



STORY COUNTY SHERIFF'S OFFICE

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Paul H. Fitzgerald, Sheriff

BULLETIN FROM 01/11/2013 00:00:00 TO 01/13/2013 23:59:59

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Case Types: (LW) Incident, (AR) Arrest, (FC) Field Contact, (TC) Citation/Summons, (OR) Ordinance, (TA) Accident, (DB) Miscellaneous Events

Table with 3 columns: Case #, Description, and Officer. Contains 10 rows of case details including names, charges, and dates.

R_Bull1 Additional Criteria:



You May anonymously report criminal activity to STORY COUNTY CRIMESTOPPERS by calling (515)382-7577, texting "STORYCOUNTY", followed by your tip to 274637 (CRIMES) or by going online to http://www.storycountycs.com. Rewards up to \$1,000 may be given for information leading to arrests.

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **13-000043**
 Date of Acc: **01/11/13**
 Time of Acc: **11:16 Hrs.**
 Name of Agency: **STORY COUNTY SHERIFF'S OFFICE**
 Officer: **TICKLE BRIAN**
 Badge #: **85-40**
 Report Date: **01/11/2013**
 Officer Notified: **11:16 Hrs.**
 Officer Arrived: **11:21 Hrs.**
 Scene Investigated: **YES**

Legal Intervention: **NO**
 Private Property: **NO**
 County: **STORY - 85**
 Acc Loc City: **"N/A"**
 Acc Dir From City: **"N/A"**
 Closest City: **"N/A"**
 Miles From City: **"N/A"**
 Road, Street, HWay: **"N/A"**
 Definable Location: **"N/A"**
 Milepost Number: **"N/A"**

At Intersection with: **"N/A"**
 Div HWay Trvl Dir: **"N/A"**
 Distance 1: **"N/A"**
 Direction 1: **"N/A"**
 Distance 2: **"N/A"**
 Direction 2: **"N/A"**
 X-Coordinate: **00455212**
 Y-Coordinate: **04650907**
 Location Literal: **580TH AVE AND US 30**
 Description:

Unit 001

Driver Name - Last: **DANNELS**
 First: **DELBERT**
 Middle: **EUGENE**
 Address: **2444 N. 4TH AVENUE W. #6**
 City: **NEWTON**
 State: **IA**
 Zip: **50208**
 Suffix:
 Gender: **Male**
 Age: **61**
 License State: **IA**
 License Class: **C**
 License Endorsmnt: **L**
 License Restrictions: **B**
 Speed Limit: **65**
 Seating Position: **01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER**
 Driver Condition: **1**
 Alcohol Test Given: **NO**
 Drug Test Given: **NO**
 Total Occupants: **1**
 Vehicle Year: **2009**
 Vehicle Make: **FORD - FORD**
 Vehicle Model: **ECONOLINE**
 Vehicle Style: **E250 VAN**
 Vehicle Config: **03 - VAN OR MINI-VAN**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**

Towing: **YES**
 Initial Trvl Dir: **4 - WEST**
 Vision Obscured: **13 - FOG/SMOKE/DUST**
 Traffic Controls: **04 - STOP SIGNS**
 Point of Init Impact: **01 - FRONT**
 Most Damaged Area: **01 - FRONT**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$30,000.00**
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**
 First Event: **22 - VEHICLE IN/FROM OTHER ROADWAY**
 Second Event:
 Third Event:
 Fourth Event:
 Most Harmful Event: **22 - VEHICLE IN/FROM OTHER ROADWAY**
 Abg Switch Stat: **9 - UNKNOWN**
 Abg Deploy: **1 - DEPLOYED FRONT OF PERSON**
 Trapped: **1 - NOT TRAPPED**
 Ejection: **1 - NOT EJECTED**
 Ejection Path: **1 - NOT EJECTED/NOT APPLICABLE**
 Occpnt Protect: **2 - SHOULDER AND LAP BELT USED**

Injury Status: **3 - NON-INCAPACITATING**
 Transported to: **MART GREELET MEDICAL**
 Transported by: **STORY COUNTY AMBULANCE**
 Emergency Veh: **1 - NOT APPLICABLE**
 Emergency Status: **3 - NOT APPLICABLE**
 Cont. Circum., Drvr: **28 - NO IMPROPER ACTION**
 Carrier Name:
 Carrier Address:
 Carrier City:
 Carrier State:
 Carrier Zip:
 Cargo Body Type: **01 - NOT APPLICABLE**
 Number of Axles:
 HazMat Released?:
 GVWR:
 Placard #:
 Cit Chrg Code 1:
 Citation Charge 1:
 Cit Chrg Code 2:
 Citation Charge 2:
 Cit Chrg Code 3:
 Citation Charge 3:
 Cit Chrg Code 4:
 Citation Charge 4:

Unit 002

Driver Name - Last:	COGLEY	Towing:	YES	Injury Status:	3 - NON-INCAPACITATING
First:	CHERI	Initial Trvl Dir:	1 - NORTH	Transported to:	MARY GREELEY MEDICAL
Middle:	LYNN	Vision Obscured:	13 - FOG/SMOKE/DUST	Transported by:	CFNTRR
Address:	301 2ND ST	Traffic Controls:	04 - STOP SIGNS	Emergency Veh:	MARY GREELEY AMBULANCE
City:	CAMBRIDGE	Point of Init Impact:	02 - RIGHT FRONT	Emergency Status:	1 - NOT APPLICABLE
State:	IA	Most Damaged Area:	02 - RIGHT FRONT	Cont. Circum., Drvr:	3 - NOT APPLICABLE
Zip:	50046	Undrrid/Ovrid:	1 - NONE	Carrier Name:	
Gender:	Female	Rpr/Rplc Cost:	\$25,000.00	Carrier Address:	
Age:	49	Ext of Damage:	5 - SEVERE, VEHICLE TOTALED	Carrier City:	
License State:	IA	First Event:	22 - VEHICLE IN/FROM OTHER ROADWAY	Carrier State:	
License Class:	C	Second Event:		Carrier Zip:	
License Endorsmnt:	NONE	Third Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Restrictions:	NONE	Fourth Event:		Number of Axles:	
Speed Limit:	55	Most Harmful Event:	22 - VEHICLE IN/FROM OTHER ROADWAY	HazMat Released?:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Abg Switch Stat:	9 - UNKNOWN	GVWR:	
Driver Condition:	1	Abg Deploy:	9 - UNKNOWN	Placard #:	
Alcohol Test Given:	NO	Trapped:	MFANS	Cit Chrg Code 1:	
Drug Test Given:	NO	Ejection:	1 - NOT EJECTED	Citation Charge 1:	
Total Occupants:	1	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 2:	
Vehicle Year:	2008	Occpnt Protect:	2 - SHOULDER AND LAP BELT USED	Citation Charge 2:	
Vehicle Make:	PONTIAC - PONT			Cit Chrg Code 3:	
Vehicle Model:	GRAND PRIX			Citation Charge 3:	
Vehicle Style:	4D			Cit Chrg Code 4:	
Vehicle Config:	01 - PASSENGER CAR			Citation Charge 4:	
Vehicle Defect:	01 - NONE				
Vehicle Action:	01 - MOVEMENT ESSENTIALLY STRAIGHT				

Accident Environment

First Harmful Event Loc:	1 - ON ROADWAY	Roadway Characteristics	
Manner of Crash/Collision:	5 - BROADSIDE	Environment:	2 - WEATHER CONDITION
Light Conditions:	1 - DAYLIGHT	Roadway:	01 - NONE APPARENT
Weather Conditions:	04 - FOG, SMOKE	Type of Road Junc/Feat:	11 - FOUR-WAY INTERSECTION
Surface Conditions:	1 - DRY	Workzone Related:	NO
First Harmful Evt of Crash:	21 - VEHICLE IN TRAFFIC	Location:	
		Type:	
		Workers Present:	

Narrative

Vehicle #1 was westbound on Hwy 30 at the 580th intersection. Vehicle #2 was northbound on 580th and entered the roadway of Hwy 30. Vehicle #2 failed to yield the right of way to vehicle #1 and pulled in front of vehicle #1. As a result, vehicle #1 struck vehicle #2. Both vehicles had one occupant at the time of the collision. Both drivers were transported to Mary Greeley Medical Center for injuries. Both vehicles involved were totaled.

It should be noted at the time of the accident, there was dense fog, which did contribute to the accident. It should also be noted that vehicle #2's headlamps were on at the time of the accident and working in a proper manner.

Deputy Aaron Kester also responded and assisted with the investigation.

The driver of vehicle #2 will be cited for failure to yield the right of way at a later time. This deputy will also be in contact with driver 32 to obtain her insurance policy.

Vehicle #1 was towed to Dave's in Ames. Vehicle #2 was towed to Butch's in Ames.

*** On 1/13/13 at 0805 hours, this deputy called the Mary Greeley Medical Center to check and see if driver #2 was a patient in the hospital. This deputy was advised that Cheri Cogley (driver #2), is a patient at the hospital.

Deputy Brian Tickle

Diagram

