



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 07/15/2014 00:00:00 TO 07/15/2014 23:59:59

Printed: 04:55, July 16, 2014, Wednesday

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, Officer. Contains 6 rows of arrest records including details like case number, description of the offense, and the officer's name and ID.

R\_Bull1 Additional Criteria: and ucr\_code >= '0000' and ucr\_code <= '9899' and chrgcnt = 1



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:	14-000825	Legal Intervention:	NO	At Intersection with:	"N/A"
Date of Acc:	07/15/14	Private Property:	NO	Div HWay Trvl Dir:	"N/A"
Time of Acc:	12:45 Hrs.	County:	STORY - 85	Distance 1:	"N/A"
Name of Agency:	STORY COUNTY SHERIFF'S OFFICE	Acc Loc City:		Direction 1:	"N/A"
Officer:	KESTER AARON	Acc Dir From City:	"N/A"	Distance 2:	"N/A"
Badge #:	85-34	Closest City:	"N/A"	Direction 2:	"N/A"
Report Date:	07/15/2014	Miles From City:	"N/A"	X-Coordinate:	00472235
Officer Notified:	12:52 Hrs.	Road,Street,HWay:	"N/A"	Y-Coordinate:	04650755
Officer Arrived:	13:06 Hrs.	Definable Location:	"N/A"	Location Literal:	EB HWY 30 ABOUT 1/2 MILE WEST OF WEST ST NEAR COLO
Scene Investigated:	YES	Milepost Number:	"N/A"	Description:	

**Unit 001**

Driver Name - Last:	CORTES	Towing:	YES	Injury Status:	3 - NON-INCAPACITATING
First:	OLIVIA	Initial Trvl Dir:	2 - EAST	Transported to:	MARY GREELEY MEDICAL CENTER
Middle:	PAULINE	Vision Obscured:	01 - NOT OBSCURED	Transported by:	STORY COUNTY AMBULANCE
Address:	411 MARION ST	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:	MARSHALLTOWN	Point of Init Impact:	03 - RIGHT SIDE	Emergency Status:	3 - NOT APPLICABLE
State:	IA	Most Damaged Area:	09 - TOP	Cont. Circum., Drvr:	08 - LOST CONTROL, 25 - INATTENTIVE/DISTRACTED BY: FATIGUED/ASLEEP
Zip:	50158	Undridd/Ovrid:	1 - NONE	Carrier Name:	
Suffix:		Rpr/Rplc Cost:	\$7,500.00	Carrier Address:	
Gender:	Female	Ext of Damage:	5 - SEVERE, VEHICLE TOTALED	Carrier City:	
Age:	18	First Event:	03 - RAN OFF ROAD, LEFT	Carrier State:	
License State:	IA	Second Event:	01 - RAN OFF ROAD, RIGHT	Carrier Zip:	
License Class:	C	Third Event:	11 - OVERTURN/ROLLOVER	Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Fourth Event:		Number of Axles:	
License Restrictions:	NONE	Most Harmful Event:	11 - OVERTURN/ROLLOVER	HazMat Released?:	
Speed Limit:	65	Abg Switch Stat:	3 - NO ON/OFF SWITCH PRESENT	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:	2	Occupnt Protect:	2 - SHOULDER AND LAP BELT USED	Citation Charge 2:	
Vehicle Year:	2002			Cit Chrg Code 3:	
Vehicle Make:	STRN			Citation Charge 3:	
Vehicle Model:	SL			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:	2 - SHOULDER	Roadway Characteristics Environment:	1 - NONE APPARENT
Manner of Crash/Collision:	1 - NON-COLLISION	Roadway:	01 - NONE APPARENT
Light Conditions:	1 - DAYLIGHT	Type of Road Junc/Feat:	01 - NO SPECIAL FEATURE
Weather Conditions:	01 - CLEAR	Workzone Related:	NO
Surface Conditions:	1 - DRY	Location:	
First Harmful Evt of Crash:	11 - OVERTURN/ROLLOVER	Type:	
		Workers Present:	

**Injured Person**

Name - Last:	RAMOS	Occupant Protection:	2 - SHOULDER AND LAP BELT USED
First:	SOPHIA	Airbag Deployment:	YES
Middle:	MARIA	Airbag Switch Status:	3 - NO ON/OFF SWITCH PRESENT
Suffix:		Ejection:	1 - NOT EJECTED
Address:	411 SHARON ST	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE
City:	MARSHALLTOWN	Trapped:	1 - NOT TRAPPED
State:	IA	Non-Motorist Type:	
Zip Code:	50158	Location:	
Age:	17	Action:	
Sex:	FEMALE	Condition:	
Unit No.:	1	Safety Equipment:	
Seating Position:	03 - FRONT: RIGHT SIDE	Contributing Circumstances:	
Injury Status:	3 - NON-INCAPACITATING	Unit No. of Vehicle Striking:	
Transported to:	MARY GREELEY MEDICAL CENTER		
Transported by:	COLO FIRST RESPONDERS		

**Narrative**

Driver stated that she didn't get good sleep last night and must have fallen asleep. The car entered the median, drove for a bit in the median and then went sideways into the south ditch. The car rolled several times after it entered the south ditch.

