

**IN THE IOWA DISTRICT COURT IN AND FOR
CHEROKEE 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: **19-6499**Arrest Date: **10/05/2019****THE STATE OF IOWA**

VS.

OFFENDER

Last OURTH		First SCOTT		Middle DOUGLAS		Suffix	
Address 110 TIMBER LN				City ACKWORTH		State IA	Zip Code 50001
DL# 020AA6403	State IA	DL Class A	DL Endorsements LPTX	DL Restrictions BKM			
Date of Birth 02/07/1959	Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N			
Height 5' 11"	Weight 225 LBS	Eye Color BLUE - BLU		Hair Color GRAY OR PARTIALLY GRAY - GRY			

VEHICLE

Year 2000	Make FORD - FORD	Model F150		Color BLK			
VIN 1FT2X1723YKB23713		CDL Req? NO	Pass End Req?	HazMat End Req?	Style PK		
Plate/Registration # OURTH			State IA	Year 2020	US DOT Number	ICC/MC #	

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 321J.2(2)(A)	Crime Description OPERATING WHILE UNDER THE INFLUENCE 1ST OFFENSE		Speed	in	Zone
Class SRMS		Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>			
Location Type 13 - HIGHWAY/ROAD/ALLEY								
Literal Description CENTENNIAL DR AND US 59								
Address 1225 N 2ND ST			City CHEROKEE			State IA	Zip Code 51012	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 10/05/2019		Upper Date Range	Incident Time or Low Range 21:24		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 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

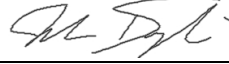
AFFIDAVIT

STATE OF IOWA, CHEROKEE 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 10/5/2019 AT APPROXIMATELY 9:24 P.M., I OBSERVED A BLACK FORD F150 DRIVING NORTHBOUND ON 2ND STREET IN CHEROKEE IOWA WITH NO HEADLIGHTS ON. I PERFORMED A TRAFFIC STOP ON THE VEHICLE AT NORTH 2ND STREET & HWY 3. THE DEFENDANT HAD A STRONG ODOR OF ALCOHOL COMING FROM THEIR PERSON. OURTH SHOWED 6/6 CLUES ON THE HORIZONTAL GAZE NYSTAGMUS TEST, 5/8 CLUES ON THE WALK AND TURN TEST & 3/4 CLUES ON THE ONE LEG STAND TEST. OURTH BLEW ABOVE A .084 ON THE P.B.T. OURTH BLEW A .182 ON THE DATAMASTER TEST.



DYSLIN, JACOB

18-72

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

03 - ADMISSION/STATEMENTS, 05 - OPERATING MOTOR VEHICLE, 06 - POSSESSED ALCOHOLIC BEVERAGES/CONTAINERS, 14 - OTHER PHYSICAL EVIDENCE

Operating Motor Vehicle in County

Cherokee - 18

Other Physical Evidence

Attempted To Inflict Injury

OWI

OWI
02 - P.B.T. OVER .08, 03 - BAC OVER LIMIT, 04 - FAILED HGN, 07 - POSSESSED ALCOHOLIC BEVERAGES/CONTAINERS, 08 - BLOODSHOT/WATERY EYES, 10 - FAILED WALK AND TURN TEST, 11 - IMPAIRED BALANCE, 13 - ALCOHOL ODOR ON BREATH, 14 - FAILED ONE-LEG STAND

BAC on Datamaster

.182%


DCI Lab Screen Positive for Drugs

Field Sobriety Tests Refused

Number of Offense

1 - FIRST OFFENSE

STATE OF IOWA, CHEROKEE COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 10/06/2019	
	Notary Name	BRETT GANNON Signature of Verifying Party
	Commission Number	812232
	My Commission Expires	08/17/2021
		<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney