



STORY COUNTY SHERIFF'S OFFICE

Box 265 Nevada, IA 50201 (515)-382-6566 Fax: (515)-382-7479

Contact: Lt. Don Ellis
Phone: 515-382-7457

Paul H. Fitzgerald, Sheriff

BULLETIN FROM 10/04/2013 00:00:00 TO 10/06/2013 23:59:59

Printed: 08:02, October 7, 2013, Monday

Page #: 1

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 14 rows of case details including case numbers, descriptions of incidents or arrests, and the names of the officers involved.

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.

Case #	Description	(A)ttempted, (C)ompleted, (F)elony, (M)isdemeanor	Officer
AR 13001218	<i>Substance</i> <i>Failure To Register As A Sex Offender</i>	Johannes, James Lyle (W M, 48) Arrest on chrg of Failure To Register As A Sex Offender (M), at 419 H Ave, Nevada, on 10/06/2013.	MILLER, M. C. *AR51673*
AR 13001220	<i>Agg Domestic Assault/strangulation</i>	Tibbetts, Christopher William (W M, 36) Arrest on chrg of Agg Domestic Assault/strangulation (M), at 119 S Cottonwood St, Roland, on 10/06/2013.	BELL, K. E. *AR51672*
			CHRISTIAN, A. J. *AR51674*

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: **13-001209**  
 Date of Acc: **10/04/13**  
 Time of Acc: **11:21 Hrs.**  
 Name of Agency: **STORY COUNTY SHERIFF'S OFFICE**  
 Officer: **KESTER AARON**  
 Badge #: **85-34**  
 Report Date: **10/04/2013**  
 Officer Notified: **11:22 Hrs.**  
 Officer Arrived: **11:28 Hrs.**  
 Scene Investigated: **YES**

Legal Intervention: **NO**  
 Private Property: **NO**  
 County: **STORY - 85**  
 Acc Loc City:  
 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: **00461728**  
 Y-Coordinate: **04657681**  
 Location Literal: **19568 620TH AVE**  
 Description:

**Unit 001**

Driver Name - Last: <b>FREY</b>	Towing: <b>YES</b>	Injury Status: <b>2 - INCAPACITATING</b>
First: <b>BRIAN</b>	Initial Trvl Dir: <b>1 - NORTH</b>	Transported to: <b>STORY COUNTY HOSPITAL</b>
Middle: <b>LEWIS</b>	Vision Obscured: <b>01 - NOT OBSCURED</b>	Transported by: <b>STORY COUNTY PARAMEDICS</b>
Address: <b>311 S 18TH ST</b>		Emergency Veh: <b>1 - NOT APPLICABLE</b>
City: <b>CLARINDA</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Emergency Status: <b>3 - NOT APPLICABLE</b>
State: <b>IA</b>		Cont. Circum., Drvr: <b>08 - LOST CONTROL</b>
Zip: <b>51632</b>	Point of Init Impact: <b>01 - FRONT</b>	
Suffix:	Most Damaged Area: <b>01 - FRONT</b>	Carrier Name:
Gender: <b>Male</b>	Undrrid/Ovrid: <b>1 - NONE</b>	Carrier Address:
Age: <b>18</b>	Rpr/Rplc Cost: <b>\$7,000.00</b>	Carrier City:
License State: <b>IA</b>	Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>	Carrier State:
License Class: <b>C</b>	First Event: <b>03 - RAN OFF ROAD, LEFT</b>	Carrier Zip:
License Endorsmnt: <b>NONE</b>	Second Event: <b>13 - OTHER NON-COLLISION</b>	Cargo Body Type: <b>01 - NOT APPLICABLE</b>
License Restrictions: <b>B</b>	Third Event:	Number of Axles:
Speed Limit: <b>55</b>	Fourth Event:	HazMat Released?:
Seating Position: <b>01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER</b>		GVWR:
Driver Condition: <b>1</b>		Placard #:
Alcohol Test Given: <b>NO</b>		Cit Chrg Code 1:
Drug Test Given: <b>NO</b>		Citation Charge 1:
Total Occupants: <b>1</b>	Most Harmful Event: <b>13 - OTHER NON-COLLISION</b>	Cit Chrg Code 2:
Vehicle Year: <b>2004</b>	Abg Switch Stat: <b>3 - NO ON/OFF SWITCH PRESENT</b>	Citation Charge 2:
Vehicle Make: <b>NISSAN - NISS</b>	Abg Deploy: <b>1 - DEPLOYED FRONT OF PERSON</b>	Cit Chrg Code 3:
Vehicle Model: <b>SENTRA</b>	Trapped: <b>1 - NOT TRAPPED</b>	Citation Charge 3:
Vehicle Style: <b>4 DOOR</b>	Ejection: <b>1 - NOT EJECTED</b>	
Vehicle Config: <b>01 - PASSENGER CAR</b>	Ejection Path: <b>1 - NOT EJECTED/NOT APPLICABLE</b>	Cit Chrg Code 4:
Vehicle Defect: <b>01 - NONE</b>	Occpnt Protect: <b>9 - UNKNOWN</b>	Citation Charge 4:
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>		

**Property Damage**

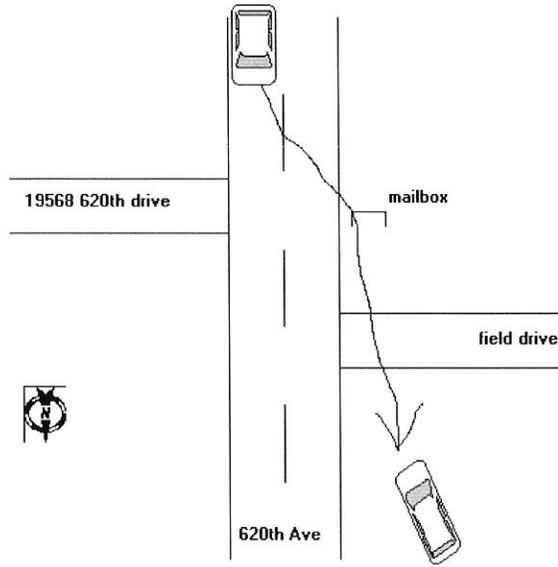
Object Damaged: <b>MAILBOX</b>	Company Owner Name: <b>COUSER CATTLE COMPANY</b>
Estimate of Damage: <b>\$250.00</b>	Street or RFD: <b>19568 620TH AVE</b>
Owner's Name - Last:	City: <b>NEVADA</b>
First:	State: <b>IA</b>
Middle:	Zip Code: <b>50201</b>
Suffix:	

**Accident Environment**

First Harmful Event Loc: <b>4 - ROADSIDE</b>	Roadway Characteristics
Manner of Crash/Collision: <b>1 - NON-COLLISION</b>	Environment: <b>1 - NONE APPARENT</b>
Light Conditions: <b>1 - DAYLIGHT</b>	Roadway: <b>01 - NONE APPARENT</b>
Weather Conditions: <b>03 - CLOUDY</b>	Type of Road Junc/Feat: <b>05 - FARM/RESIDENTIAL DRIVE</b>
Surface Conditions: <b>2 - WET</b>	Workzone Related: <b>NO</b>
	Location:
First Harmful Evt of Crash: <b>13 - OTHER NON-COLLISION</b>	Type:
	Workers Present:

**Narrative**

Vehicle was northbound on 620th and lost control. Driver had no recollection of what happened.



**INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT**

Case Number: <b>13-001215</b>	Legal Intervention: <b>NO</b>	At Intersection with: <b>"N/A"</b>
Date of Acc: <b>10/06/13</b>	Private Property: <b>NO</b>	Div HWay Trvl Dir: <b>"N/A"</b>
Time of Acc: <b>08:47</b> Hrs.	County: <b>STORY - 85</b>	Distance 1: <b>"N/A"</b>
Name of Agency: <b>STORY COUNTY SHERIFF'S OFFICE</b>	Acc Loc City: <b>"N/A"</b>	Direction 1: <b>"N/A"</b>
Officer: <b>TICKLE BRIAN</b>	Acc Dir From City: <b>"N/A"</b>	Distance 2: <b>"N/A"</b>
Badge #: <b>85-40</b>	Closest City: <b>"N/A"</b>	Direction 2: <b>"N/A"</b>
Report Date: <b>10/06/2013</b>	Miles From City: <b>"N/A"</b>	X-Coordinate: <b>00453083</b>
Officer Notified: <b>08:54</b> Hrs.	Road,Street,HWay: <b>"N/A"</b>	Y-Coordinate: <b>04658407</b>
Officer Arrived: <b>08:58</b> Hrs.	Definable Location: <b>"N/A"</b>	Location Literal: <b>INTERSTATE 35, 116.5 MILE</b>
Scene Investigated: <b>YES</b>	Milepost Number: <b>"N/A"</b>	Description: <b>MARKER SB</b>

**Unit 001**

Driver Name - Last: <b>HANTUBA</b>	Towing: <b>YES</b>	Injury Status: <b>4 - POSSIBLE</b>
First: <b>TSITSI</b>	Initial Trvl Dir: <b>3 - SOUTH</b>	Transported to: <b>MARY GREELEY MEDICAL</b>
Middle: <b>MELLODY</b>	Vision Obscured: <b>01 - NOT OBSCURED</b>	Transported by: <b>CFNTR</b>
Address: <b>1908 S 26TH ST</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Emergency Veh: <b>1 - NOT APPLICABLE</b>
City: <b>ROGERS</b>	Point of Init Impact: <b>09 - TOP</b>	Emergency Status: <b>3 - NOT APPLICABLE</b>
State: <b>AR</b>	Most Damaged Area: <b>09 - TOP</b>	Cont. Circum., Drvr: <b>08 - LOST CONTROL, 11 - OVER CORRECTING/OVER STEERING</b>
Zip: <b>72758</b>	Undrdrd/Ovrid: <b>1 - NONE</b>	Carrier Name:
Suffix:	Rpr/Rplc Cost: <b>\$6,000.00</b>	Carrier Address:
Gender: <b>Female</b>	Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>	Carrier City:
Age: <b>33</b>	First Event: <b>01 - RAN OFF ROAD, RIGHT</b>	Carrier State:
License State: <b>AR</b>	Second Event: <b>06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, ETC.)</b>	Carrier Zip:
License Class: <b>D</b>	Third Event: <b>11 - OVERTURN/ROLLOVER</b>	Cargo Body Type: <b>01 - NOT APPLICABLE</b>
License Endorsmnt: <b>NONE</b>	Fourth Event:	Number of Axles:
License Restrictions: <b>CORR LENSE</b>	Most Harmful Event: <b>11 - OVERTURN/ROLLOVER</b>	HazMat Released?:
Speed Limit: <b>70</b>	Abg Switch Stat: <b>9 - UNKNOWN</b>	GVWR:
Seating Position: <b>01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER</b>	Abg Deploy: <b>5 - NOT DEPLOYED</b>	Placard #:
Driver Condition: <b>1</b>	Trapped: <b>1 - NOT TRAPPED</b>	Cit Chrg Code 1:
Alcohol Test Given: <b>NO</b>	Ejection: <b>1 - NOT EJECTED</b>	Citation Charge 1:
Drug Test Given: <b>NO</b>	Ejection Path: <b>1 - NOT EJECTED/NOT APPLICABLE</b>	Cit Chrg Code 2:
Total Occupants: <b>3</b>	Occpnt Protect: <b>2 - SHOULDER AND LAP BELT USED</b>	Citation Charge 2:
Vehicle Year: <b>2007</b>		Cit Chrg Code 3:
Vehicle Make: <b>TOYOTA - TOYT</b>		Citation Charge 3:
Vehicle Model: <b>CAMRY</b>		Cit Chrg Code 4:
Vehicle Style: <b>4D</b>		Citation Charge 4:
Vehicle Config: <b>01 - PASSENGER CAR</b>		
Vehicle Defect: <b>01 - NONE</b>		
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>		

**Accident Environment**

First Harmful Event Loc: <b>1 - ON ROADWAY</b>	Roadway Characteristics
Manner of Crash/Collision: <b>1 - NON-COLLISION</b>	Environment: <b>1 - NONE APPARENT</b>
Light Conditions: <b>1 - DAYLIGHT</b>	Roadway: <b>01 - NONE APPARENT</b>
Weather Conditions: <b>03 - CLOUDY</b>	Type of Road Junc/Feat: <b>01 - NO SPECIAL FEATURE</b>
Surface Conditions: <b>1 - DRY</b>	Workzone Related: <b>NO</b>
First Harmful Evt of Crash: <b>11 - OVERTURN/ROLLOVER</b>	Location:
	Type:
	Workers Present:

**Narrative**

Vehicle #1 was southbound on I-35 near the 116.6 mile marker. The driver of vehicle #1 advised she was looking in the backseat to check on her children. Vehicle #1 exited the roadway to the right. Driver of vehicle #1 then over corrected, which caused the vehicle to roll several times. The vehicle came to a rest in the median.

The driver and her two children were transported to Mary Greeley Medical Center by Mary Greeley Ambulance to be checked out.

The children were Madysen Hantuba (DOB 5/22/09) and Munashe Hantuba (DOB 8/27/07).

The vehicle was towed by Dave's Towing of Ames.

