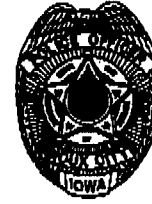




City of Sioux City
Police Department
601 Douglas Street
Sioux City, Iowa 51101



SPECIAL REPORT

Contact: Lt. Mark Kirkpatrick

Phone: [REDACTED]

Type of Incident: Homicide Suspect Apprehension & Shooting	Location: 2728 S. Helen Bld 1 Apt 13	Incident Number: 14-2717
Date & Time Incident: January 28, 2014 3:30 a.m.	Date & Time of Release: January 28, 2014 11:00 a.m.	Released By: Lt. Mark Kirkpatrick

Sioux City Police Apprehend Homicide Suspect

On January 28, 2014 at approximately 3:30 am the Sioux City Police Department along with officers from U.S. Marshals, DEA, and Woodbury County Sheriff were working on a lead that indicated the suspect from the homicide which occurred on January 25, 2014 was at an apartment with several females and two small children. Officers continued to surveil the apartment located at 2728 S. Helen Bld 1 Apt. 13.

Sioux City Police Department confirmed the suspect was inside and deployed the SWAT Team to the area on standby. At approximately 9:20 a.m. all known occupants except the suspect exited the apartment. The SWAT Team made entry into the apartment and while attempting to take the suspect into custody one SWAT Team member was forced to shoot the armed suspect to ensure the public's safety and the officers on scene. The suspect then jumped out a second story window and was taken into custody. The suspect was transported to Mercy Medical Center, Sioux City. The suspect later died at the hospital. The suspects name is being withheld at this time pending notification of next of kin.

Following department policy the officer involved has been placed on administrative leave and his name is being withheld at this time. The Iowa Division of Criminal Investigation along with the Sioux City Police Department are investigating the incident.

Press Conference Today at 3:00pm at Police Department

Any arrest/charges noted in this report should be considered merely an accusation.

All defendants are presumed innocent until and unless proven guilty.

Officer Signature:	Supervisor Signature:	Date Approved:	Page ____ of ____
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