IN THE IOWA DISTRICT COURT FOR POLK COUNTY AGENCY CASE NO.: DM21-25724 STATE OF IOWA, **AGENCY: Des Moines Police Department** Plaintiff, TITAN O. CHANEY, **COUNTY ATTORNEY** Defendant. PRELIMINARY COMPLAINT REVIEW **COMES NOW** the undersigned Assistant Polk County Attorney and states as follows: I have read and reviewed the attached complaint and affidavit. I: [X] Approve the charge as NEGLECT OR ABANDONMENT OF DEPENDENT PERSON—Class C Felony—in violation of Iowa Code Section 726.3 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: [X] 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. [X] Bond be set in the amount of \$50,000 . [X] Cash Only. [ ] Cash or Surety. [ ] 10% to the Court. The defendant be released on the defendant's own recognizance (O/R). Based on the information currently available to me, I offer this additional information to the court: [ ] The hearing should be set: [ ] The defendant currently has other pending charges. [ ] The defendant has a relevant criminal history. [ ] This crime occurred in violation of a No Contact Order. [ ] The defendant is currently on probation. 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. SARCONE by: /s/ Lily Dayton **Assistant Polk County Attorney** Polk County Attorney's Office

222 Fifth Avenue, Des Moines, IA

ctyatty@polkcountyiowa.gov

(515) 286-3737

## E-FILED 2021 SEP 5 6:38 AM POLK - CLERK OF DISTRICT COURT

# IN THE IOWA DISTRICT COURT IN AND FOR

This Complaint and Affida	vit is to be:					Р	OLKCO	UNTY							
									Agon	ov Coop Number: 20	240021	572 <i>4</i>			
Filed with Court Clerk (cc: CA)						Agency Case Number: 20210025724									
Submitted to County										Arrest Date: 09	04/202	21			
Filed with JCO - De	fendant is a Ju	uvenile													
						THE STA	ATE OF	IOWA							
							VS.								
OFFENDER					First				N. C. al all a			0(			
Last					First TITAN				Middle		ľ	Suffix			
CHANEY					City				OZBOURN			State Zip Code			
Address					DES MOINES							50315			
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Height		Weight			Eye Color					r Color					
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OFFENSE															
	Code Section		Crime Description												
					OR ABA	NDONME	NT OF E	DEPENDENT PERSON			Speed	in Zone			
Class															
FELC Seri			Serious P.I	erious P.I. Fatal			Accident Civil C			Damage Assessment			ther		
Location Type					<u> </u>			<u> </u>							
20 - RESIDENCE/HO	ME														
Literal Description															
5624 SW 5TH PLACE	•														
Address					City				St			te Zip Code			
5624 SW 5TH PLACE					DES MOINES				I.			50315			
Is Date and Time of Incident Known? Incident			ncident Date or Low Range			Upper	Upper Date Range Inc			cident Time or Low Range			Upper Time Range		
YES				021					14:22						
STATUS OF OFFEND	ER/JUVENI	LE				•									
TAKEN INTO CU	TAKEN INTO CUSTODY			CUSTODY							IS TO A	APPEAR			
		1			JAILED					(Citation	1				
WARRANT REQUESTED						NO CONTACT ORDER				RELEAS	RELEASED TO				
			REQUESTED					PARENT/GUA			/GUARI	RDIAN			
NARRATIVE															
Narrative of Offense Com															
On or about the above st															
did knowingly expose hazard or danger by															
immediate life saving					a stolen	illeariii ii	i uleir pi	esence,	Surking	y and disability th	e 14 y	ear c	old Sibiling i	equiring	
VICTIM INFORMATIO					ially if N	CO is req	uested)								
Last First				-				Middle Suffix			Suffix	(			
Y			Description												
Business/Organization/St	tate/County/Mi	unicipal	lity Name							_					
Address					Ic	City				5	State	Zi	p		

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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

State all facts and persons relied upon supporting elements of alleged crime

On 4 September 2021 at approximately 14:22 hours Des Moines Police took a report of a shooting that had just occurred at 5624 SW 5th Place in the City of Des Moines. Officer responded and found a 14 year old male had suffered a gunshot wound to the head that required immediate medical attention. Also present were the victims 16 year old brother and 19 year old brother, Defendant Titan Chaney. Through the course of the investigation it was discovered that Defendant Titan Chaney had come to the home along with his girlfriend and his 1 month old son, who was also present and in the same room when this incident occurred. Defendant Titan Chaney was in possession of two stolen semiautomatic handguns he had recently stolen from an acquaintance. While at the residence and in a small bedroom with the other parties, Defendant Titan Chaney was handling the stolen firearms. While handling a firearm, the gun fired and struck the victim, Described in the head, causing the serious injury. Initially attempts were made to provide false statements about what had taken place by the parties involved and the firearms were initially hidden in a nearby wooded area. During the investigation the inconsistencies were discovered and ultimately resolved resulting in the recovery of the stolen firearms and a statement provided by the defendant admitting what had occurred. The firearms were found to have been reported stolen by the acquaintance shortly before this incident occurred and is consistent with Defendant Titan Chaney's admission of when and where he stole them from. The PCAO (Archer) was contacted and charges are being filed for Child Neglect in regards to the situation created by the defendant. The gunshot victim is stable in critical condition with non life threatening injuries once treatment was received.

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				Signa	Signature of Complainant or Officer, Officer Name & Number						
GENERAL PRO	OBABLE CAUSE										
Defendant Implica	ated										
	N ACT, 03 - ADMISSION/S		ENTS, 09 - NEAR SCENE	OF CRIME, 10	- POSSE	SSION/	DISPLAY/USE OF	DANGEROUS			
WEAPONS, 13 - CAUSED PERSONAL INJURY											
Operating Motor Vehicle in County			Other Physical Evidence			Attempted To Inflict Injury					
	STATE OF IOWA,		POLK COUNTY								
olA/	Subscribed and sworn to bef	fore me by	the person(s) signing the Co	mplaint and Affida	vit(s) on 09	/04/2021					
SEAL	Notary Name	NATAL	E P. CHIODO III	Signature of	ignature of Verifying Party						
	Commission Number	829178			Match P. YLLIII						
AWOI	My Commission Expires	12/28/2	023		Peace	Peace Officer Notary Prosecu					