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.....
Date April 7, 2008

**PUBLIC HEARING ON TAXICAB
 LICENSE APPLICATION OF TIM BAYLES**

WHEREAS, Tim Bayles, 1101 Crocker, #626, filed an application for a license to drive a taxicab in the City of Des Moines and the Department of Traffic and Transportation rejected said application; and

WHEREAS, Mr. Bayles requested an opportunity to address the City Council on the matter of his application; and

WHEREAS, Mr. Bayles has been provided with the opportunity to address the City Council on the matter of his application for a license to drive a taxicab; and

WHEREAS, Tim Bayles' conviction for Theft in the 5nd degree disqualifies him under Des Moines Municipal Code § 126-218(a)(2)(i) & (iv) regarding qualifications for taxicab license issuance; NOW, THEREFORE,

BE IT RESOLVED (Choose one of the two alternatives):

_____ Alternative One: That Mr. Tim Bayles' application for license to drive a taxicab in the City of Des Moines be and is hereby denied.

MOVED BY _____ TO DENY LICENSE.

_____ Alternative Two: That Mr. Tim Bayles' application for license to drive a taxicab in the City of Des Moines be and is hereby granted.

MOVED BY _____ TO GRANT LICENSE.

FORM APPROVED:

K. Massier
 Katharine Massier
 Assistant City Attorney

| COUNCIL ACTION | YEAS | NAYS | PASS | ABSENT |
|----------------|------|------|------|--------|
| COWNIE | | | | |
| COLEMAN | | | | |
| HENSLEY | | | | |
| KIERNAN | | | | |
| MAHAFFEY | | | | |
| MEYER | | | | |
| VLASSIS | | | | |
| TOTAL | | | | |

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

MOTION CARRIED APPROVED

_____ Mayor

_____ City Clerk

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February 21, 2008

Tim Bayles
1101 Crocker, # 626
Des Moines, IA 50309

RE: Taxi Driver's License

Dear Mr. Bayles:

Please be advised that based upon a recommendation of the Des Moines Police Department, I have denied your application for a Taxi Driver's License. This denial is based on your driving and criminal record, which does not meet the requirements for obtaining a Taxi Driver's License.

According to the Police Department records, the following activity occurred:

Driving Record:
02/28/2005 Suspended for Non-Payment of Iowa Fine

Criminal Record:
03/01/04 Arrested and pled guilty to Theft 5th

This record does not meet the requirements as required by the City of Des Moines Municipal Code. Therefore, your application for a Taxi Driver's License is denied under Municipal Code Section 126-218 (a-1, ii) and (a-2, i). A copy of this section of the code is enclosed for your information.

If you desire to appeal this matter, you may request a hearing before the Des Moines City Council by filing a written appeal with the City Clerk within ten (10) days of receiving this letter. If you do appeal this matter, your background information will be provided to the City Council and you must appear at the designated hearing for your appeal to be considered. You must also provide a letter from the Taxi Company that they will allow you to drive for them.

Sincerely,

Gary L. Fox
Gary L. Fox
City Traffic Engineer

GLF/jag
Enclosure
cc: Jeb Brewer, City Engineer
Katharine Massier, Legal Dept.
Steven Silver, Police Dept.
Diane Rauh, City Clerk



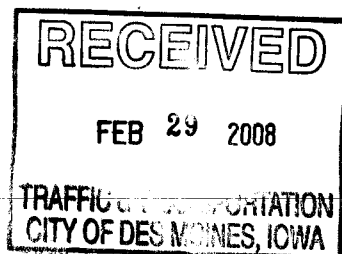
ENGINEERING DEPARTMENT

TRAFFIC & TRANSPORTATION
DIVISION--ARMORY BUILDING
602 ROBERT D. RAY DRIVE
DES MOINES, IOWA 50309-1891

(515) 283-4973
FAX (515) 237-1640

ALL-AMERICA CITY
1949, 1976, 1981
2003

53



Diane Rauh
City Clerk
City Hall
400 Robert D. Ray Drive
Des Moines, IA 50309

I request a hearing before the City Council to appeal the decision of the City Traffic Engineer to deny my Taxicab License application, as outlined in Section 126-218 of the Municipal Code. I understand I must provide a letter from the Taxicab Company stating that they will allow me to drive for them and will provide dispatch service to me.

Name Tim C. Bayles
Address 1101-Crocker #626
Phone 515-282-5561
Date 2-27-08

Tim Bayles
Signature

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City of Des Moines, Iowa
Office of
Des Moines Police Department
Community Outreach and Protective Services Section
Traffic Unit

To: Gary Fox
Traffic and Transportation

Date: 19 February 2008

From: Steven Silver
Traffic Communications Officer
Traffic Unit

Subject: Taxicab License
Tim Bayles

This application was received in my office for processing on January 16, 2008. After reviewing the application I found Mr. Bayles's Iowa driver's license was classified as a Class "C" license, which does not meet the requirements to operate a taxicab. A review of Mr. Bayles's driving record with in five (5) years preceding this application revealed the following:

2/28/2005 Suspended Non-Payment of Iowa Fine

A review of Mr. Bayles's Iowa/Local criminal record reflected with in ten (10) years preceding this application the following activity occurred.

03/01/2004 Arrested and pled guilty on a charge of Theft 5th degree in reference to driving off from a gas station without paying for his gas. Mr. Bayles was sentenced to 1 day jail confinement, payment of fine, all cost and to make restitution to Kum & Go in the amount of \$10.

On January 16, 2008, I contacted Mr. Bayles about his driver's license and arrest for Theft 5th degree. Mr. Bayles brought in the supporting document on the theft charge and advised he would update his driver's license and bring it in so I could update his IDOT document.

I advised Mr. Bayles his application was going to be rejected because of the criminal activity and his current driver's license. I explained the appeal process to him and encouraged him to bring in an updated license. As of February 19, 2008, Mr. Bayles has not made any attempt to produce the information I have requested.

In addition this application needs to be dated along side of Mr. Bayles signature.

This application is being denied under City of Des Moines ordinance 126-218 (a-1, ii, & a-2, i, iv) (b-1).


Steven Silver

RECEIVED
FEB 20 2008
TRAFFIC & TRANSPORTATION
CITY OF DES MOINES, IOWA

Gary - for your review please.

CITY OF DES MOINES, IOWA
Office of
TRAFFIC AND TRANSPORTATION

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D STB ID
Jan 15, 2007

TO: Officer Steve Silver
DMPD Traffic Unit

DATE: Jan 15, 2007

FROM: Gary L. Fox,
City Traffic Engineer

SUBJECT: Taxicab/Limousine
Drivers License
Records Check

NEW RENEWAL

Please run a record check, both criminal and driving on:

NAME Jim C. Bayles
S.S. [REDACTED]
D.L. 144 AC 5638
B.D. 09/24/1954
ADD 1101 Crocker # 626
Des Moines, IA 50309

(RETURN BY MAIL COURIER)

Gary L. Fox,
City Traffic Engineer

GLF/jag

Attachment

ID ISSUED DATE

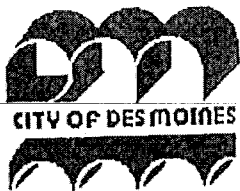
RECEIPT NO. 08-12605

AMOUNT \$ 40.00

DATE 1/15/08

CAB COMPANY

CAB OWNER



CITY OF DES MOINES

APPLICATION FOR LICENSE TO DRIVE A TAXICAB/LIMOUSINE

Name Bayles Tim C
(Last) (First) (Middle)

Address 1101-Crocker #626
DM, Ia 50309
(City, State & Zip Code) (Phone Number)

Date of Birth: 9-24-54 Driver's License No.: [REDACTED] Class: C Exp. Date: 9-24-12

Weight: 175 Height: 5'7" Color of Hair: Brn Color of Eyes: Brn

Have you ever been licensed as a City of Des Moines Taxi/Limo Driver? Yes When? 1971-?

Years of experience driving an automobile. 39 Taxi/Limo: 17

Have you ever had your driver's license suspended/revoked? Yes If so, when? 1995-?

Give reason(s) for suspension/revocation. O.W.T.

List all convictions for traffic violations for which your license was suspended/revoked during the last five (5) years.
0

List all convictions for criminal offenses other than traffic offenses during the last ten (10) years.
0

| EMPLOYMENT RECORD: | | | EDUCATION RECORD: | |
|--------------------|------|---|-----------------------|--------------------------------|
| From | To | Employer's Name and Address | School | Circle Highest Grade Completed |
| 5/05 | 8/07 | Mike Stocker Home Imprament 341-E Titus DM, Ia | School | |
| 5/01 | 2/05 | Per Mar Security 720-E. 2 ND DM, Ia | Elementary | 1 2 3 4 5 6 7 8 |
| 10/00 | 4/01 | Summer Place Apts 5209-SW 9TH DM, Ia | High School | 9 10 11 12 G.E.D |
| 9/99 | 9/00 | Wildwood Lodge 11400-Forest, Clive Ia | College | 1 2 3 4 5 6 |
| 2/99 | 9/99 | Shelterwood Window 4100 Dixson DM Ia | Trade School Other | 1 2 3 4 |

HEALTH RECORD:
 List any physical impairments or disability that would affect your ability to drive. 0

List any current medications or medical conditions for the past five (5) years which might affect your ability to drive:
0

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City of Des Moines
Traffic and Transportation

APPLICATION FOR LICENSE TO DRIVE A TAXICAB/LIMOUSINE IN THE CITY OF DES MOINES

Page 2

REFERENCES (persons known by you for at least one year):

- Name Dean Courtner Phone No. 515 975 3556
Address 4700-SE 4TH DM, Ia
- Name Becky Cook Phone No. 515 285 0953
Address 411-Wall DM, Ia
- Name Karmyn Stocker Phone No. 515 256 0868
Address 340-E Titus DM, Ia

I hereby agree that if a license to drive a Taxicab/Limousine is issued to me that I will conform with all ordinances, rules and regulations governing Taxicab/Limousines and their drivers of the City of Des Moines.

I hereby swear that I am the individual making the foregoing application for a Taxicab/Limousine License and that the answers to the foregoing questions and other statements contained herein are true to the best of my knowledge and belief.

2/19/08
(Date) [Signature]
(Applicant's Signature)

Having been duly designated by the Chief of Police of the City of Des Moines for the purpose, I hereby certify that I have examined the applicant's arrest and traffic records. After careful examination, I hereby recommend that the applicant's request for a license to drive a Taxicab/Limousine be:

APPROVED REJECTED

2/19/08
(Date) [Signature] #4593
(Authorized Representative, Chief of Police)

| | |
|-----------------|--|
| Receipt Number: | |
| Date: | |
| Amount: | |
| Badge Number: | |
| Company: | |
| Owner: | |

Application for License: REJECTED
 APPROVED

2/20/08
(Date) [Signature]
(City Traffic Engineer)



State of Iowa
 Division of Criminal Investigation
 215 E 7th St
 Des Moines IA 50319
 Ph. 515-725-6066 Fax 515-725-6080



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Iowa Criminal History Record Check
 Walk-In Request

| | |
|----------------|-------------------|
| Your name | Tim C. Bayles |
| Address | 1101-Crocker #626 |
| City/State/Zip | DM Ia 50309 |
| Phone# | 515 282 5561 |

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

| | | |
|--|--|--|
| Last Name <i>Apellido</i> (mandatory) | First Name <i>Primer Nombre</i> (mandatory) | Middle Name <i>Segundo Nombre</i> (recommended) |
| Bayles | Tim | Carl |
| Date of Birth <i>Fecha Nacimiento</i> (mandatory) | Gender <i>Genero</i> (mandatory) | Social Security Number (recommended) |
| 9-24-54 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | [REDACTED] |
| Waiver Signature <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.) | | |
| [Signature: Tim Bayles] | | |

DCI USE ONLY

Results

As of 1-15-08, a name and date of birth check revealed:

No record found

Record attached, DCI # 502232

DCI initials js

Receipt

Number of requests 1 x \$10.00 per last name = Total amount \$ 10.00

Method of payment: cash money order check # _____

MasterCard or Visa # _____ Exp. Date _____

Cardholder's name _____

DCI initials js

IOWA CRIMINAL HISTORY
MISDEMEANOR CONVICTIONS ONLY

DCI 00502232
PAGE 1 OF 2
DATE PRINTED-
2008/01/15

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DCI:00502232

NAME: BAYLES, TIM

BAYLES, TIMOTHY CARL

| DOB | SEX | RAC | HGT | WGT | EYE | HAIR | SKN | POB |
|----------|-----|-----|-----|-----|-----|------|-----|-----|
| 19540924 | M | W | 508 | 148 | BRO | BLK | | IA |
| 19640924 | | | | | | | | |

ADDITIONAL IDENTIFIERS

TAT L ARM

CCH RECORD ***

01 ARRESTED 19950726

AGENCY: IA0250000 DALLAS CO SO
CHARGE NO- 01 IA STATUTE IA321J-2
OWI 1ST OFFENSE
TRK#: 015077001

COURT DISPOSITION

AGENCY: IA025015J DALLAS CO DIST COURT
COUNT NO- 01 IA STATUTE IA321J-2
OWI 1ST OFF
CHARGE CLASS: MISDEMEANOR CONVICTION
TRK#: 015077001

| SENTENCE | | DISP EFF DAT |
|----------------|-----------------|--------------|
| SUSPENDED JAIL | 28D | 19950928 |
| JAIL | 30D | 19950928 |
| FINE | \$500 | 19950928 |
| | \$250 SUSPENDED | |
| PROBATION | 1Y | 19950928 |

02 ARRESTED 19960410

AGENCY: IA0250000 DALLAS CO SO
CHARGE NO- 01 IA STATUTE IA321A-32
DRIVING WHILE REVOKED
TRK#: 024607201

COURT DISPOSITION

AGENCY: IA025015J DALLAS CO DIST COURT
COUNT NO- 01 IA STATUTE IA321A-32
DRIVING WHILE REVOKED
CHARGE CLASS: MISDEMEANOR CONVICTION
TRK#: 024607201

| SENTENCE | | DISP EFF DAT |
|-----------|-------|--------------|
| FINE | \$250 | 19960517 |
| PROBATION | 1Y | 19960517 |
| SUSPENDED | 30D | 19960517 |

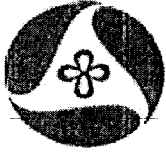
AN ARREST WITHOUT DISPOSITION IS NOT AN INDICATION OF GUILT. THIS RECORD MAINTAINED BY THE IOWA DIVISION OF CRIMINAL INVESTIGATION, BUREAU OF IDENTIFICATION IS A PUBLIC RECORD BUT CAN ONLY BE RELEASED TO NON-LAW ENFORCEMENT AGENCIES BY THE DCI. IN THE ABSENCE OF FINGERPRINTS FOR POSITIVE IDENTIFICATION THIS RECORD IS

BASED ON INFORMATION FURNISHED. WE CANNOT CONFIRM OR DENY THAT THE RECORD
COVERS THE SUBJECT OF YOUR INQUIRY.
DIVISION OF CRIMINAL INVESTIGATION

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js

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Iowa Department of Transportation

Office of Driver Services
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121
515-244-9124
FAX: 515-239-1837

Certified Abstract of Driving Record

| | | |
|---|------------------------------------|-------------------------------------|
| Inquiry Date: 1/15/2008 | DL/ID #: 144AC5638 (IA) | Customer #: 2782067 |
| Name: Bayles, Timothy Carl | Class: C | ID Status: None |
| Address: 1101 Crocker Apt 626 | Audit #: 1445638 | DL Status: VAL |
| | Issue Date: 08/22/2007 | CDL Status: None |
| City/State: Des Moines, IA 50309 | Expiration Date: 09/24/2012 | Restriction Supplement: None |
| | Endorsements: NONE | |
| Mailing Address: 1101 Crocker Apt 626 | Restrictions: NONE | |
| | Date of Birth: 9/24/1954 | |
| Mailing City/State: Des Moines, IA 50309 | Sex: M | |

History Information

Convictions

| Citation Date | Conviction Date | ACD | Explanation | County | JUR |
|---------------|-----------------|-----|-----------------------|--------|-----|
| 07/07/2004 | 08/13/2004 | | No Insurance Card | 77 | IA |
| 06/23/2006 | 07/17/2006 | | Improper Registration | 77 | IA |
| 01/19/2007 | 02/19/2007 | | Improper Registration | 77 | IA |
| 02/03/2007 | 03/19/2007 | | Improper Registration | 77 | IA |

Sanctions

| Type | Effective | End | ACD | Explanation | JUR |
|-----------|------------|------------|-----|------------------------------|-----|
| Suspended | 02/28/2005 | 04/06/2005 | D53 | Non-Payment of Iowa Fine | IA |
| Suspended | 08/25/2005 | 11/09/2005 | D51 | Non-Payment of Child Support | IA |

Name: Bayles, Timothy Carl **DL/ID:** 144AC5638 (IA)

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Des Moines, Iowa this date:

1/15/2008

Office of Driver Services
Iowa Department of Transportation

Name: Bayles, Timothy Carl **DL/ID:** 144AC5638 (IA)

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USA IOWA IFA
DRIVER LICENSE

BAYLES
TIMOTHY DARL

1101 CROCKER APT 626
DES MOINES, IA 50308

Id. Pl. No. 144AC5638
Iss. 08/22/2007 Exp. 09/24/2012
Sex M Hgt 5'00" Wgt 150 lbs
Restrictions NONE
DOB 09/24/1954

Tim Bayles

6 514456384BT1545M240912R

CASE INVESTIGATION REPORT
DES MOINES, IOWA POLICE DEPARTMENT

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| | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|---|--|--|---|--|--|---|--|---|--|---|--|
| Domestic Abuse <input type="checkbox"/> | | | Hate/Bias <input type="checkbox"/> | | | LEOKA <input type="checkbox"/> | | | 1. NAME (LAST, FIRST, MIDDLE) Kum & Go | | | 2. CASE NUMBER 04-7676 | | | | | |
| 17. DISTRICT 3 | | | 18. BEAT 184 | | | 19. REP. AREA | | | 3. ADDRESS 4001 SW 9TH | | | CITY DSM | | | | | |
| 20. OCCUPATION CLERK | | | 21. HOURS OF EMPLOY. VARIES | | | 22. SOBRIETY 3BR | | | 5. PLACE OF EMPLOYMENT OR SCHOOL | | | 4. RES. PHONE 285-5740 | | | | | |
| 23. DESCRIBE LOCATION OF OFFENSE OR TYPE OF PREMISE BUSINESS | | | 7. R/S/A - D.O.B. - ETHNIC H <input type="checkbox"/> HH <input type="checkbox"/> | | | 8. LOCATION OF OFFENSE (ADDRESS) 4001 SW 9TH | | | 9. REPORTING PERSON HANSON, ROBERT | | | R/S/A LJM/58 | | | | | |
| 24. VEHICLE USED BY SUSPECTS COLOR YEAR MAKE BODY MODEL WHITE 88 CHRYS 4-D LEBARDN | | | 25. LICENSE NO. STATE YEAR 342 NIM IA 04 | | | 11. REPORTING PERSON'S ADDRESS 4001 SW 9TH | | | CITY DSM | | | 10. RES. PHONE 285-5740 | | | | | |
| IDENTIFYING CHARACTERISTICS OF VEHICLE NA | | | 13. DATE AND TIME OCCURRED 01 MAR 04 00:10 | | | 14. DATE AND TIME REPORTED 01 MAR 04 00:12 | | | 15. CRIME THEFT | | | 18. CLASSIFICATION REMI | | | | | |
| 25. NAME HANSON, ROBERT | | | CODE W | | | RESIDENCE ADDRESS 4001 SW 9TH | | | CITY DSM | | | RES. PHONE 285-5740 | | | | | |
| 26. | | | | | | | | | | | | | | | | | |
| 27. | | | | | | | | | | | | | | | | | |
| 28. NOTIFICATIONS: | | | | | | | | | | | | INVESTIGATOR'S <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | IDENTIFICATION UNIT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | PHOTOGRAPHS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| PROPERTY & INJURIES | 29. TOOL OR WEAPON USED HANDS | | | 30. METHOD USED HANDS | | | 31. POINT OF ENTRY N - A | | | 32. VICTIM'S VEHICLE LICENSE NO. STATE/YEAR IF INVOLVED | | | | | | | |
| | 33. TYPE PROPERTY TAKEN ITEM 63 | | | 34. TOTAL VALUE ITEM 63 | | | 35. LOCATION OF VICTIM'S PROPERTY N | | | 36. DEGREE OF INJURY AND VICTIM'S CONDITION | | | | | | | |
| | 37. TYPE OF INJURY AND LOCATION ON BODY A | | | | | | 38. HOSPITAL | | | 39. TRANSPORTED BY A | | | | | | | |
| WORTHLESS DOCUMENTS | 40. COLOR OF DOC. | | | 41. TYPE OF DOC. N | | | 42. DATE OF DOC. | | | 43. DOCUMENT NO. | | | | | | | |
| | 44. FIRM NAME OF DOCUMENT | | | 45. NAME AND NO. OF BANK | | | 46. MADE PAYABLE TO | | | 47. SIGNATURE ON FACE | | | | | | | |
| | 48. REASON NOT HONORED | | | 49. TYPE OF PROPERTY OR SERVICES OBTAINED A | | | 50. AMOUNT OF DOCUMENT | | | | | | | | | | |
| DOMESTIC ABUSE | 51. DO YOU HAVE A CURRENT NO CONTACT ORDER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | 52. HAS THE SUSPECT BEEN CHARGED WITH DOMESTIC ASSAULT ON THE VICTIM OR OTHERS IN THE PAST? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> | | | 53. NOTICE OF ABUSED PERSON RIGHTS GIVEN? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | I REQUEST A NO CONTACT ORDER. | | | | | | | |
| | | | | | | | SIGNATURE OF VICTIM A | | | | | | | | | | |
| ON 3-01-04 AT APPROXIMATELY 00:12 WE WERE FLAGGED DOWN BY A KUM & GO STORE CLERK ROBERT HANSON. HANSON STATED A WHITE CHRYSLER JUST LEFT THE GAS PUMP WITHOUT PAYING. WE WERE ABLE TO LOCATE THE VEHICLE AT THE 3700 SW 9TH. THE DRIVER TIMOTHY BAYLES STATED HE LEFT THE STATION WITHOUT PAYING FOR THE GAS BECAUSE HE HAD NO MONEY. BAYLES WAS ARRESTED AND TRANSPORTED TO THE COUNTY JAIL BY THE WAGON CREW. BAYLES'S VEHICLE WAS TOWED TO OC FOR SAFEKEEPING. SUSPECT STATED HE HAD NO INTENTION OF PAYING. | | | | | | | | | | | | | | | | | |
| 15 SUSPECT ARRESTED THEFT (5TH) | | | | | | 57. REPRODUCED BY. NO. | | | 58. REVIEWER 912 4770 | | | 59. UCR DISPOSITION | | | | | |
| 54. REPORTING OFFICER CARTER, B | | | NO. 5065 | | | 55. STATUS (CHECK ONE) <input type="checkbox"/> OPEN <input type="checkbox"/> EX. CLD. <input checked="" type="checkbox"/> SUSPENDED <input type="checkbox"/> CLOSED | | | 58. REVIEWER | | | 59. UCR DISPOSITION | | | | | |
| 2ND OFFICER ROBINS, J | | | NO. 4965 | | | 58. SUPERVISOR APPROVING KREHBERG, D | | | NO. 4882 | | | 60. UNIT REFERRED TO: <input type="checkbox"/> CID <input type="checkbox"/> SO <input type="checkbox"/> VNCU <input type="checkbox"/> CHIEF <input type="checkbox"/> IA <input type="checkbox"/> CO. ATT. <input type="checkbox"/> PIO CF | | | | | |

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RAP Sheet

Bayles, Timothy Carl

| Case | Arrest ID | Arrest Date | Charge | Disposition |
|--------------|-------------------|-------------|-------------------|-------------|
| 2004-0007676 | DMPD 2004-0000479 | 03/01/2004 | THEFT- 5TH DEGREE | |

IN THE IOWA DISTRICT COURT IN AND FOR POLK COUNTY
PRELIMINARY COMPLAINT

53

STATE OF IOWA,
Plaintiff,

vs.

BAYLES, TIMOTHY, CARL
Defendant.

Address: 1101 CROCKER #626
City: DSM State: IA Zip: 50315

Agency/Ticket No. 04-7676
Date of Arrest 01 MAR 04
Soc. Sec.# [REDACTED]
Date of Birth 9/24/54
Sex: M Hgt: 5'7 Eyes: BRN
Race: W Wgt: 170 Hair: BRN
Court Case # 2MAC96B21
PK3212390

The defendant is accused of the crime(s) of THEFT (5TH), in violation of Iowa Code Section(s) 74.2(5), in that the defendant on the 01 day of MARCH, 2004, in the city of DSM, Polk County, DID DRIVE AWAY FROM GAS STATION WITHOUT PAYING FOR GAS.

- Defendant implicated in crime by:
- possessed drugs/paraphernalia
 - caught in the act
 - caused personal injury
 - operating motor vehicle in Polk County
 - possessed alcoholic beverages/containers
 - identified by witnesses
 - possession of crime related property
 - admissions/statements
 - near scene of crime
 - possession/use of weapon
 - other physical evidence
 - observed by officers
 - fingerprints
 - caused property damage

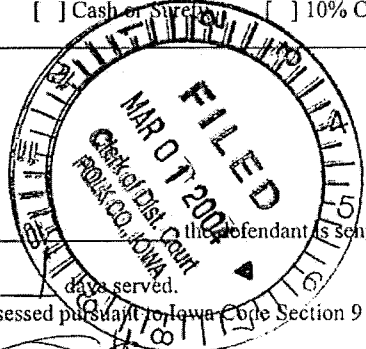
VICTIM REQUESTS A NO CONTACT ORDER

CARVER, B Signature of Officer/Complaining Witness 01 MAR 04 Date
[Signature] Assistant Polk County Attorney 3/1/04

| WITNESS NAME (DESIGNATE VICTIM) | ADDRESS |
|---------------------------------|--------------------|
| <u>ROZING, J (DMPD)</u> | <u>25 E 1ST</u> |
| <u>HANSON, ROBERT</u> | <u>4001 SW 9TH</u> |

The Court finds that PROBABLE CAUSE EXISTS to detain the accused for the charge(s) set forth above. The defendant is to be admitted to bail in the amount of \$ _____ under the following conditions: Cash Only Cash on Arraignment 10% Cash to the Court
 Own Recognizance Other Conditions Imposed with Bail

[Signature] Judge, 5th Judicial District 3/1/04 Date



On a plea of guilty to the crime(s) of: theft 5th the defendant is sentenced as follows:

- Defendant shall serve 1 days in the Polk County Jail. Defendant is credited with _____ days served.
- Defendant shall pay assessed court costs. Court costs not assessed pursuant to Iowa Code Section 910.2.
- Defendant shall pay a fine in the amount of \$ cts plus surcharge and court costs. \$1142
- The fine, surcharge, and/or court costs shall be taken out of defendant's property.
- Defendant shall abide by the attached No Contact Order.

Defendant shall pay restitution to KUM + GO in the amount of \$ 10.00 to be mailed by the Clerk of Court to the following address: 4001 SW 9th DSM

The pecuniary damage amount is not available. The county attorney shall file a pecuniary damage statement within 30 days of this date. A copy shall be mailed by the Clerk of Court to the defendant who has 30 days from the filing of the damage statement to contest the damages claimed.

Defendant shall pay restitution, fines, surcharge and court costs by lien costs to the Polk County Clerk of Court, Room 102, 500 Mulberry, Des Moines, IA 50309. Failure to pay on time will result in a referral to the Iowa Dept. Of Revenue for collection and the imposition of a 10% penalty.

[Signature] Judge, 5th Judicial District 3/1/04 Date
To appear for hearing to show cause 4-14-04 Rm 109 at 1:30 pm. Carl S E

COURT FILE

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April 3, 2008

Tim Bayles
1101 Crocker #626
Des Moines, IA 50309

Re: Taxicab License Appeal of Application Denial

The purpose of this letter is to acknowledge receipt of timely appeal of the decision to deny issuance of a taxicab license, as presented to you in a February 21, 2008 letter from the City Traffic Engineer.

Accordingly, I have set this matter for hearing on April 7, 2008 at 5:00 p.m. in the City Council Chambers, City Hall, 400 East First Street. A copy of the portion of the City Code pertaining to the appeal process is enclosed for your information. **Failure to appear at the scheduled hearing will be deemed as a waiver of your rights to a hearing.**

Please call if you have questions or concerns in this regard.

Sincerely,



Diane Rauh
City Clerk

DR:kh
Enc.

cc: J. Brewer – Engineering
K. Massier-Legal
S. Silver – Police
G. Fox – T & T



DIANE RAUH
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