

**IN THE IOWA DISTRICT COURT IN AND FOR
JOHNSON 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: **2019004361**

Arrest Date: _____

THE STATE OF IOWA

VS.

OFFENDER

Last CINTRON CACERES		First MICHAEL		Middle ARTURO		Suffix	
Address				City		State IA	Zip Code
DL#	State IA	DL Class	DL Endorsements		DL Restrictions		
Date of Birth 08/24/1984		Gender MALE		Race WHITE - W		Ethnicity HISPANIC ORIGIN - H	
Height 5' 09"		Weight 180 LBS		Eye Color BROWN - BRO		Hair Color BLACK - BLK	

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 711.1(1)(A)	Crime Description ROBBERY 1ST DEGREE		Speed	in	Zone
Class FELB			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 23 - SERVICE/GAS STATION								
Literal Description								
Address 1905 KEOKUK STREET				City IOWA CITY		State IA	Zip Code 52240	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 05/07/2019		Upper Date Range		Incident Time or Low Range 03:17		Upper Time Range

STATUS OF OFFENDER/JUVENILE

<input type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input checked="" 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
 commit a robbery against ____, with the intent to commit a theft, commit one or more of the following acts to assist or further the commission of the intended theft or the person's escape from the scene thereof with or without the stolen property while armed with a dangerous weapon: 1. Commit an assault upon another. 2. Threaten another with or purposely put another in fear of immediate serious injury. 3. Threaten to commit immediately any forcible felony

AFFIDAVIT

STATE OF IOWA, JOHNSON 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 05/07/2019, an armed robbery occurred at the Suburban Amoco. The defendant was armed with a knife and jumped over the counter, forced opened the cash register and stole approximately \$280. The defendant then fled, and left a trail of bills which were recovered by police officers. The suspect made off with about \$150. The victim clerk described the perpetrator as a black or Hispanic male. The defendant was identified as the perpetrator by a known article of clothing - his shoes which he wore during the robbery and during a physical altercation with police officers on 05/04/2019. The defendant's shoes were documented on 05/04/2019.



GIST, RONNIE

38D

Signature of Complainant or Officer, Officer Name & Number



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 05/10/2019

Notary Name

Signature of Verifying Party

Commission Number

A handwritten signature in black ink, appearing to be "D. J. [unclear]".

My Commission Expires

Peace Officer Notary Prosecuting Attorney