

This Complaint and Affidavit is to be:

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

Form Number: **1 OF 4**

Arrest Date: _____

THE STATE OF IOWA

VS.

OFFENDER

Last ZANTJER		First DAISY		Middle ROBERT		Suffix	
Address 705 N WASHINGTON STREET				City PLEASANTVILLE		State IA	Zip Code 50225
DL# 752YY0551	State IA	DL Class C	DL Endorsements		DL Restrictions		
Date of Birth 04/09/1985	Gender FEMALE		Race UNKNOWN - U		Ethnicity UNKNOWN - U		
Height 5' 03"	Weight 130 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 708.5	Crime Description ADMINISTERING HARMFUL SUBSTANCES			Speed	in	Zone
Class FELD			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input checked="" type="checkbox"/>			
Location Type 20 - RESIDENCE/HOME									
Literal Description WASHINGTON ST									
Address 705 N WASHINGTON STREET				City PLEASANTVILLE			State IA	Zip Code 50225	
Is Date and Time of Incident Known? NO		Incident Date or Low Range 07/01/2023		Upper Date Range 07/31/2023		Incident Time or Low Range 12:00		Upper Time Range 12:00	

STATUS OF OFFENDER/JUVENILE

<input type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input checked="" 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 administer a harmful substance, to-wit: tetrahydrozoline hydrochloride, to her husband Allan Zantjer

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last ZANTJER		First DAISY		Middle ROBERT		Suffix	
Business/Organization/State/County/Municipality Name							
Address 705 N WASHINGTON STREET				City PLEASANTVILLE		State IA	Zip 50225

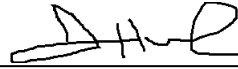
AFFIDAVIT

STATE OF IOWA, MARION 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



Daisy Zantjer did admit during an interview to administering a harmful substance, on two separate occasions, called tetrahydrozoline hydrochloride to her husband Allan Zantjer, in July of 2023.



HUMMEL, JOSHUA I130

Signature of Complainant or Officer, Officer Name & Number

STATE OF IOWA, MARION COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 07/30/2024	
	Notary Name	KRISTINE L LINK Signature of Verifying Party
	Commission Number	830162 
	My Commission Expires	02/14/2026 <input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney

IN THE IOWA DISTRICT COURT FOR MARION COUNTY

STATE OF IOWA,**Plaintiff,****vs.****DAISY ANNE ZANTJER,****Defendant.**

CASE NO. 05631 FECR033498**ORDER TO ISSUE WARRANT**

A complaint and affidavit having been filed charging the Defendant with having committed the offense of
01 - 708.5 - ADMINISTERING HARMFUL SUBSTANCES
02 - 708.5 - ADMINISTERING HARMFUL SUBSTANCES
it is hereby Ordered that a Warrant shall issue for the Defendant's arrest.

I read and have determined from the complaint that there is probable cause to believe that the above-named defendant committed the above-named public offense.

No bond until Initial Appearance.

5RCR15



State of Iowa Courts

Case Number
FECR033498
Type:

Case Title
STATE OF IOWA VS. ZANTJER, DAISY ANNE
ORDER TO ISSUE WARRANT

So Ordered

Steven Guiter, District Associate Judge,
Fifth Judicial District of Iowa

Electronically signed on 2024-07-30 16:49:44

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

This Complaint and Affidavit is to be:

- Filed with Court Clerk (cc: CA)
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Form Number: **24017278**Arrest Date: **07/30/2024****THE STATE OF IOWA**

VS.

OFFENDER

Last ZANTJER		First DAISY		Middle	Suffix
Address 705 N WASHINGTON STREET			City PLEASANTVILLE		State IA Zip Code 50225
DL# 752YY0551	State IA	DL Class C	DL Endorsements	DL Restrictions	
Date of Birth 04/09/1985	Gender FEMALE	Race ASIAN/PACIFIC ISLANDER - A		Ethnicity NOT OF HISPANIC ORIGIN - N	
Height 5' 03"	Weight 130 LBS	Eye Color BROWN - BRO		Hair Color BROWN - BRO	

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 708.5	Crime Description ADMINISTERING HARMFUL SUBSTANCES		Speed	in	Zone
Class FELD			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 20 - RESIDENCE/HOME								
Literal Description WASHINGTON ST								
Address 705 N WASHINGTON STREET			City PLEASANTVILLE			State IA	Zip Code 50225	
Is Date and Time of Incident Known? NO		Incident Date or Low Range 07/01/2023		Upper Date Range 07/31/2023		Incident Time or Low Range 12:00		Upper Time Range 12:00

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 checked="" 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 administer a harmful substance, to-wit: ____, to ____

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last ZANTJER		First ALLAN		Middle ROBERT	Suffix
Business/Organization/State/County/Municipality Name					
Address 705 N WASHINGTON STREET			City PLEASANTVILLE		State IA Zip 50225

AFFIDAVIT

STATE OF IOWA, MARION 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 or about the above date and time, the Defendant, Daisy Zantjer did administer a harmful substance known as Tetrahydrozoline to her husband, Allan Zantjer.

Joe Mrstik

MRSTIK, JOE

27-1

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

03 - ADMISSION/STATEMENTS


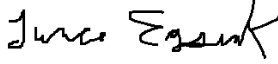
Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

STATE OF IOWA,

MARION COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 07/30/2024	
	Notary Name	EYSINK, LANCE
	Commission Number	829452
	My Commission Expires	01/13/2027
		Signature of Verifying Party  <input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney

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

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Form Number: **24017278**Arrest Date: **07/30/2024**

THE STATE OF IOWA

VS.

OFFENDER

Last ZANTJER		First DAISY		Middle	Suffix
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DL# 752YY0551	State IA	DL Class C	DL Endorsements	DL Restrictions	
Date of Birth 04/09/1985	Gender FEMALE	Race ASIAN/PACIFIC ISLANDER - A		Ethnicity NOT OF HISPANIC ORIGIN - N	
Height 5' 03"	Weight 130 LBS	Eye Color BROWN - BRO		Hair Color BROWN - BRO	

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 708.2A(2)(B)	Crime Description DOMESTIC ABUSE ASSAULT- INJURY OR MENTAL ILLNESS - 1ST		Speed	in	Zone
Class SRMS			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
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Literal Description WASHINGTON ST								
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<input type="checkbox"/> WARRANT REQUESTED	<input checked="" 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 a domestic assault against Allan Zantjer, causing bodily injury

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last ZANTJER		First ALLAN		Middle ROBERT	Suffix
Business/Organization/State/County/Municipality Name					
Address 705 N WASHINGTON STREET			City PLEASANTVILLE		State IA Zip 50225

AFFIDAVIT

STATE OF IOWA, MARION 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

One of two charges: On or about the above stated date and time, the Defendant committed domestic assault against Allan Zantjer, causing injury to him by giving him Tetrahydrozoline in his drink without his knowledge.

Joe Mrstik

Mrstik, Joe

27-1

Signature of Complainant or Officer, Officer Name & Number


GENERAL PROBABLE CAUSE

Defendant Implicated 03 - ADMISSION/STATEMENTS		
Operating Motor Vehicle in County	Other Physical Evidence	Attempted To Inflict Injury

DOMESTIC ABUSE

Relationship 1 - MARRIED

STATE OF IOWA, MARION COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 07/30/2024	
	Notary Name EYSINK, LANCE	Signature of Verifying Party <i>Lance Eysink</i>
	Commission Number 829452	
	My Commission Expires 01/13/2027	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney

IN THE IOWA DISTRICT COURT IN AND FOR
MARIONCOUNTY

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Arrest Date: **07/30/2024**

THE STATE OF IOWA

VS.

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OFFENSE

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<input type="checkbox"/> WARRANT REQUESTED	<input checked="" 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 a domestic assault against Allan Zantjer, causing bodily injury

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last ZANTJER		First ALLAN		Middle ROBERT	Suffix
Business/Organization/State/County/Municipality Name					
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AFFIDAVIT

STATE OF IOWA, MARION COUNTY

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

Two of two charges:

On or about the above stated date and time, the Defendant committed domestic assault against Allan Zantjer, causing injury to him by giving him Tetrahydrozoline in his drink without his knowledge



Mrstik, Joe

27-1

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

03 - ADMISSION/STATEMENTS

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury


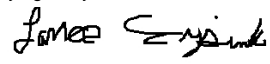
DOMESTIC ABUSE

Relationship

1 - MARRIED

STATE OF IOWA,

MARION COUNTY

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	Notary Name EYSINK, LANCE	Signature of Verifying Party 
	Commission Number 829452	
	My Commission Expires 01/13/2027	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney