

E-FILED 2026 SEP 10 1:48 PM POLK - CLERK OF DISTRICT COURT
IN THE IOWA DISTRICT COURT IN AND FOR
POLK 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

Form Number: **26-03556**

Arrest Date: _____

THE STATE OF IOWA

VS.

OFFENDER

Last GELETTA		First ADDIS		Middle WILLIAM		Suffix	
Address 3921 WOODLAND AVE APT#12				City WEST DES MOINES		State IA	Zip Code 50266
DL# [REDACTED]	State IA	DL Class C	DL Endorsements		DL Restrictions		
Date of Birth [REDACTED]	Gender MALE	Race BLACK - B		Ethnicity NOT OF HISPANIC ORIGIN - N			
Height 5' 09"	Weight 160 LBS	Eye Color BROWN - BRO		Hair Color BLACK - BLK			

OFFENSE

State ☒ County ☐ Local ☐	Code Section 726.6(7)	Crime Description CHILD ENDANGERMENT - SERIOUS INJURY		Speed	in	Zone
Class FELC		Serious P.I. ☐	Fatal Accident ☐	Civil Damage Assessment ☐	Other ☐	
Location Type 25 - OTHER/UNKNOWN						
Literal Description METHODIST HOSPITAL, 1200 PLEASANT STREET, DES MOINES, IOWA 50309						
Address 1200 PLEASANT STREET		City DES MOINES		State IA	Zip Code 50309	
Is Date and Time of Incident Known? NO	Incident Date or Low Range 08/28/2026	Upper Date Range 08/28/2026	Incident Time or Low Range 09:00	Upper Time Range 12:55		

STATUS OF OFFENDER/JUVENILE

☐ TAKEN INTO CUSTODY	CUSTODY	☐ SUMMONS TO APPEAR (Citation Issued)
☒ WARRANT REQUESTED	☒ NO CONTACT ORDER REQUESTED	☐ RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did
being a parent, guardian, or person having custody or control over a child, or a person who is a member of the household in which a child
resides, commit child endangerment by intentionally using unreasonable force, torture, or cruelty, resulting in physical injury, intended to
cause serious injury or causing substantial mental or emotional harm to A.G. resulting in serious injury

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

Last A.G.	First	Middle	Suffix
Business/Organization/State/County/Municipality Name			
Address		City	State Zip

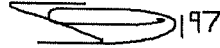
AFFIDAVIT

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 belief that the defendant committed this crime

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

On August 28, 2026, while the defendant's two-month-old infant was under the specialized care of pediatric medical staff at Blank Children's Hospital, located at 1200 Pleasant Street, Des Moines, Polk County, Iowa, the defendant engaged in an act of severe, intentional, and malicious physical abuse. Exploiting a brief absence of hospital personnel, the defendant perpetrated a violent physical assault upon his defenseless infant child, inflicting a catastrophic full femoral fracture to the victim's leg. Following this assault, the defendant demonstrated a consciousness of guilt by actively constructing a fraudulent narrative and fabricating a series of deceptive statements to conceal his illicit conduct. The defendant persistently maintained this falsehood until his denials were utterly dismantled when investigators confronted him with irrefutable, contrary medical evidence, at which point he finally conceded the veracity of the allegations. Furthermore, a comprehensive skeletal survey conducted by medical experts exposed a prolonged, horrific pattern of systemic physical torture and egregious neglect. This examination revealed multiple chronic, pre-existing fractures in varying stages of healing located on the victim's right tibia, right fibula, and left distal tibia unequivocal diagnostic proof of prior, repeated occasions of severe, non-accidental, and untreated trauma inflicted upon the vulnerable infant while in the defendant's alleged care.



BECKER, STEPHEN

0197

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

03 - ADMISSION/STATEMENTS, 07 - IDENTIFIED BY WITNESSES, 08 - CRIME OBSERVED BY OFFICERS, 09 - NEAR SCENE OF CRIME, 13 - CAUSED PERSONAL INJURY, 14 - OTHER PHYSICAL EVIDENCE

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

MEDICAL RECORDS

STATE OF IOWA,

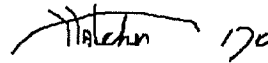
POLK COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 09/10/2026

Notary Name **JASON EDWARD HATCHER**

Signature of Verifying Party

Commission Number **822319**My Commission Expires **11/19/2028**

☐ Peace Officer ☒ Notary ☐ Prosecuting Attorney