

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: **2020004185**

Arrest Date: **06/29/2020**

THE STATE OF IOWA

VS.

OFFENDER

Last REINHOLZ		First JOSEPH		Middle MATTHEW		Suffix III	
Address 29 GOLDFINCH CIR				City IOWA CITY		State IA	Zip Code 52245-0000
DL# 545AG0898	State IA	DL Class C	DL Endorsements		DL Restrictions		
Date of Birth 10/15/1965	Gender MALE		Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N		
Height 5' 05"	Weight 218 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 724.30(4)	Crime Description RECKLESS USE OF FIREARM		Speed	in	Zone
Class SMMS			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 SCOTT/ROCHESTER								
Address SCOTT BLVD/ROCHESTER				City IOWA CITY		State IA	Zip Code 52240	
Is Date and Time of Incident Known? YES		Incident Date or Low Range 06/29/2020		Upper Date Range		Incident Time or Low Range 19:22		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
discharge a firearm in a reckless manner

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


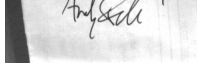
State all facts and persons relied upon supporting elements of alleged crime

On the above date and time, the def was involved in a road rage incident with 2 other people. The def came to a stop at the above location and waived his firearm at the other party. During that action, the def accidentally discharged his firearm. The def stated that he never suspected the other party to have a firearm and also never saw a firearm. The def stated he waived his firearm to get them to "go home" Shell casing from the discharge was located at the scene.

BUNCH, TRAISHONDUS 63

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 06/29/2020	
	Notary Name	Signature of Verifying Party
	Commission Number	
	My Commission Expires	<input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney