

IN THE IOWA DISTRICT COURT IN AND FOR

WOODBURY 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: **15-33603**Arrest Date: **10/04/2015**

THE STATE OF IOWA

VS.

OFFENDER

Last JEFFERIES		First ROBERT		Middle DWAYNE		Suffix	
Address [REDACTED]				City SIOUX CITY		State IA	Zip Code 51103
Date of Birth 11/16/1990		Gender MALE	Race BLACK - B		Ethnicity NOT OF HISPANIC ORIGIN - N		
State	Height 5' 07"	Weight 140 LBS	Eye Color BROWN - BRO		Hair Color BLACK - BLK		

OFFENSE

State <input checked="" type="checkbox"/>	Local <input type="checkbox"/>	Code Section 708.2A(5)	Crime Description DOMESTIC ABUSE ASSAULT IMPEDING AIR/BLOOD FLOW CAUSING		Class FELD	
Location Type 20 - RESIDENCE/HOME						
Literal Description [REDACTED]						
Address [REDACTED]			City SIOUX CITY		State IA	Zip Code 51104
Is Date and Time of Incident Known? YES		Incident Date or Low Range 10/04/2015	Upper Date Range	Incident Time or Low Range 04:32	Upper Time Range	

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY 1 - JAILED	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input type="checkbox"/> WARRANT REQUESTED	<input checked="" 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 commit a domestic assault against [REDACTED] by knowingly impeding the normal breathing or circulation of the blood of her by applying pressure to the throat or neck of her or by obstructing the nose or mouth of her and causing bodily injury to her.

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

Last [REDACTED]	First [REDACTED]	Middle	Suffix
Business/Organization/State/County/Municipality Name			
Address [REDACTED]		City SIOUX CITY	State IA Zip 51104

AFFIDAVIT

STATE OF IOWA, WOODBURY 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 10-4-15 AT APPROX. 4:32 AM THE DEF WENT TO THE VICTIM'S, [REDACTED] RESIDENCE AND ASSAULTED HER. THE VICTIM STATED THAT THE DEF CAME IN AND THEY ARGUED AND HE BEGAN PUNCHING HER IN THE HEAD SO HARD IT MADE HER FEEL LIKE

HER BRAIN WAS RATTLING. THE DEF THEN CLIMBED ON TOP OF THE VICTIM ON THE BED AND PUT HIS HANDS AROUND HER NECK AND APPLIED PRESSURE CONSTRICTING HER AIRWAY. THE VICTIM ADVISED SHE WAS TRYING TO SCREAM FOR THE DEF TO STOP BUT WAS PERIODICALLY UNABLE TO. VICTIM ALSO STATED THAT ONCE SHE WAS ABLE TO BARELY TALK SHE TOLD THE DEF HE WAS KILLING HER AND HE STATED HE DIDN'T CARE AND WANTED TO KILL HER. THE VICTIM HAD LARGE LUMPS ON HER HEAD, A SPLIT OPEN LIP, AND MARKS ON HER NECK. THE VICTIM ALSO HAD BRUISING ON HER ARMS. THE VICTIM AND DEF HAVE BEEN TOGETHER FOR OVER A YEAR AND HAVE A 2 MONTH OLD DONE TOGETHER. A WITNESS WAS ALSO AT THE RESIDENCE WHEN THIS TOOK PLACE [REDACTED]



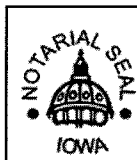
DAVIES, BROOKE

15161

Signature of Complainant or Officer, Officer Name & Number

STATE OF IOWA,

WOODBURY COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 10/04/2015

Notary Name JAMES R CUNNINGHAM

Signature of Verifying Party

Commission Number 771583

My Commission Expires 02/08/2018



Peace Officer



Notary



Prosecuting Attorney

