



STORY COUNTY SHERIFF'S OFFICE

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

Contact: Lt. Don Ellis
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Paul H. Fitzgerald, Sheriff

BULLETIN FROM 10/31/2013 00:00:00 TO 10/31/2013 23:59:59

Printed: 07:46, November 1, 2013, Friday

Page #: 1

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

Case #	Description	(A)ttempted, (C)ompleted, (F)elony, (M)isdemeanor	Officer
LW 13001332 <i>Burglary/breaking And Entering</i>	Hawcott Law Service VICTIM of Burglary/breaking And Entering (C), at 59727 260th St, Nevada, IA, on 10/31/2013, 07:41. Reported: 10/31/2013.		MORTVEDT, R. G. *LW615175*

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 leadng to arrests.

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: 13-001335
 Date of Acc: 10/31/13
 Time of Acc: 10:40 Hrs.
 Name of Agency: **STORY COUNTY SHERIFF'S OFFICE**
 Officer: **KESTER, AARON**
 Badge #: 85-34
 Report Date: 10/31/2013
 Officer Notified: 10:43 Hrs.
 Officer Arrived: 10:53 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"
 Drv HWay Trvl Dir: "N/A"
 Distance 1: "N/A"
 Direction 1: "N/A"
 Distance 2: "N/A"
 Direction 2: "N/A"
 X-Coordinate: 00474362
 Y-Coordinate: 04637832
 Location Literal: **HWY 210 AND 320TH ST**
 Description:

Unit 001

Driver Name - Last: **SAVERAID**
 First: **SHIRLEY**
 Middle: **MAE**
 Address: **1007 320TH ST**
 City: **COLLINS**
 State: **IA**
 Zip: **50055-7503**
 Suffix:
 Gender: **Female**
 Age: **83**
 License State: **IA**
 License Class: **C**
 License Endorsmnt: **NONE**
 License Restrictions: **NONE**
 Speed Limit: **55**
 Seating Position: **01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER**
 Driver Condition: **1**
 Alcohol Test Given: **NO**
 Drug Test Given: **NO**
 Total Occupants: **1**
 Vehicle Year: **2008**
 Vehicle Make: **LINCOLN - LINC**
 Vehicle Model: **MX**
 Vehicle Style: **SW**
 Vehicle Config: **04 - SPORT UTILITY VEHICLE**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**

Towing: **YES**
 Initial Trvl Dir: **2 - EAST**
 Vision Obscured: **01 - NOT OBSCURED**
 Traffic Controls: **04 - STOP SIGNS**
 Point of Init Impact: **01 - FRONT**
 Most Damaged Area: **01 - FRONT**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$15,000.00**
 Ext of Damage: **4 - DISABLING DAMAGE**
 First Event: **21 - VEHICLE IN TRAFFIC**
 Second Event:
 Third Event:
 Fourth Event:
 Most Harmful Event: **21 - VEHICLE IN TRAFFIC**
 Abg Switch Stat: **3 - NO ON/OFF SWITCH PRESENT**
 Abg Deploy: **5 - NOT DEPLOYED**
 Trapped: **1 - NOT TRAPPED**
 Ejection: **1 - NOT EJECTED**
 Ejection Path: **1 - NOT EJECTED/NOT APPLICABLE**
 Occprnt Protect: **2 - SHOULDER AND LAP BELT USED**

Injury Status: **3 - NON-INCAPACITATING**
 Transported to: **STORY COUNTY MEDICAL CENTER**
 Transported by: **STORY COUNTY**
 Emergency Veh: **1 - NOT APPLICABLE**
 Emergency Status: **3 - NOT APPLICABLE**
 Cont. Circum., Drvr: **13 - FTYROW: FROM STOP SIGN**
 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: **HEMPHILL**
 First: **AMY**
 Middle: **MAXINE**
 Address: **322 2ND ST**
 City: **COLLINS**
 State: **IA**
 Zip: **50055-0000**
 Suffix:
 Gender: **Female**
 Age: **33**
 License State: **IA**
 License Class: **C**
 License Endorsmnt: **NONE**
 License Restrictions: **NONE**
 Speed Limit: **55**
 Seating Position: **01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER**
 Driver Condition: **1**
 Alcohol Test Given: **NO**
 Drug Test Given: **NO**
 Total Occupants: **1**
 Vehicle Year: **1997**
 Vehicle Make: **HONDA - HOND**
 Vehicle Model: **ACC**
 Vehicle Style: **4D**
 Vehicle Config: **01 - PASSENGER CAR**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**

Towing: **YES**
 Initial Trvl Dir: **3 - SOUTH**
 Vision Obscured: **01 - NOT OBSCURED**
 Traffic Controls: **01 - NO CONTROLS PRESENT**
 Point of Init Impact: **01 - FRONT**
 Most Damaged Area: **01 - FRONT**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$15,000.00**
 Ext of Damage: **3 - FUNCTIONAL DAMAGE**
 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: **3 - NO ON/OFF SWITCH PRESENT**
 Abg Deploy: **1 - DEPLOYED FRONT OF PERSON**
 Trapped: **1 - NOT TRAPPED**
 Ejection: **1 - NOT EJECTED**
 Ejection Path: **1 - NOT EJECTED/NOT APPLICABLE**
 Occprnt Protect: **2 - SHOULDER AND LAP BELT USED**

Injury Status: **3 - NON-INCAPACITATING**
 Transported to: **STORY COUNTY MEDICAL CENTER**
 Transported by: **STORY COUNTY**
 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:

Accident Environment

First Harmful Event Loc: 1 - ON ROADWAY
Manner of Crash/Collision: 5 - BROADSIDE
Light Conditions: 1 - DAYLIGHT
Weather Conditions: 03 - CLOUDY

Roadway Characteristics
Environment: 1 - NONE APPARENT
Roadway: 01 - NONE APPARENT
Type of Road Junc/Feat: 11 - FOUR-WAY INTERSECTION

Surface Conditions: 1 - DRY

Workzone Related: NO

First Harmful Evt of Crash: 22 - VEHICLE INFROM OTHER ROADWAY

Location:
Type:
Workers Present:

Narrative

Eastbound Vehicle one pulled out in front of southbound vehicle 2 from stop sign on Hwy 210.

Diagram

