



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 01/18/2013 00:00:00 TO 01/20/2013 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 5 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: **13-000078**  
 Date of Acc: **01/19/13**  
 Time of Acc: **09:37** Hrs.  
 Name of Agency: **STORY COUNTY SHERIFF'S OFFICE**  
 Officer: **TICKLE BRIAN**  
 Badge #: **85-40**  
 Report Date: **01/19/2013**  
 Officer Notified: **09:38** Hrs.  
 Officer Arrived: **09:51** 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, H/Way: **"N/A"**  
 Definable Location: **"N/A"**  
 Milepost Number: **"N/A"**

At Intersection with: **"N/A"**  
 Div H/Way Trvl Dir: **"N/A"**  
 Distance 1: **"N/A"**  
 Direction 1: **"N/A"**  
 Distance 2: **"N/A"**  
 Direction 2: **"N/A"**  
 X-Coordinate: **00448693**  
 Y-Coordinate: **04657373**  
 Location Literal: **400 BLOCK OF WEST RIVERSIDE RD**  
 Description:

**Unit 001**

Driver Name - Last: **BUTH**  
 First: **ROBERT**  
 Middle: **H.**  
 Address: **533 N. SUMMIT AVE**  
 City: **OCONOMOWOC**  
 State: **WI**  
 Zip: **53066**  
 Suffix:  
 Gender: **Male**  
 Age: **69**  
 License State: **WI**  
 License Class: **D**  
 License Endorsmnt: **NONE**  
 License Restrictions: **CORR LENS**  
 Speed Limit: **45**  
 Seating Position: **01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER**  
 Driver Condition: **1**  
 Alcohol Test Given: **NO**  
 Drug Test Given: **NO**  
 Total Occupants: **2**  
 Vehicle Year: **2001**  
 Vehicle Make: **TOYOTA - TOYT**  
 Vehicle Model: **TUNDRA**  
 Vehicle Style: **PICKUP**  
 Vehicle Config: **02 - FOUR-TIRE LIGHT TRUCK (PICK-UP, PANEL)**  
 Vehicle Defect: **01 - NONE**  
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**

Towing: **YES**  
 Initial Trvl Dir: **2 - EAST**  
 Vision Obscured: **01 - NOT OBSCURED**  
 Traffic Controls: **06 - NO PASSING ZONE (MARKED)**  
 Point of Init Impact: **01 - FRONT**  
 Most Damaged Area: **01 - FRONT**  
 Undrrid/Ovrid: **1 - NONE**  
 Rpr/Rplc Cost: **\$12,000.00**  
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**  
 First Event: **01 - RAN OFF ROAD, RIGHT**  
 Second Event: **37 - TREE**  
 Third Event:  
 Fourth Event:  
 Most Harmful Event: **37 - TREE**  
 Abg Switch Stat: **9 - UNKNOWN**  
 Abg Deploy: **5 - NOT DEPLOYED**  
 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: **5 - UNINJURED**  
 Transported to: **MARY GREELEY MEDICAL CFNTR**  
 Transported by: **MARY GREELEY AMBULANCE**  
 Emergency Veh: **1 - NOT APPLICABLE**  
 Emergency Status: **3 - NOT APPLICABLE**  
 Cont. Circum., Drvr: **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:  
 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: **1 - NON-COLLISION**  
 Light Conditions: **1 - DAYLIGHT**  
 Weather Conditions: **02 - PARTLY CLOUDY**  
 Surface Conditions: **3 - ICE**  
 First Harmful Evt of Crash: **42 - OTHER FIXED OBJECT (EXPLAIN IN NARRATIVE)**  
 Roadway Characteristics Environment: **1 - NONE APPARENT**  
 Roadway: **02 - ROAD SURFACE CONDITION**  
 Type of Road Junc/Feat: **01 - NO SPECIAL FEATURE**  
 Workzone Related: **NO**  
 Location:  
 Type:  
 Workers Present:

**Injured Person**

Name - Last: **BUTH**  
 First: **CAROL**  
 Middle: **R.**  
 Suffix:  
 Address: **533 N. SUMMIT AVE**  
 City: **OCONOMOWOC**  
 State: **WI**  
 Zip Code: **53066**  
 Age: **66**  
 Sex: **FEMALE**  
 Unit No.: **1**  
 Seating Position: **03 - FRONT: RIGHT SIDE**  
 Injury Status: **3 - NON-INCAPACITATING**  
 Transported to: **MARY GREELEY MEDICAL CENTER**  
 Transported by: **MARY GREELEY AMBULANCE**  
 Occupant Protection: **2 - SHOULDER AND LAP BELT USED**  
 Airbag Deployment: **5**  
 Airbag Switch Status: **9 - UNKNOWN**  
 Ejection: **1 - NOT EJECTED**  
 Ejection Path: **1 - NOT EJECTED/NOT APPLICABLE**  
 Trapped: **1 - NOT TRAPPED**  
 Non-Motorist Type:  
 Location:  
 Action:  
 Condition:  
 Safety Equipment:  
 Contributing Circumstances:  
 Unit No. of Vehicle Striking:

**Narrative**

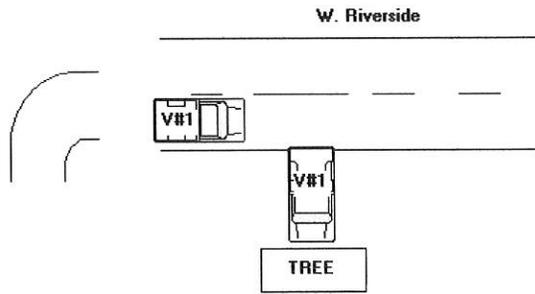
Vehicle #1 was eastbound on West Riverside. Driver of vehicle #1 lost control of the vehicle and entered the south ditch striking a tree. Driver of vehicle #1 was transported to Mary Greeley Medical Center to be "checked out". The passenger of vehicle #1 was also transported to Mary Greeley Medical Center. The

**Narrative**

passenger was complaining of chest injuries, which she believed was from her seat belt. No other vehicles were involved. No citations were issued. Road conditions at the time of the accident were slick from ice/frost.

**Diagram**

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

Case Number	13-000081	Legal Intervention	NO	At Intersection w/	"N/A"
Date of Acc	01/19/13	Private Property	NO	Div HWay Trvl D	"N/A"
Time of Acc	23:31 Hrs.	County	STORY - 85	Distance 1:	"N/A"
Name of Agency	STORY COUNTY SHERIFF'S OFFICE	Acc Loc Cit	ROLAND - 6597	Direction 1:	"N/A"
Officer:	ELLIS, LEANNA	Acc Dir From Cit	"N/A"	Distance 2:	"N/A"
Badge #:	85-15	Closest City:	"N/A"	Direction 2:	"N/A"
Report Date:	01/19/2013	Miles From City:	"N/A"	X-Coordinate	"N/A"
Officer Notified:	23:31 Hrs	Road, Street, HWY	"N/A"	Y-Coordinate	"N/A"
Officer Arrive	23:35 Hrs.	Definable Locat	"N/A"	Location Literal	620TH AVE .5 MILE
Scene Investigat	YES	Milepost Number	"N/A"	Description:	NORTH OF 150TH ST.

**Unit001**

Driver Name - L	COLBERT	Towing:	YES	Injury Status:	3 - NON-INCAPACITATIN
First:	KAYLI	Initial Trvl Dir:	1 - NORTH	Transported	MARY GREEELY MEDICA
Middle:	LEEANN	Vision Obscur	01 - NOT OBSCURED	Transported b	STORY CITY AMBULANC
Address:	127 S COTTONWOOD	Traffic Controls	01 - NO CONTROLS	Emergency V	1 - NOT APPLICABLE
City:	ROLAND	Point of Init	02 - RIGHT FRONT	Emergency Sta	3 - NOT APPLICABLE
State:	IA	Impact	PRESENT	Cont. Circum., Drv	03 - LOST CONTROL
Zip:	50236	Most	09 - TOP	Carrier Nam	
Suffix:		Damaged Ar		Carrier Addre	
Gender:	Female	Undrrid/Ovrid	1 - NONE	Carrier City:	
Age:	18	Rpr/Rplc Cos	\$6,000.00	Carrier Stat	
License State:	IA	Ext of Dama	5 - SEVERE, VEHICLE TOTA	Carrier Zip	
License Cla	C	First Event:	01 - RAN OFF ROAD, RIGHT	Cargo Body Type:	01 - NOT APPLICABLE
License Endorsm	NONE	Second Event:	04 - CROSSED	Number of Axle	
License Restrictio	NONE	Third Event:	03 - RAN OFF ROAD, LEFT	HazMat Release	
Speed Lim	55	Fourth Event:	11 - OVERTURN/ROLLOVER	GVWR:	
Seating Positio	01 - FRONT: LEFT SIDE /	Most Harmful	11 - OVERTURN/ROLLOVER	Placard #:	
Driver Conditio	1	Event:		Cit Chrg Code 1:	
Alcohol Test Give	NO	Abg Switch Stat	- UNKNOWN	Citation Charge 1:	
Drug Test Give	NO	Abg Deploy:	5 - NOT DEPLOYED	Cit Chrg Code 2:	
Total Occupant	1	Trapped:	2 - FREED BY NON-MECHA	Cit Chrg Code 3:	
Vehicle Year	1996	Ejection:	1 - NOT EJECTED	Citation Charge 3:	
Vehicle Make:	OLDSMOBILE - OLDS	Ejection Path	1 - NOT EJECTED/NOT	Cit Chrg Code 4:	
Vehicle Model:	ACHIEVA	Applicable		Citation Charge	
Vehicle Style:	2D	Occpnt Protec	2 - SHOULDER AND LAP		
Vehicle Confi	01 - PASSENGER CAR	Belt Used	BELT USED		
Vehicle Defect:	01 - NONE				
Vehicle Action:	01 - MOVEMENT				
	ESSENTIALLY STRAIGH				

**Accident Environment**

First Harmful Event Loc:	4 - ROADSIDE	Roadway Characteristics	
Manner of Crash/Coll	1 - NON-COLLISION	Environment	1 - NONE APPARENT
Light Conditions:	5 - DARK, ROADWAY NOT LIGHTED	Roadway:	01 - NONE APPARENT
Weather Conditions:	01 - CLEAR	Type of Road Junc/Feat	01 - NO SPECIAL FEATURE
Surface Condition	1 - DRY	Workzone Related:	NO
First Harmful Evt of Cr	11 - OVERTURN/ROLLOVER	Locatio	
		Type:	
		Workers Pres	

**Narrative**

DRIVER WAS NORTHBOUND ON 620TH AVE NORTH OF 150TH ST. SHE REACHED FOR HER CHAPSTICK, WHICH CAUSED HER TO HIT THE GRAVEL SHOULDER ON HER LEFT. SHE LOST CONTROL OF THE VEHICLE, CROSSED THE CENTER LINE, AND LEFT THE ROADWAY TO THE RIGHT. UPON ENTERING THE WEST DITCH, THE VEHICLE OVERTURNED, COMING TO REST ON ITS TOP. DRIVER WAS TRAPPED IN THE VEHILCE AND WAS FREED BY NON-MECHANICAL MEANS. SHE WAS TRANSPORTED TO MARY GREEELY MEDICAL CENTER BY THE STORY CITY AMBULANCE.

**Diagram**

