



STORY COUNTY SHERIFF'S OFFICE

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Paul H. Fitzgerald, Sheriff

BULLETIN FROM 12/21/2013 00:00:00 TO 12/25/2013 23:59:59

Printed: 08:19, December 26, 2013, Thursday

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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 6 rows of incident and arrest records.

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:	13-001589	Legal Intervention:	NO	At Intersection with:	"N/A"
Date of Acc:	12/20/13	Private Property:	NO	Div HWay Trvl Dir:	"N/A"
Time of Acc:	12:11 Hrs.	County:	STORY - 85	Distance 1:	"N/A"
Name of Agency:	STORY COUNTY SHERIFF'S OFFICE	Acc Loc City:		Direction 1:	"N/A"
Officer:	TICKLE, BRIAN	Acc Dir From City:	"N/A"	Distance 2:	"N/A"
Badge #:	85-40	Closest City:	"N/A"	Direction 2:	"N/A"
Report Date:	12/20/2013	Miles From City:	"N/A"	X-Coordinate:	00442173
Officer Notified:	12:11 Hrs.	Road,Street,HWay:	"N/A"	Y-Coordinate:	04654820
Officer Arrived:	12:21 Hrs.	Definable Location:	"N/A"	Location Literal:	R038/500TH AVE, 1/4 NORTH OF
Scene Investigated:	YES	Milepost Number:	"N/A"	Description:	215TH

Unit 001

Driver Name - Last:	HOERNER	Towing:	YES	Injury Status:	4 - POSSIBLE
First:	THOMAS	Initial Trvl Dir:	3 - SOUTH	Transported to:	MARY GREELEY MEDICAL CENTER
Middle:	ALLEN	Vision Obscured:	01 - NOT OBSCURED	Transported by:	MARY GREELEY AMBULANCE
Address:	2166 206TH PLACE	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:	BOONE	Point of Init Impact:	04 - RIGHT REAR	Emergency Status:	3 - NOT APPLICABLE
State:	IA	Most Damaged Area:	04 - RIGHT REAR	Cont. Circum., Drvr:	07 - CROSSED CENTERLINE, 08 - LOST CONTROL
Zip:	50036	Undrrid/Ovrid:	1 - NONE	Carrier Name:	
Suffix:		Rpr/Rplc Cost:	\$15,000.00	Carrier Address:	
Gender:	Male	Ext of Damage:	5 - SEVERE, VEHICLE TOTALED	Carrier City:	
Age:	78	First Event:	04 - CROSSED CENTERLINE/MEDIAN	Carrier State:	
License State:	IA	Second Event:	21 - VEHICLE IN TRAFFIC	Carrier Zip:	
License Class:	C	Third Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Fourth Event:		Number of Axles:	
License Restrictions:	NONE	Most Harmful Event:	21 - VEHICLE IN TRAFFIC	HazMat Released?:	
Speed Limit:	55	Abg Switch Stat:	9 - UNKNOWN	GVWR:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Abg Deploy:	3 - DEPLOYED BOTH FRONT/SIDE	Placard #:	
Driver Condition:	1	Trapped:	1 - NOT TRAPPED	Cit Chrg Code 1:	
Alcohol Test Given:	NO	Ejection:	1 - NOT EJECTED	Citation Charge 1:	
Drug Test Given:	NO	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 2:	
Total Occupants:	2	Occpnt Protect:	2 - SHOULDER AND LAP BELT USED	Citation Charge 2:	
Vehicle Year:	2004			Cit Chrg Code 3:	
Vehicle Make:	MERCEDES - MERZ			Citation Charge 3:	
Vehicle Model:	S430			Cit Chrg Code 4:	
Vehicle Style:	4D			Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR				
Vehicle Defect:	01 - NONE				
Vehicle Action:	01 - MOVEMENT ESSENTIALLY STRAIGHT				

Unit 002

Driver Name - Last:	HOCRAFFER	Towing:	YES	Injury Status:	5 - UNINJURED
First:	TRAVIS	Initial Trvl Dir:	1 - NORTH	Transported to:	
Middle:	JO	Vision Obscured:	01 - NOT OBSCURED	Transported by:	
Address:	1963 120TH ST	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:	BOONE	Point of Init Impact:	01 - FRONT	Emergency Status:	3 - NOT APPLICABLE
State:	IA	Most Damaged Area:	01 - FRONT	Cont. Circum., Drvr:	28 - NO IMPROPER ACTION
Zip:	50036	Undrrid/Ovrid:	1 - NONE	Carrier Name:	
Suffix:		Rpr/Rplc Cost:	\$5,000.00	Carrier Address:	
Gender:	Male	Ext of Damage:	4 - DISABLING DAMAGE	Carrier City:	
Age:	39	First Event:	21 - VEHICLE IN TRAFFIC	Carrier State:	
License State:	IA	Second Event:		Carrier Zip:	
License Class:	C	Third Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	L	Fourth Event:		Number of Axles:	
License Restrictions:	NONE	Most Harmful Event:	21 - VEHICLE IN TRAFFIC	HazMat Released?:	
Speed Limit:	55	Abg Switch Stat:	9 - UNKNOWN	GVWR:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Abg Deploy:	1 - DEPLOYED FRONT OF PERSON	Placard #:	
Driver Condition:	1	Trapped:	1 - NOT TRAPPED	Cit Chrg Code 1:	
Alcohol Test Given:	NO	Ejection:	1 - NOT EJECTED	Citation Charge 1:	
Drug Test Given:	NO	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 2:	
Total Occupants:	1	Occpnt Protect:	2 - SHOULDER AND LAP BELT USED	Citation Charge 2:	
Vehicle Year:	2012			Cit Chrg Code 3:	
Vehicle Make:	CHEVROLET - CHEV			Citation Charge 3:	
Vehicle Model:	SILVERADO			Cit Chrg Code 4:	
Vehicle Style:	K350			Citation Charge 4:	
Vehicle Config:	02 - FOUR-TIRE LIGHT TRUCK (PICK-UP, PANEL)				
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:	1 - NONE APPARENT
Light Conditions:	1 - DAYLIGHT	Roadway:	02 - ROAD SURFACE CONDITION
Weather Conditions:	03 - CLOUDY	Type of Road Junc/Feat:	01 - NO SPECIAL FEATURE
Surface Conditions:	3 - ICE	Workzone Related:	NO
First Harmful Evt of Crash:	21 - VEHICLE IN TRAFFIC	Location:	
		Type:	
		Workers Present:	

Injured Person

Name - Last:	HOERNER	Occupant Protection:	2 - SHOULDER AND LAP BELT USED
First:	CAROLYN	Airbag Deployment:	3
Middle:	ELLEN	Airbag Switch Status:	9 - UNKNOWN
Suffix:		Ejection:	1 - NOT EJECTED
Address:	2166 206TH PLACE	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE
City:	BOONE	Trapped:	1 - NOT TRAPPED
State:	IA		
Zip Code:	50036	Non-Motorist	
Age:	77	Type:	
Sex:	FEMALE	Location:	
Unit No.:	1	Action:	
Seating Position:	03 - FRONT: RIGHT SIDE	Condition:	
Injury Status:	4 - POSSIBLE	Safety Equipment:	
Transported to:	MARY GREELEY MEDICAL CENTER	Contributing Circumstances:	
Transported by:	MARY GREELEY AMBULANCE	Unit No. of Vehicle Striking:	

Narrative

Vehicle #1 was southbound on 500th avenue and vehicle #2 was northbound. Driver of vehicle #1 lost control of his vehicle and crossed the centerline, into the path of vehicle #2. As a result, vehicle #2 struck vehicle #1.

Driver of vehicle #1 is at fault.

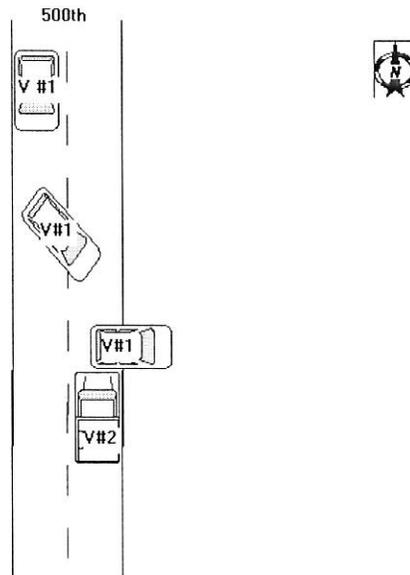
Driver of vehicle #1 and the passenger of vehicle #1 were transported to Mary Greeley Medical Center with possible injuries.

Both vehicles were towed by Decker's Towing of Ames.

The road conditions at the time of the accident were ice covered.

No citations were issued.

Diagram



INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number:	13-001600	Legal Intervention:	NO	At Intersection with:	"N/A"
Date of Acc:	12/23/13	Private Property:	NO	Div HWay Trvl Dir:	"N/A"
Time of Acc:	18:29 Hrs.	County:	STORY - 85	Distance 1:	"N/A"
Name of Agency:	STORY COUNTY SHERIFF'S OFFICE	Acc Loc City:		Direction 1:	"N/A"
Officer:	WATKINS DAN	Acc Dir From City:	"N/A"	Distance 2:	"N/A"
Badge #:	85-39	Closest City:	"N/A"	Direction 2:	"N/A"
Report Date:	12/23/2013	Miles From City:	"N/A"	X-Coordinate:	00442146
Officer Notified:	18:36 Hrs.	Road,Street,HWay:	"N/A"	Y-Coordinate:	04650627
Officer Arrived:	18:54 Hrs.	Definable Location:	"N/A"	Location Literal:	500TH AVE AND 240TH ST
Scene Investigated:	YES	Milepost Number:	"N/A"	Description:	

Unit 001

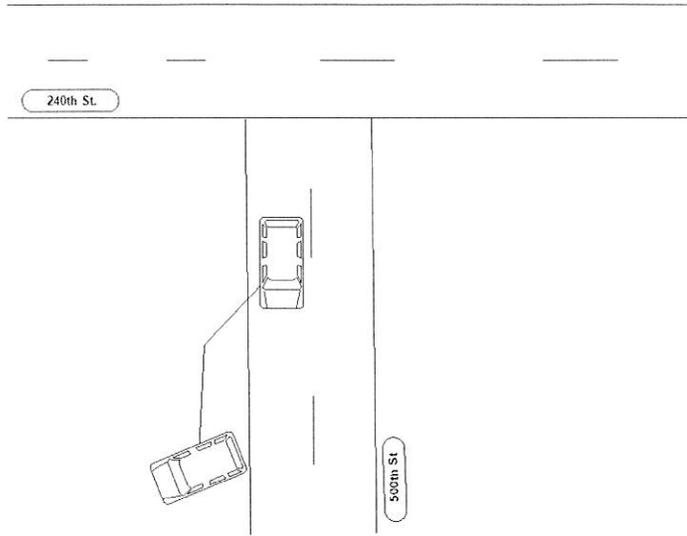
Driver Name - Last:	CHRISTMAN	Towing:	YES	Injury Status:	3 - NON-INCAPACITATING
First:	RACHAEL	Initial Trvl Dir:	3 - SOUTH	Transported to:	MARY GREELEY
Middle:	VICTORIA	Vision Obscured:	01 - NOT OBSCURED	Transported by:	MARY GREELEY AMBULANCE
Address:	1118 IDAHO AVE	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:	AMES	Point of Init Impact:	01 - FRONT	Emergency Status:	3 - NOT APPLICABLE
State:	IA	Most Damaged Area:	01 - FRONT	Cont. Circum., Drvr:	04 - DRIVING TOO FAST FOR CONDITIONS
Zip:	50014	Undrrid/Ovrid:	1 - NONE	Carrier Name:	
Suffix:		Rpr/Rplc Cost:	\$5,000.00	Carrier Address:	
Gender:	Female	Ext of Damage:	5 - SEVERE, VEHICLE TOTALED	Carrier City:	
Age:	19	First Event:	01 - RAN OFF ROAD, RIGHT	Carrier State:	
License State:	IA	Second Event:	11 - OVERTURN/ROLLOVER	Carrier Zip:	
License Class:	C	Third Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Fourth Event:		Number of Axles:	
License Restrictions:	B	Most Harmful Event:	11 - OVERTURN/ROLLOVER	HazMat Released?:	
Speed Limit:	55	Abg Switch Stat:	9 - UNKNOWN	GVWR:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Abg Deploy:	5 - NOT DEPLOYED	Placard #:	
Driver Condition:	1	Trapped:	1 - NOT TRAPPED	Cit Chrg Code 1:	
Alcohol Test Given:	NO	Ejection:	1 - NOT EJECTED	Citation Charge 1:	
Drug Test Given:	NO	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 2:	
Total Occupants:	1	Occupnt Protect:	1 - NONE USED	Citation Charge 2:	
Vehicle Year:	2001			Cit Chrg Code 3:	
Vehicle Make:	FORD - FORD			Citation Charge 3:	
Vehicle Model:	ESCAPE			Cit Chrg Code 4:	
Vehicle Style:	XLT			Citation Charge 4:	
Vehicle Config:	04 - SPORT UTILITY VEHICLE				
Vehicle Defect:	01 - NONE				
Vehicle Action:	01 - MOVEMENT ESSENTIALLY STRAIGHT				

Accident Environment

First Harmful Event Loc:	2 - SHOULDER	Roadway Characteristics	
Manner of Crash/Collision:	1 - NON-COLLISION	Environment:	1 - NONE APPARENT
Light Conditions:	5 - DARK, ROADWAY NOT LIGHTED	Roadway:	02 - ROAD SURFACE CONDITION
Weather Conditions:	10 - BLOWING SAND, SOIL, DIRT, SNOW	Type of Road Junc/Feat:	01 - NO SPECIAL FEATURE
Surface Conditions:	4 - SNOW	Workzone Related:	NO
First Harmful Evt of Crash:	11 - OVERTURN/ROLLOVER	Location:	
		Type:	
		Workers Present:	

Narrative

On Dec. 23, 2013 at 18:36, I received a call of a single car accident on 500th and 240th. When I arrived, I saw that the vehicle had slid into the ditch and rolled over, coming to final rest in the upright position. Rachael was able to speak coherently and in full sentences but could not remember all of what happened. She said she was traveling southbound on 500th. She was then transported to Mary Greeley with lacerations on her hands and arms.



INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number:	13-001603	Legal Intervention:	NO	At Intersection with:	"N/A"
Date of Acc:	12/25/13	Private Property:	NO	Div HWay Trvl Dir:	"N/A"
Time of Acc:	10:26 Hrs.	County:	STORY - 85	Distance 1:	"N/A"
Name of Agency:	STORY COUNTY SHERIFF'S OFFICE	Acc Loc City:	SLATER - 7075	Direction 1:	"N/A"
Officer:	SCOTT, JEFF	Acc Dir From City:	"N/A"	Distance 2:	"N/A"
Badge #:	85-33	Closest City:	"N/A"	Direction 2:	"N/A"
Report Date:	12/25/2013	Miles From City:	"N/A"	X-Coordinate:	00443626
Officer Notified:	10:37 Hrs.	Road,Street,HWay:	"N/A"	Y-Coordinate:	0463756
Officer Arrived:	10:57 Hrs.	Definable Location:	"N/A"	Location Literal Description:	BENTON ST AND 3RD AVE IN SLATER, IA
Scene Investigated:	YES	Milepost Number:	"N/A"		

Unit 001

Driver Name - Last:	GRAY	Towing:	YES	Injury Status:	5 - UNINJURED
First:	MELINDA	Initial Trvl Dir:	1 - NORTH	Transported to:	
Middle:	RAE	Vision Obscured:	01 - NOT OBSCURED	Transported by:	
Address:	1239 SE VILLIAGE VIEW LANE	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:	ANKENY	Point of Init Impact:	02 - RIGHT FRONT	Emergency Status:	3 - NOT APPLICABLE
State:	IA	Most Damaged Area:	02 - RIGHT FRONT	Cont. Circum., Drvr:	05 - MADE IMPROPER TURN, 21 - FTYROW: OTHER (EXPLAIN IN NARRATIVE)
Zip:	50021	Undrrid/Ovrid:	1 - NONE	Carrier Name:	
Suffix:		Rpr/Rplc Cost:	\$500.00	Carrier Address:	
Gender:	Female	Ext of Damage:	2 - MINOR DAMAGE	Carrier City:	
Age:	49	First Event:	21 - VEHICLE IN TRAFFIC	Carrier State:	
License State:	IA	Second Event:		Carrier Zip:	
License Class:	0	Third Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Fourth Event:		Number of Axles:	
License Restrictions:	NONE	Most Harmful Event:	21 - VEHICLE IN TRAFFIC	HazMat Released?:	
Speed Limit:	25	Abg Switch Stat:	3 - NO ON/OFF SWITCH PRESENT	GVWR:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Abg Deploy:	5 - NOT DEPLOYED	Placard #:	
Driver Condition:	3	Trapped:	1 - NOT TRAPPED	Cit Chrg Code 1:	321.174
Alcohol Test Given:	NO	Ejection:	1 - NOT EJECTED	Citation Charge 1:	FAIL TO HAVE VALID DRIVER'S LICENSE
Drug Test Given:	NO	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 2:	321.20B(B)
Total Occupants:	1	Occpnt Protect:	2 - SHOULDER AND LAP BELT USED	Citation Charge 2:	FAIL TO PROVE SECURITY AGAINST LIABILITY (ACCIDENT)
Vehicle Year:	2003			Cit Chrg Code 3:	321.298
Vehicle Make:	BUICK - BUIC			Citation Charge 3:	FAIL TO YIELD HALF OF ROADWAY WHEN MEETING A VEHICLE
Vehicle Model:	LESABRE LIMITED			Cit Chrg Code 4:	
Vehicle Style:	4D			Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR				
Vehicle Defect:	01 - NONE				
Vehicle Action:	88 - OTHER (EXPLAIN IN NARRATIVE)				

Unit 002

Driver Name - Last:	COFFMAN	Towing:	YES	Injury Status:	3 - NON-INCAPACITATING
First:	KATHERINE	Initial Trvl Dir:	3 - SOUTH	Transported to:	IOWA METHODIST HOSPITAL
Middle:	JEAN	Vision Obscured:	01 - NOT OBSCURED	Transported by:	HUXLEY AMBULANCE
Address:	101 1ST AVENUE LOT 37	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:	SLATER	Point of Init Impact:	08 - LEFT FRONT	Emergency Status:	3 - NOT APPLICABLE
State:	IA	Most Damaged Area:	08 - LEFT FRONT	Cont. Circum., Drvr:	28 - NO IMPROPER ACTION
Zip:	50244	Undrrid/Ovrid:	1 - NONE	Carrier Name:	
Suffix:		Rpr/Rplc Cost:	\$1,500.00	Carrier Address:	
Gender:	Female	Ext of Damage:	3 - FUNCTIONAL DAMAGE	Carrier City:	
Age:	24	First Event:	21 - VEHICLE IN TRAFFIC	Carrier State:	
License State:	IA	Second Event:		Carrier Zip:	
License Class:	C	Third Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Fourth Event:		Number of Axles:	
License Restrictions:	B	Most Harmful Event:	21 - VEHICLE IN TRAFFIC	HazMat Released?:	
Speed Limit:	25	Abg Switch Stat:	3 - NO ON/OFF SWITCH PRESENT	GVWR:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Abg Deploy:	5 - NOT DEPLOYED	Placard #:	
Driver Condition:	1	Trapped:	1 - NOT TRAPPED	Cit Chrg Code 1:	321.20B(B)
Alcohol Test Given:	NO	Ejection:	1 - NOT EJECTED	Citation Charge 1:	FAIL TO PROVE SECURITY AGAINST LIABILITY (ACCIDENT)
Drug Test Given:	NO	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 2:	
Total Occupants:	1	Occpnt Protect:	2 - SHOULDER AND LAP BELT USED	Citation Charge 2:	
Vehicle Year:	2000			Cit Chrg Code 3:	
Vehicle Make:	DODGE - DODG			Citation Charge 3:	
Vehicle Model:	INTREPID			Cit Chrg Code 4:	
Vehicle Style:	4D			Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR				
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:	4 - ANGLE, ONCOMING LEFT TURN	Environment:	1 - NONE APPARENT
Light Conditions:	1 - DAYLIGHT	Roadway:	01 - NONE APPARENT
Weather Conditions:	01 - CLEAR	Type of Road Junc/Feat:	01 - NO SPECIAL FEATURE
Surface Conditions:	5 - SLUSH	Workzone Related:	NO
First Harmful Evt of Crash:	21 - VEHICLE IN TRAFFIC	Location:	
		Type:	
		Workers Present:	

Narrative

Vehicle 1 was traveling northbound on Benton Street attempting to make a u-turn at the intersection of 3rd Avenue, in Slater.

Vehicle 2 was traveling southbound on Benton St. nearing 3rd Ave.

Vehicle 1 failed to yield while making the u-turn and collided into vehicle 2.

Neither party had current insurance on their vehicle.

The driver of vehicle 2 was taken to the hospital for non-incapacitating injuries.

The driver of vehicle 1 was cited for failing to have a valid driver's license, failing to prove security against liability (accident), and for failing to yield one half of the roadway when meeting another vehicle.

The driver of vehicle 2 was cited for failing to prove security against liability (accident).

Diagram

