

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number:	17-001186	Report to All Drivers:	YES	At Intersection with:	"N/A"
Date of Acc:	03/02/17	Legal Intervention:	NO	Div HWay Trvl Dir:	"N/A"
Time of Acc:	08:00 Hrs.	Private Property:	NO	Distance 1:	"N/A"
Name of Agency:	O'BRIEN COUNTY SHERIFF'S OFF	County:	O'BRIEN - 71	Direction 1:	"N/A"
Officer:	VANDERVEEN STEVEN	Acc Loc City:	"N/A"	Distance 2:	"N/A"
Badge #:	71-9	Acc Dir From City:	"N/A"	Direction 2:	"N/A"
Report Date:	03/02/2017	Closest City:	"N/A"	X-Coordinate:	00293867
Officer Notified:	08:07 Hrs.	Miles From City:	"N/A"	Y-Coordinate:	04760376
Officer Arrived:	08:10 Hrs.	Road, Street, HWay:	"N/A"	Location Literal Description:	STATE 10/470TH ST
Scene Investigated:	YES	Definable Location:	"N/A"		
		Milepost Number:	"N/A"		

Unit 001

Driver Name - Last:	VANDER WEIDE	Bus Use:		Transported to:	
First:	DALTON	Drvr Distractions:	99 - UNKNOWN	Transported by:	
Middle:	JOHN	Traffic Controls:	01 - NO CONTROLS PRESENT	Special Veh Func:	01 - NO SPECIAL FUNCTION
City:	SUTHERLAND	Point of Init Impact:	99 - UNKNOWN	Emergency Status:	01 - NOT APPLICABLE
State:	IA	Most Damaged Area:	13 - TOP OF VEHICLE	Cont. Circum., Drvr:	05 - DRIVING TOO FAST FOR CONDITIONS, 06 - LOST CONTROL
Zip:	51058-0000	Undrrid/Ovrid:	1 - NONE		
Suffix:		Rpr/Rplc Cost:	\$3,000.00	Carrier Name:	
Gender:	Male	Ext of Damage:	4 - DISABLING DAMAGE	Carrier Address:	
Age:	17	First Event:	11 - LOSS OF TRACTION	Carrier City:	
CDL:	NO	Second Event:	03 - RAN OFF ROAD, LEFT	Carrier State:	
License State:	IA	Third Event:	20 - OVERTURN/ROLLOVER	Carrier Zip:	
License Class:	C	Fourth Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Most Harmful Event:	20 - OVERTURN/ROLLOVER	Number of Axles:	
License Restrictions:	NONE	Abg Switch Stat:		HazMat Involvement:	
Speed Limit:	55	Abg Deploy:	03 - NOT DEPLOYED	HazMat Placard:	
Seating Position:	01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Ejection Path:	01 - NOT EJECTED/NOT APPLICABLE	Placard #:	
Driver Condition:	01 - APPARENTLY NORMAL	Occpnt Protect:	03 - SHOULDER AND LAP BELT USED	HazMat Released?:	
Alcohol Test Given:	NO	Injury Status:	4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)	Converter Dolly:	
Drug Test Given:	1 - NONE	Source of Trans:	01 - NOT TRANSPORTED	GVWR:	
Total Occupants:	1	Died at Scene:	01 - NOT APPLICABLE	Cit Chrg Code 1:	
Vehicle Year:	2001			Citation Charge 1:	
Vehicle Make:	FORD - FORD			Cit Chrg Code 2:	
Vehicle Model:	RNG			Citation Charge 2:	
Vehicle Style:	PK			Cit Chrg Code 3:	
Vehicle Color:	YELLOW - YEL			Citation Charge 3:	
Vehicle Config:	02 - FOUR-TIRE TRUCK (PICK-UP)			Cit Chrg Code 4:	
Vehicle Defect:	01 - NONE			Citation Charge 4:	
Vehicle Action:	01 - MOVEMENT ESSENTIALLY STRAIGHT				
Tow:	2 - DISABLED - PRIVATELY ARRANGED				
Tow #:					
Initial Trvl Dir:	04 - WEST				
Vision Obscured:	01 - NOT OBSCURED				

Accident Environment

First Harmful Event Loc:	01 - ON ROADWAY	Roadway Characteristics	
Manner of Crash/Collision:	01 - NON-COLLISION (SINGLE VEHICLE)	Environment:	02 - WEATHER CONDITION
Light Conditions:	1 - DAYLIGHT	Roadway:	01 - NONE APPARENT
Weather Conditions:	07 - SNOW	Type of Road Junc/Feat:	01 - NON-JUNCTION/NO SPECIAL FEATURE
Surface Conditions:	04 - SNOW	FRA No.:	
Workzone Related:	NO	Horizontal Alignment:	
Activity:		Vertical Alignment:	
Location:		First Harmful Evt of Crash:	20 - OVERTURN/ROLLOVER
Type:			
Workers Present:			

Narrative

Vehicle #1 was westbound on Highway 10 /470th street. There was a large patch of snow/ slush packed on the roadway. The driver lost control and entered the south ditch. The vehicle rolled over and came to rest on the drivers side.

