

**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 <b>JACOBS</b>		First <b>KATELAN</b>		Middle <b>JENICE</b>		Suffix	
Address <b>508 MAIN ST</b>				City <b>SIDNEY</b>		State <b>IA</b>	Zip Code <b>51652</b>
DL#	State <b>IA</b>	DL Class	DL Endorsements		DL Restrictions		
Date of Birth	Gender <b>FEMALE</b>	Race <b>WHITE - W</b>		Ethnicity <b>NOT OF HISPANIC ORIGIN - N</b>			
Height <b>5' 04"</b>	Weight <b>155 LBS</b>	Eye Color <b>BLUE - BLU</b>		Hair Color <b>BLONDE OR STRAWBERRY - BLN</b>			

**OFFENSE**

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section <b>124.401(5)</b>	Crime Description <b>POSSESSION OF CONTROLLED SUBSTANCE - MARIJUANA 1ST</b>			Speed	in	Zone
Class <b>SRMS</b>			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>			
Location Type <b>20 - RESIDENCE/HOME</b>									
Literal Description <b>MAIN ST</b>									
Address <b>508 MAIN ST</b>				City <b>SIDNEY</b>			State <b>IA</b>	Zip Code <b>51652</b>	
Is Date and Time of Incident Known? <b>YES</b>		Incident Date or Low Range <b>04/17/2023</b>		Upper Date Range		Incident Time or Low Range <b>11:30</b>		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

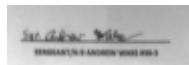
AFFIDAVIT

**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

Katelan Jacobs did possess marijuana in her residence.



**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 <b>BED FRAME</b>
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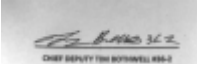
**POSSESSION**

Possession of a Controlled Substance  
**1 - POSSESSED DRUGS, 2 - OBSERVED BY OFFICERS, 4 - POSSESSED DRUG PARAPHERNALIA**

Schedule Drugs  
**01 - MARIJUANA, 06 - METHAMPHETAMINE**

Other Drugs

**STATE OF IOWA,                      FREMONT COUNTY**

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 04/18/2023	
	Notary Name <b>TIM BOTHWELL</b>	Signature of Verifying Party
	Commission Number	
	My Commission Expires	<input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney