

**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 508 MAIN ST				City SIDNEY		State IA	Zip Code 51652
DL#	State IA	DL Class	DL Endorsements		DL Restrictions		
Date of Birth		Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N		
Height 5' 07"		Weight	Eye Color BROWN - BRO		Hair Color		

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 124.401(5)	Crime Description POSSESSION OF CONTROLLED SUBSTANCE - MARIJUANA 2ND			Speed	in	Zone	
Class SRMS			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 11:30		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 knowingly or intentionally possess a controlled substance, to-wit: marijuana, a schedule I controlled substance, by a person having been previously convicted of a drug related offense

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 possess a green leafy substance that field tested positive for marijuana. He was previously convicted with possession of marijuana on 11/16/2015.



Wake, Andrew

36-3

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated 01 - POSSESSED DRUGS/PARAPHERNALIA, 07 - IDENTIFIED BY WITNESSES, 08 - CRIME OBSERVED BY OFFICERS, 09 - NEAR SCENE OF CRIME, 10 - POSSESSION/DISPLAY/USE OF DANGEROUS WEAPONS, 11 - POSSESSION, 13 - CAUSED PERSONAL INJURY, 15 - ATTEMPTED TO INFLICT SERIOUS INJURY		
Operating Motor Vehicle in County	Other Physical Evidence	Attempted To Inflict Injury KNIFE


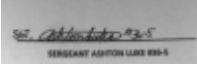
POSSESSION

Possession of a Controlled Substance 1 - POSSESSED DRUGS, 2 - OBSERVED BY OFFICERS, 4 - POSSESSED DRUG PARAPHERNALIA, 5 - PRIOR DRUG CONVICTION(S)
Schedule Drugs 01 - MARIJUANA, 06 - METHAMPHETAMINE
Other Drugs

Prior Possession Conviction(s)

Date 11/16/2015	Criminal Number SRCR047565	County MILLS
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STATE OF IOWA, FREMONT COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 04/17/2023	
	Notary Name ASHTON LUKE	Signature of Verifying Party 
	Commission Number	<input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney
	My Commission Expires	