

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: **IR23-583**Arrest Date: **07/24/2023**

## THE STATE OF IOWA

VS.

## OFFENDER

Last <b>DICKEY</b>		First <b>ADRIAN</b>		Middle <b>JEREMY</b>		Suffix	
Address <b>1415 PACKWOOD RD</b>				City <b>PACKWOOD</b>		State <b>IA</b>	Zip Code <b>52580</b>
DL# <b>882ZZ7149</b>	State <b>IA</b>	DL Class <b>C</b>	DL Endorsements <b>L</b>	DL Restrictions			
Date of Birth <b>10/23/1973</b>	Gender <b>MALE</b>	Race <b>WHITE - W</b>		Ethnicity <b>NOT OF HISPANIC ORIGIN - N</b>			
Height	Weight	Eye Color		Hair Color			

## VEHICLE

Year	Make	Model		Color		
VIN	CDL Req? <b>NO</b>	Pass End Req?	HazMat End Req?	Style		
Plate/Registration #		State <b>NO</b>	Year	US DOT Number	ICC/MC #	

## OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section <b>719.1(1)(B)</b>	Crime Description <b>INTERFERENCE WITH OFFICIAL ACTS</b>		Speed	in	Zone
Class <b>SMMS</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>13 - HIGHWAY/ROAD/ALLEY</b>								
Literal Description <b>QUINCY AVE</b>								
Address <b>3600 MILE OF QUINCY AVE</b>			City <b>CARNARVON</b>			State <b>IA</b>	Zip Code <b>51450</b>	
Is Date and Time of Incident Known? <b>YES</b>	Incident Date or Low Range <b>07/24/2023</b>		Upper Date Range		Incident Time or Low Range <b>16:15</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 knowingly resist or obstruct ____, known to be a peace officer, emergency medical care provider or fire fighter, or a person performing bailiff duties pursuant to section 602.1303, subsection 4 in the performance of his or her lawful duty
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AFFIDAVIT

STATE OF IOWA, SAC 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 July 24, 2023 I Sergeant Meyer was working Ragbri and there was a big party that had stopped in the middle of the road. The party had been there since 1442hrs and it was approximately 1610hrs when i had advised a subject to move on as we needed to open the road. The indiviual advised that he was not going to move. I advised him he needed to move on other wise he would be going to jail. He advised me to arrest him. I advised him that the road way down the road was open and then could go that way. He advised me that they where going on the trail. The subject kept arguing with me about what he was going to do. I placed the subject under arrest. The male was identified as Adrian Dickey. Dickey was transported to the Sac County Jail and charged with interference with official acts.

*Jonathan C Meyer*

MEYER, JONATHAN 81-3

Signature of Complainant or Officer, Officer Name & Number

STATE OF IOWA, SAC COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 07/24/2023		Signature of Verifying Party
	Notary Name	<b>JULIE LIETZ</b>	
	Commission Number	<b>828772</b>	
	My Commission Expires	<b>12/07/2023</b>	
		<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney	