aforethought, willfully, deliberately and with premeditation, stab Corey Tyrone Miller Jr., during a fight at 508 Main Street, Sidney, Fremont County, Iowa, resulting in the death of Miller.




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 Signature of Verifying Party |
| | Commission Number | 188825 |
| | My Commission Expires | 02/17/2024 |
| | | <input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney |

