



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 11/22/2013 00:00:00 TO 11/24/2013 23:59:59

Printed: 08:05, November 25, 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 10 rows of case details including case numbers, descriptions of incidents, and officer names.

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: 13-001469  
 Date of Acc: 11/23/13  
 Time of Acc: 14:18 Hrs.  
 Name of Agency: **STORY COUNTY SHERIFF'S OFFICE**  
 Officer: **SCOTT, JEFF**  
 Badge #: 85-33  
 Report Date: 11/23/2013  
 Officer Notified: 14:42 Hrs.  
 Officer Arrived: 14:46 Hrs.  
 Scene Investigated: **YES**

Legal Intervention: **NO**  
 Private Property: **NO**  
 County: **STORY - 85**  
 Acc Loc City: **ROLAND - 6597**  
 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: 00458490  
 Y-Coordinate: 04668025  
 Location Literal: **SOUTH COTTONWOOD AND LOCUST STREET**  
 Description:

**Unit 001**

Driver Name - Last: **TIECK**  
 First: **APRIL**  
 Middle:  
 Address: **507 PARKWOOD CIRCLE**  
 City: **HUXLEY**  
 State: **IA**  
 Zip: **50124**  
 Suffix:  
 Gender: **Female**  
 Age: **14**  
 License State: **NO**  
 License Class:  
 License Endorsmnt: **NONE**  
 License Restrictions: **NONE**  
 Speed Limit: **25**  
 Seating Position: **01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER**  
 Driver Condition: **1**  
 Alcohol Test Given: **NO**  
 Drug Test Given: **NO**  
 Total Occupants: **2**  
 Vehicle Year: **2000**  
 Vehicle Make: **CHEVROLET - CHEV**  
 Vehicle Model: **CAV**  
 Vehicle Style: **4D**  
 Vehicle Config: **01 - PASSENGER CAR**  
 Vehicle Defect: **01 - NONE**  
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**

Towing: **YES**  
 Initial Trvl Dir: **4 - WEST**  
 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: **\$7,569.00**  
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**  
 First Event: **23 - PARKED MOTOR VEHICLE**  
 Second Event: **34 - CURB/ISLAND/RAISED MEDIAN**  
 Third Event: **03 - RAN OFF ROAD, LEFT**  
 Fourth Event: **37 - TREE**  
 Most Harmful Event: **37 - TREE**  
 Abg Switch Stat: **3 - NO ON/OFF SWITCH PRESENT**  
 Abg Deploy: **6 - NOT APPLICABLE**  
 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**  
 WARY GREELEY MEDICAL CENTER  
 Transported to:  
 Transported by: **MERY GREELEY AMBULANCE**  
 Emergency Veh: **1 - NOT APPLICABLE**  
 Emergency Status: **3 - NOT APPLICABLE**  
 Cont. Circum., Dvr: **04 - DRIVING TOO FAST FOR CONDITIONS, 08 - LOST CONTROL**  
 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: **321.288(1)**  
 Citation Charge 1: **FAIL TO MAINTAIN CONTROL**  
 Cit Chrg Code 2: **321.174**  
 Citation Charge 2: **FAIL TO HAVE VALID LICENSE**  
 Cit Chrg Code 3:  
 Citation Charge 3:  
 Cit Chrg Code 4:  
 Citation Charge 4:

**Unit 002**

Driver Name - Last:  
 First:  
 Middle:  
 Address:  
 City:  
 State:  
 Zip:  
 Suffix:  
 Gender:  
 Age:  
 License State:  
 License Class:  
 License Endorsmnt: **NONE**  
 License Restrictions: **NONE**  
 Speed Limit: **25**  
 Seating Position:  
 Driver Condition: **8**  
 Alcohol Test Given:  
 Drug Test Given:  
 Total Occupants: **0**  
 Vehicle Year: **2002**  
 Vehicle Make: **DODGE - DODG**  
 Vehicle Model: **DAKOTA**  
 Vehicle Style: **PK**  
 Vehicle Config: **02 - FOUR-TIRE LIGHT TRUCK (PICK-UP, PANEL)**  
 Vehicle Defect: **01 - NONE**  
 Vehicle Action: **12 - LEGALLY PARKED**

Towing: **NO**  
 Initial Trvl Dir:  
 Vision Obscured: **88 - OTHER (EXPLAIN IN NARRATIVE)**  
 Traffic Controls: **01 - NO CONTROLS PRESENT**  
 Point of Init Impact: **07 - LEFT SIDE**  
 Most Damaged Area: **07 - LEFT SIDE**  
 Undrrid/Ovrid: **1 - NONE**  
 Rpr/Rplc Cost: **\$1,500.00**  
 Ext of Damage: **2 - MINOR DAMAGE**  
 First Event: **21 - VEHICLE IN TRAFFIC**  
 Second Event:  
 Third Event:  
 Fourth Event:  
 Most Harmful Event: **21 - VEHICLE IN TRAFFIC**  
 Abg Switch Stat:  
 Abg Deploy:  
 Trapped:  
 Ejection:  
 Ejection Path:  
 Occpnt Protect:

Injury Status:  
 Transported to:  
 Transported by:  
 Emergency Veh: **1 - NOT APPLICABLE**  
 Emergency Status: **3 - NOT APPLICABLE**  
 Cont. Circum., Dvr: **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:

## Property Damage

Object Damaged:	TREE	Company Owner Name:	
Estimate of Damage:	\$250.00	Street or RFD:	116 W LOCUST STREET
Owner's Name - Last:	RUBEN	City:	ROLAND
First:	ERNEST	State:	IA
Middle:	HENRY	Zip Code:	50236
Suffix:	JR		

## Accident Environment

First Harmful Event Loc:	1 - ON ROADWAY	Roadway Characteristics	
Manner of Crash/Collision:	7 - SIDESWIPE, OPPOSITE DIRECTION	Environment:	1 - NONE APPARENT
Light Conditions:	1 - DAYLIGHT	Roadway:	02 - ROAD SURFACE CONDITION
Weather Conditions:	01 - CLEAR	Type of Road Junc/Feat:	01 - NO SPECIAL FEATURE
Surface Conditions:	3 - ICE	Workzone Related:	NO
First Harmful Evt of Crash:	23 - PARKED MOTOR VEHICLE	Location:	
		Type:	
		Workers Present:	

## Narrative

Vehicle 1 turned west onto Locust Street from South Cottonwood in Roland when it hit a patch of ice and lost control.

The driver of vehicle 1 panicked and hit the gas instead of the brakes, causing the vehicle to lose control and strike vehicle 2, which was legally parked on the south side of Locust Street.

After vehicle 1 collided with vehicle 2, vehicle 1 jumped the curb and came to rest after hitting a pine tree.

Damage to vehicle 1 was substantial and was not able to be driven from the scene.

The owners of vehicle 2 were notified about their vehicle and tree.

The driver of vehicle 1 was being taught how to drive by the passenger and did not have a valid license or permit to operate a vehicle.

Both the driver and the passenger of vehicle were issued citations.

The driver of vehicle 1 was taken to Mary Greeley Medical Center.

Photos were taken of the scene.

## Diagram

