

This Complaint is to be:

- Filed with Court Clerk (cc: CA)
- Submitted to County Attorney
- Filed with JCO - Defendant is a Juvenile

Agency Case Number: 19027224
 Arrest Date: _____

THE STATE OF IOWA

vs.

OFFENDER

| | | | | | | |
|-----------------------------|--------|------------------|---------------|--------|-------------|-------------------|
| Last Dorsey | | First Alison | | Middle | Suffix | |
| Address 1005 Locust St. | | | City Anita | | State IA | Zip Code 50020 |
| Date of Birth 09/12/1983 | | Gender female | Race white | | Ethnicity | |
| State | Height | Weight | Eye Color | | Hair Color | |

OFFENSE

| | | | | | | |
|--|--------------------------|--|-----------------|-------------------------------|----------------------------|-------------------|
| State | County | Local | Code Section | Crime Description | Class | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 707.2(e) | Murder 1 st Degree | Class 'A' Felony | |
| Location Type | | | | | | |
| Literal Description Daycare | | | | | | |
| Address 408 Pine St. | | | City Massena | | State IA | Zip Code 50853 |
| Is Date and Time of Incident Known? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | | Incident Date or Low Range 10/07/2019 | | Upper Date Range | Incident Time or Low Range | Upper Time Range |

STATUS OF OFFENDER/JUVENILE

| | | |
|--|--|---|
| TAKEN INTO CUSTODY <input type="checkbox"/> | CUSTODY <input type="checkbox"/> JAILED <input type="checkbox"/> Other: | SUMMONS TO APPEAR <input type="checkbox"/> (Citation Issued) |
| WARRANT REQUESTED <input checked="" type="checkbox"/> | NO CONTACT ORDER REQUESTED <input type="checkbox"/> | RELEASED TO PARENT/GUARDIAN <input type="checkbox"/> |

JUVENILE

| | | | | | |
|-----------------------------|--|------------------------------|--------------|-------------------------------|--------------|
| Parent/Guardian Name - Last | | Parent/Guardian Name - First | | Parent/Guardian Name - Middle | |
| Address | | City | State | Zip Code | Phone Number |
| Juvenile's School | | | Release Date | | Release Time |

COURT APPEARANCE

| | | |
|------|------|------------------------|
| Date | Time | Defendant's signature: |
|------|------|------------------------|

NARRATIVE

707.1 Murder defined. A person who kills another person with malice aforethought either express or implied commits murder.

707.2 Murder in the first degree 1. A person commits murder in the first degree when the person commits murder under any of the following circumstances: (e) The person kills a child while committing child endangerment under section 726.6, subsection 1, paragraph "b", or while committing assault under section 708.1 upon the child, and the death occurs under circumstances manifesting an extreme indifference to human life.

STATE OF IOWA, CASS - 15
 COUNTY


I, the undersigned, being duly sworn, that all facts contained in this 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 October 7th, 2019, LH (birthdate: 07/22/19) was dropped off at a daycare located at 408 Pine Street, Massena, in Cass County, IA. The owner/operator of this daycare is ALISON DORSEY. LH's father, Nicholas Hodges advised that he dropped off LH at approximately 7:48am, and LH was a normal, healthy baby at the time of drop off. LH's mother, Kaitlin Hodges also advised that she sent a normal, healthy baby with Nicholas Hodges to daycare on the morning of October 7th, 2019. Nicholas Hodges advised that he received a phone call from ALISON DORSEY just before 11:00am on October 7th, to tell him that LH wasn't breathing right and wouldn't eat. Nicholas Hodges advised that he only works a few blocks away and so he left work to go to DORSEY's daycare to help feed LH. Nicholas Hodges advised that ALISON DORSEY answered the door while holding LH in her arms. Nicholas Hodges stated that LH looked grey and didn't appear to be breathing. Nicholas Hodges advised that he immediately started CPR and told ALISON DORSEY to call 911. LH was subsequently transferred to Children's Hospital in Omaha, NE.

It was discovered that LH had severe brain hemorrhages, retinal hemorrhages and retinal tearing. LH died as a result of the brain hemorrhaging on October 8th, 2019 at approximately 9:10pm at Children's Hospital in Omaha, NE. Doctors with Children's Hospital advised that LH's injuries are consistent with "shaken baby syndrome". The doctors with Children's Hospital explained LH had injuries that appeared to be the result of inflicted abusive head trauma. Doctors at Children's Hospital explained that the injuries LH had are too severe to be caused by a fall off a table or by another child. In the doctors' written assessments, it states, "In a child with injuries this severe, he would have near-immediate symptoms after his injury". The doctors also informed us that with the injuries LH had, he would not have been able to eat or be attentive after the injuries occurred.


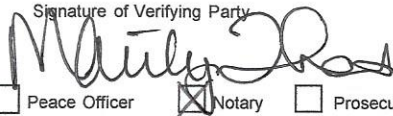

On October 7th, 2019, ALISON DORSEY was the only adult providing care for LH at the daycare from when he was dropped off at approximately 7:48am till Nicholas Hodges arrived and DORSEY called 911 at approximately 11:04am.



Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

| | | |
|-----------------------------------|-------------------------|-----------------------------|
| Defendant Implicated | | |
| 00 - | | |
| 00 - | | |
| 00 - | | |
| 00 - | | |
| Operating Motor Vehicle in County | Other Physical Evidence | Attempted To Inflict Injury |

| | | | |
|--|---|--|--|
|  | Subscribed and sworn to before me by the person(s) signing the Complaint & Affidavit(s) on: | | Signature of Verifying Party  |
| | Notary Name | <div style="border: 1px solid black; padding: 5px; text-align: center;">  MARILYN THORNTON Commission Number 706133 My Commission Expires 10/2/21 </div> | |
| | Commission Number | | |
| | My Commission Expires | | |