

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **16-004998**
 Date of Acc: **09/01/16**
 Time of Acc: **17:00** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **ROHRBAUGH TIMOTHY**
 Badge #: **71-5**
 Report Date: **09/01/2016**
 Officer Notified: **17:06** Hrs.
 Officer Arrived: **17:24** Hrs.
 Scene Investigated: **YES**

Report to All Drivers: **YES**
 Legal Intervention: **NO**
 Private Property: **NO**
 County: **O'BRIEN - 71**
 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"**
 Div HWay Trvl Dir: **"N/A"**
 Distance 1: **"N/A"**
 Direction 1: **"N/A"**
 Distance 2: **"N/A"**
 Direction 2: **"N/A"**
 X-Coordinate: **00301918**
 Y-Coordinate: **04762174**
 Location Literal Description: **455TH STREET & WILSON AVE**

Unit 001

Driver Name - Last: HEIKENS	Bus Use:	Transported to: SPENCER HOSPITAL
First: COLE		
Middle: DOUGLAS	Drvr Distractions: 99 - UNKNOWN	Transported by: SUTHERLAND AMBULANCE
City: SPENCER		
State: IA	Traffic Controls: 07 - WARNING SIGN	Special Veh Func: 01 - NO SPECIAL FUNCTION
Zip: 51301-0000		
Suffix:	Point of Init Impact: 11 - FRONT DRIVER SIDE CORNER	Emergency Status: 01 - NOT APPLICABLE
Gender: Male	Most Damaged Area: 11 - FRONT DRIVER SIDE CORNER	Cont. Circum., Drvr: 06 - LOST CONTROL, 53 - DISREGARDED SIGNS/ROAD MARKINGS
Age: 18	Undrrid/Ovrid: 1 - NONE	
CDL: NO	Rpr/Rplc Cost: \$10,000.00	
License State: IA	Ext of Damage: 5 - SEVERE, VEHICLE TOTALED	
License Class: C	First Event: 01 - RAN OFF ROAD, RIGHT	
License Endorsmnt: NONE		Carrier Name:
License Restrictions: B	Second Event: 06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, AVOIDANCE)	Carrier Address:
Speed Limit: 55	Third Event: 03 - RAN OFF ROAD, LEFT	Carrier City:
Seating Position: 01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Fourth Event: 20 - OVERTURN/ROLLOVER	Carrier State:
Driver Condition: 99 - UNKNOWN		Carrier Zip:
Alcohol Test Given: NO	Most Harmful Event: 20 - OVERTURN/ROLLOVER	Cargo Body Type: 01 - NOT APPLICABLE
Drug Test Given: 1 - NONE	Abg Switch Stat: 03 - NOT DEPLOYED	Number of Axles:
Total Occupants: 1	Abg Deploy: 03 - NOT DEPLOYED	HazMat Involvement:
Vehicle Year: 2003	Trapped: 1 - NOT TRAPPED/APPLICABLE	HazMat Placard #:
Vehicle Make: DODGE - DODG	Ejection: 2 - NOT EJECTED	HazMat Released?:
Vehicle Model: DAKOTA	Ejection Path: 01 - NOT EJECTED/NOT APPLICABLE	Converter Dolly:
Vehicle Style: P/U	Occpnt Protect: 03 - SHOULDER AND LAP BELT USED	GVWR:
Vehicle Color: WHITE - WHI	Injury Status: 2 - SUSPECTED SERIOUS/INCAPACITATING	Cit Chrg Code 1: 321.288(1)
Vehicle Config: 02 - FOUR-TIRE TRUCK (PICK-UP)	Source of Trans: 03 - EMS GROUND	Citation Charge 1: FAILURE TO MAINTAIN CONTROL
Vehicle Defect: 99 - UNKNOWN	Died at Scene: 01 - NOT APPLICABLE	Cit Chrg Code 2:
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT		Citation Charge 3:
Tow: 3 - DISABLED - OFFICER ARRANGED		Cit Chrg Code 4:
Tow #:		Citation Charge 4:
Initial Trvl Dir: 04 - WEST		
Vision Obscured: 99 - UNKNOWN		

Accident Environment

First Harmful Event Loc: 02 - SHOULDER	Roadway Characteristics
Manner of Crash/Collision: 01 - NON-COLLISION (SINGLE VEHICLE)	Environment: 01 - NONE APPARENT
Light Conditions: 1 - DAYLIGHT	Roadway: 01 - NONE APPARENT
Weather Conditions: 01 - CLEAR	Type of Road Junc/Feat: 01 - NON-JUNCTION/NO SPECIAL FEATURE
Surface Conditions: 01 - DRY	FRA No.:
	Horizontal Alignment:
Workzone Related: NO	Vertical Alignment:
Activity:	First Harmful Evt of Crash: 20 - OVERTURN/ROLLOVER
Location:	
Type:	
Workers Present:	

Narrative

Vehicle 1 was traveling west bound on B53. Vehicle was traveling faster than the advised speed of 45 MPH and went off the road onto the shoulder. The driver tried to bring the vehicle back onto the road, but lost the control and over corrected and rolled the vehicle in the ditch.

