State of Minnesota County of Olmsted

January 5, 2024

District Court Third Judicial District

		CONTROLLING AGENCY: MN0550100 CONTROL NUMBER 2023-00041616		
			ISSUE AS: ☐ Summons ☐ Warrant	S
☐ ✓ if more than 6 counts (see attached)			55-CR-23-7149)
State of Minnesota		PROPOSED INDICTMENT		
vs.	PLAINTIFF,			THE
CONNOR FITZGERALD	BOWMAN	Date of Birth 03/21/1993	MNCIS No. Click here to enter text.	Prosecutor File No. 055-0075500
ſ	DEFENDANT			

INDICTMENT

The above-named Defendant is hereby accused and charged by the Grand Jury of the above-named County, in the State of Minnesota, by this indictment of the offense(s) of:

Count: 1 Murder -1st Degree — Premeditated

In Violation of: 609.185 subd. (a)(1)

Penalty Statute: 609.185 - Murder - 1st Degree

MOC: H1H13

Offense Date (on or about): 08/01/2023 to 08/20/2023

Control #(ICR#): 23041616

Charge Description: On or between August 1, 2023 and August 20, 2023, in the County of Olmsted, Minnesota, Connor Fitzgerald Bowman did cause the death of another with premeditation and with intent to effect their death.

Count: 2 Murder - 2nd Degree - With Intent-Not Premeditated

Minnesota Statute: 609.19.1(1) Maximum Sentence: 40 years

MOC: H2001

Offense Date (on or about): 08/01/2023 to 08/20/2023

Control #(ICR#): 23041616

Charge Description: On or between August 1, 2023 and August 20, 2023, in the County of Olmsted, Minnesota, Connor Fitzgerald Bowman did cause the death of another with intent to effect their death.

In the above-named County, Minnesota.

EXHIBIT <u>91</u> OLMSTED COUNTY GRAND JURY 1/3/2024

Witnesses Examined Before the Grand Jury:

Det. Alex Kendrick, Rochester Police Department

Saurabh Srivastava

Jennifer Buchholz, RN, Mayo Clinic

Dr. John Damianos, M.D., Mayo Clinic

Dr. Stephanie Heller, M.D., Mayo Clinic

Dr. Roger Moreira, M.D., Mayo Clinic

Dr. Reade Quinton, M.D., Mayo Clinic

DATE:

Signature of Foreperson of the Grand Jury:

STATE OF MINNESOTA COUNTY OF OLMSTED

STATE OF MINNESOTA

Plaintiff

VS.

Defendant.

Clerk's Signature or File Stamp:

RETURN OF SERVICE
I hereby Certify and Return that I have served a copy of
this INDICTMENT upon Defendant(s) herein named.

Signature of Authorized Service Agent:

BRANCH