

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

STATE OF IOWA, <i>Plaintiff,</i> v. THOMAS J. FENNELL, <i>Defendant.</i>	AGENCY CASE NO.: PC22-5109 AGENCY: Polk County Sheriff  COUNTY ATTORNEY PRELIMINARY COMPLAINT REVIEW
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COMES NOW the undersigned Assistant Polk County Attorney and states as follows:

**I have read and reviewed the attached complaint and affidavit. I:**

- Approve** the charge as OPERATING WHILE UNDER THE INFLUENCE 1ST OFFENSE— Serious Misdemeanor—in violation of Iowa Code Section 321J.2(2)(a) and ask the court to find probable cause for this charge.
- Request that the Court enter the attached *Arrest Warrant*.
- Advise the court and the clerk of court that despite the officer’s request for an Arrest Warrant, the defendant has reportedly been taken into custody, so ***an arrest warrant is no longer required.***

**With regard to a bond amount, the State requests that:**

- The State requests that the Court enter the attached *No Contact Order*.
- The State requests defendant be held without bond until initial appearance, so a *No Contact Order* may be entered with the following victim at the following location:

- Bond be set according to the uniform bond schedule at Initial Appearance.

**WHEREFORE** the State respectfully requests the Court find probable cause and allow the case to proceed under the circumstances set out above.

Respectfully submitted,  
JOHN P. SARCONI by:

/s/ Thomas Tolbert  
Assistant Polk County Attorney  
Polk County Attorney’s Office  
222 Fifth Avenue, Des Moines, IA  
(515) 286-3737  
ctyatty@polkcountyiowa.gov

POLK 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: **22-5109**

Arrest Date: **07/14/2022**

THE STATE OF IOWA

VS.

OFFENDER

Last <b>FENNELL</b>		First <b>THOMAS</b>		Middle <b>JOHN</b>	Suffix
Address <b>2209 PUEBLO CT</b>			City <b>SIOUX CITY</b>		State <b>IA</b> Zip Code <b>51104</b>
DL# [REDACTED]	State <b>IA</b>	DL Class <b>C</b>	DL Endorsements		DL Restrictions
Date of Birth [REDACTED]	Gender <b>MALE</b>	Race <b>WHITE - W</b>		Ethnicity <b>NOT OF HISPANIC ORIGIN - N</b>	
Height <b>5' 08"</b>	Weight <b>155 LBS</b>	Eye Color <b>BLUE - BLU</b>		Hair Color <b>UNKNOWN OR COMPLETELY BALD - XXX</b>	

VEHICLE

Year <b>2013</b>	Make <b>CHEVROLET - CHEV</b>	Model <b>EQUINOX LT AWD</b>		Color <b>BLK</b>	
VIN <b>2GNFLNEK8D6108704</b>		CDL Req? <b>NO</b>	Pass End Req?	HazMat End Req?	Style <b>LL</b>
Plate/Registration # <b>AFM911</b>			State <b>IA</b>	Year <b>2021</b>	US DOT Number      ICC/MC #

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section <b>321J.2(2)(A)</b>	Crime Description <b>OPERATING WHILE UNDER THE INFLUENCE 1ST OFFENSE</b>		Speed	In	Zone
Class <b>SRMS</b>			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>		
Location Type <b>11 - GOVERNMENT/PUBLIC BUILDING</b>								
Literal Description <b>7105 NW 70TH AVE</b>								
Address <b>7105 NW 70TH AVE</b>			City <b>JOHNSTON</b>			State <b>IA</b>	Zip Code <b>50131</b>	
Is Date and Time of Incident Known? <b>YES</b>		Incident Date or Low Range <b>07/14/2022</b>		Upper Date Range	Incident Time or Low Range <b>00:12</b>		Upper Time Range	

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY <b>1 - JAILED</b>	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input 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 operate a motor vehicle by one or more of the following means: a. While under the influence of an alcoholic beverage or drugs or a combination of such substances; b. While having an alcohol concentration of .08 or more as measured in the person's breath, blood or urine; c. while any amount of a controlled substance is present in the person as measured in the person's blood or urine

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

Last		First		Middle	Suffix
Business/Organization/State/County/Municipality Name <b>CAMP DODGE MILITARY INSTALLATION</b>					
Address <b>7105 NW 70TH AVE</b>			City <b>JOHNSTON</b>		State <b>IA</b> Zip <b>50131</b>

AFFIDAVIT

STATE OF IOWA, POLK 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

Thomas Fennell operated a motor vehicle while it was involved in multiple property damage accidents on Camp Dodge Military Installation. Contact was made with Thomas at Range S11, on Camp Dodge. Thomas had a strong odor of an alcoholic beverage on his breath, impaired balance, slurred speech, and bloodshot/watery eyes. He consented to SFST's with the following results: HGN 6/6, Walk and Turn 8/8, OLS unable to perform, PBT .282.

Thomas refused to submit a breath sample for chemical testing after being read the implied consent advisory.

SNOOK, MICHAEL 77-65

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated
02 - CAUGHT IN ACT, 04 - CAUSED PROPERTY DAMAGE, 05 - OPERATING MOTOR VEHICLE, 07 - IDENTIFIED BY WITNESSES, 08 - CRIME OBSERVED BY OFFICERS, 09 - NEAR SCENE OF CRIME

Table with 3 columns: Operating Motor Vehicle in County (Polk - 77), Other Physical Evidence, Attempted To Inflict Injury

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02 - P.B.T. OVER .08, 03 - BAC OVER LIMIT, 04 - FAILED HGN, 06 - ERRATIC DRIVING/TRAFFIC VIOLATIONS, 08 - BLOODSHOT/WATERY EYES, 09 - REFUSED TEST AFTER IMPLIED CONSENT ADVISORY, 10 - FAILED WALK AND TURN TEST, 11 - IMPAIRED BALANCE, 12 - SLURRED SPEECH, 13 - ALCOHOL ODOR ON BREATH, 14 - FAILED ONE-LEG STAND, 18 - PROPERTY DAMAGE

Table with 2 columns: BAC on Datamaster, DCI Lab Screen Positive for Drugs

Table with 2 columns: Field Sobriety Tests Refused, Number of Offense (1 - FIRST OFFENSE)

STATE OF IOWA, POLK COUNTY

Notary section containing Notary Name (TREVOR M BARBER), Commission Number (785392), My Commission Expires (08/04/2023), and Signature of Verifying Party with checkboxes for Peace Officer, Notary, and Prosecuting Attorney.