

## IN THE IOWA DISTRICT COURT IN AND FOR

## SCOTT 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 Case Number: **21-8988**

Arrest Date: \_\_\_\_\_

## THE STATE OF IOWA

VS.

## OFFENDER

Last <b>RASHID</b>		First <b>BRIAN</b>		Middle <b>JOHN</b>		Suffix	
Address <b>2930 WALNUT CT</b>				City <b>BETTENDORF</b>		State <b>IA</b>	Zip Code <b>52722</b>
DL# <b>256HH5422</b>	State <b>IA</b>	DL Class <b>C</b>	DL Endorsements		DL Restrictions		
Date of Birth <b>12/04/1960</b>	Gender <b>MALE</b>	Race <b>WHITE - W</b>		Ethnicity <b>NOT OF HISPANIC ORIGIN - N</b>			
Height <b>5' 08"</b>	Weight <b>210 LBS</b>	Eye Color <b>BROWN - BRO</b>		Hair Color <b>BROWN - BRO</b>			

## OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section <b>718.6(1)</b>	Crime Description <b>FALSE REPORT TO PUBLIC ENTITY</b>		Speed	in	Zone
Class <b>SMMS</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>21 - RESTAURANT</b>								
Literal Description <b>2239 KIMBERLY RD</b>								
Address <b>2239 KIMBERLY RD</b>				City <b>BETTENDORF</b>		State <b>IA</b>	Zip Code <b>52722</b>	
Is Date and Time of Incident Known? <b>YES</b>		Incident Date or Low Range <b>04/11/2021</b>		Upper Date Range		Incident Time or Low Range <b>02:41</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 report or cause to be reported false information to a fire department, law enforcement agency or public safety entity, knowing that the information is false or that the act did not occur

## AFFIDAVIT

## STATE OF IOWA, SCOTT 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

ON THE ABOVE LISTED DATE AND TIME, THE DEFENDANT PURPOSELY SET OFF A BURGLARY ALARM AT HIS OWN BUSINESS PROMPTING A LAW ENFORCEMENT RESPONSE FOR A POSSIBLE BURGLARY IN PROGRESS. WHEN A PER MAR EMPLOYEE CONTACTED THE DEFENDANT REFERENCE THE ALARM, HE ADVISED HE WANTED TO TEST LAW ENFORCEMENT. THE DEFENDANT ALSO STATED THAT HE NEEDED HELP AND HUNG UP THE PHONE WITHOUT PROVIDING FURTHER INFORMATION TO THE PER MAR CALL TAKER. CONTACT WAS MADE WITH THE DEFENDANT WHO ADMITTED HE WANTED TO TEST LAW ENFORCEMENT. THE DEFENDANT WAS EXTREMELY INTOXICATED AND UNCOOPERATIVE. THE DEFENDANT LOCKED HIMSELF INSIDE OF THE BUSINESS AND REFUSED TO SPEAK WITH OFFICERS OR SIGN A NOTICE TO APPEAR CITATION.

\*\*\*\*\*WARRANT REQUESTED\*\*\*\*\*



GISH, ZACHARY

4111

Signature of Complainant or Officer, Officer Name &amp; Number

**GENERAL PROBABLE CAUSE**

Defendant Implicated

**03 - ADMISSION/STATEMENTS**

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

**STATE OF IOWA,****SCOTT COUNTY**

Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 04/13/2021

Notary Name

**MARC A DORR**

Signature of Verifying Party

Commission Number

**790628**

My Commission Expires

**06/19/2024**

Peace Officer



Notary



Prosecuting Attorney