

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 LEAVE SCENE OF ACCIDENT - FAIL TO PROVIDE AID OR INFORMATION—NSCH—in violation of Iowa Code Section 321.263 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

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

VEHICLE

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

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 321.263	Crime Description LEAVE SCENE OF ACCIDENT - FAIL TO PROVIDE AID OR INFORM		Speed	In	Zone
Class NSCH		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 11 - GOVERNMENT/PUBLIC BUILDING								
Literal Description 7105 NW 70TH AVE								
Address 7105 NW 70TH AVE			City JOHNSTON			State IA	Zip Code 50131	
Is Date and Time of Incident Known? YES	Incident Date or Low Range 07/14/2022		Upper Date Range	Incident Time or Low Range 00:12		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 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 drive a motor vehicle involved in an accident resulting in injury or death of a person or damage to a vehicle driven or attended by a person and fail to give the driver's name, address, and the registration number of the vehicle he (she) is driving and/or upon request and if available, exhibit the driver's license to the person struck, the driver or occupant of, or the person attending the vehicle involved in the accident and/or fail to render to a person injured in the accident reasonable assistance

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

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

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 and was involved in three property damage accident scenes. The first occurred at Camp Dodge Gate at NW 70th Ave/Truck Entrance Road, 2nd at Camp Dodge's Main Entrance, and third at Range S11. Contact was made with Thomas when he attempted to drive away from Range S11.




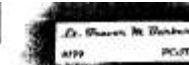
SNOOK, MICHAEL 77-65

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		
Operating Motor Vehicle in County Polk - 77	Other Physical Evidence	Attempted To Inflict Injury

STATE OF IOWA, POLK COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 07/14/2022	
	Notary Name TREVOR M BARBER	Signature of Verifying Party
	Commission Number 785392	
	My Commission Expires 08/04/2023	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney