

**IN THE IOWA DISTRICT COURT IN AND FOR  
JOHNSONCOUNTY**

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: 2021004134

Arrest Date: 06/14/2021

**THE STATE OF IOWA**

VS.

**OFFENDER**

Last <b>CARTER</b>		First <b>ISHMAEL</b>		Middle <b>SHABAZZ</b>		Suffix	
Address <b>2105 DAVIS ST</b>				City <b>IOWA CITY</b>		State <b>IA</b>	Zip Code <b>52240-0000</b>
DL# <b>958AL7717</b>	State <b>IA</b>	DL Class <b>C</b>	DL Endorsements		DL Restrictions		
Date of Birth <b>09/03/1988</b>	Gender <b>MALE</b>	Race <b>BLACK - B</b>		Ethnicity <b>NOT OF HISPANIC ORIGIN - N</b>			
Height <b>6' 00"</b>	Weight <b>155 LBS</b>	Eye Color <b>BROWN - BRO</b>		Hair Color <b>BLACK - BLK</b>			

**OFFENSE**

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section <b>712.2</b>	Crime Description <b>ARSON 1ST DEGREE</b>		Speed	in	Zone
Class <b>FELB</b>		Serious P.I. <input type="checkbox"/>		Fatal Accident <input type="checkbox"/>		Civil Damage Assessment <input type="checkbox"/>		Other <input type="checkbox"/>
Location Type <b>20 - RESIDENCE/HOME</b>								
Literal Description <b>612 E COURT ST APARTMENT 9</b>								
Address <b>612 E COURT ST APARTMENT 9</b>				City <b>IOWA CITY</b>		State <b>IA</b>	Zip Code <b>52240</b>	
Is Date and Time of Incident Known? <b>YES</b>		Incident Date or Low Range <b>06/13/2021</b>		Upper Date Range		Incident Time or Low Range <b>23:15</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  
commit arson in the first degree upon the property of \_\_\_\_\_, in which the presence of one or more persons could be reasonably anticipated

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 the above date and time, the reporting called and stated that the def was knocking on her door for 20 minutes. The reporting party could see the def through her peep hole laying/kneeling below her door. The reporting party then stated that after the knocks had stopped she saw a liquid spilling underneath her door which then resulted in a large fire. The reporting party was trapped in her apartment complex with her boyfriend and 3 children under the ages of 5. The def was located on scene watching the fire. The def stated that he was not in the apartment building and has just woken up. The def was observed by witnesses and the reporting party in the building and outside of the building prior to the fire. Prior to the fire, the def is observed at L&M Mighty Shop purchasing lighter fluid. The bottle of lighter fluid was located in the dumpster behind the reporting parties building. The def also denied purchasing lighter fluid even though he was wearing the same clothes. The def caused significant damage to the third level of the building. The def is known to the reporting party and was previously involved in a intimate relationship.

Z

Signature of Complainant or Officer, Officer Name & Number

STATE OF IOWA, JOHNSON COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 06/14/2021

Notary Name JARED HARDING

Signature of Verifying Party

Commission Number



My Commission Expires

Peace Officer  Notary  Prosecuting Attorney