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	First	Middle	Suffix
GELETTA	ADDIS	WILLIAM	

Address	City	State	Zip Code
3921 WOODLAND AVE APT#12	WEST DES MOINES	IA	50266

DL#	State	DL Class	DL Endorsements	DL Restrictions
[redacted]	IA	C		

Date of Birth	Gender	Race	Ethnicity
[redacted]	MALE	BLACK - B	NOT OF HISPANIC ORIGIN - N

Height	Weight	Eye Color	Hair Color
5' 09"	160 LBS	BROWN - BRO	BLACK - BLK

OFFENSE

State	County	Local	Code Section	Crime Description	Speed	in Zone
☒	☐	☐	726.6(7)	CHILD ENDANGERMENT - SERIOUS INJURY		

Class	Serious P.I.	Fatal Accident	Civil Damage Assessment	Other
FELC	☐	☐	☐	☐

Location Type: **25 - OTHER/UNKNOWN**

Literal Description: **METHODIST HOSPITAL, 1200 PLEASANT STREET, DES MOINES, IOWA 50309**

Address	City	State	Zip Code
1200 PLEASANT STREET	DES MOINES	IA	50309

Is Date and Time of Incident Known?	Incident Date or Low Range	Upper Date Range	Incident Time or Low Range	Upper Time Range
NO	08/28/2026	08/28/2026	09:00	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	First	Middle	Suffix
A.G.			

Business/Organization/State/County/Municipality Name

Address	City	State	Zip
[redacted]			

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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 tibiaunequivocal 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.

0197 **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 **MEDICAL RECORDS**	Attempted To Inflict Injury

STATE OF IOWA, **POLK COUNTY**

NOTARIAL SEAL IOWA

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**

Commission Number **822319**

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

Signature of Verifying Party

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☐ Peace Officer ☒ Notary ☐ Prosecuting Attorney