

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **17-003556**
 Date of Acc: **06/03/17**
 Time of Acc: **23:01** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **BRACY DANIEL**
 Badge #: **71-6**
 Report Date: **06/03/2017**
 Officer Notified: Hrs.
 Officer Arrived: Hrs.
 Scene Investigated:

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: **00271698**
 Y-Coordinate: **04773968**
 Location Literal: **390TH ST**
 Description:

Unit 001

Driver Name - Last: BRANDS	Bus Use:	Transported to: SANFORD SHELDON HOSPITAL
First: MELVIN		
Middle:	Drv Distractions: 99 - UNKNOWN	Transported by: SANBORN AMBULANCE
City: 6950		
State: IA	Traffic Controls: 04 - STOP SIGNS	Special Veh Func: 01 - NO SPECIAL FUNCTION
Zip: 51201		
Suffix:	Point of Init Impact: 15 - NON-COLLISION/NO DAMAGE	Emergency Status: 01 - NOT APPLICABLE
Gender: Male	Most Damaged Area: 15 - NON-COLLISION/NO DAMAGE	Cont. Circum., Drvr: 02 - RAN STOP SIGN
Age: 80	Undrrid/Ovrid: 1 - NONE	
CDL: NO	Rpr/Rplc Cost: \$0.00	
License State: IA	Ext of Damage: 1 - NONE	
License Class: A	First Event: 94 - OTHER PRE-CRASH (EXPLAIN IN NARRATIVE)	Carrier Name:
License Endorsmnt: NONE	Second Event: 46 - GROUND	Carrier Address:
License Restrictions: NONE	Third Event:	Carrier City:
Speed Limit: 55	Fourth Event:	Carrier State:
Seating Position: 01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Most Harmful Event: 46 - GROUND	Carrier Zip:
Driver Condition: 05 - MEDICAL CONDITION (SEIZURE REACTION)	Abg Switch Stat: 03 - NOT DEPLOYED	Cargo Body Type: 01 - NOT APPLICABLE
Alcohol Test Given: NO	Trapped: 1 - NOT TRAPPED/APPLICABLE	
Drug Test Given: 1 - NONE	Ejection: 2 - NOT EJECTED	Number of Axles:
Total Occupants: 1	Ejection Path: 01 - NOT EJECTED/NOT APPLICABLE	HazMat Involvement:
Vehicle Year: 1996	Occpnt Protect: 03 - SHOULDER AND LAP BELT USED	HazMat Placard:
Vehicle Make: MERCURY - MERC	Injury Status: 2 - SUSPECTED SERIOUS/INCAPACITATING	Placard #:
Vehicle Model: MAR	Source of Trans: 03 - EMS GROUND	HazMat Released?:
Vehicle Style: 4D	Died at Scene: 01 - NOT APPLICABLE	Converter Dolly:
Vehicle Color: BEIGE - BGE		GVWR:
Vehicle Config: 01 - PASSENGER CAR		Cit Chrg Code 1:
Vehicle Defect: 01 - NONE		Citation Charge 1:
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT		Cit Chrg Code 2:
Tow: 1 - DRIVEN AWAY		Citation Charge 2:
Tow #:		Cit Chrg Code 3:
Initial Trvl Dir: 04 - WEST		Citation Charge 3:
Vision Obscured: 01 - NOT OBSCURED		Cit Chrg Code 4:
		Citation Charge 4:

Accident Environment

First Harmful Event Loc: 01 - ON ROADWAY	Roadway Characteristics
Manner of Crash/Collision: 01 - NON-COLLISION (SINGLE VEHICLE)	Environment: 01 - NONE APPARENT
Light Conditions: 4 - DARK, ROADWAY LIGHTED	Roadway: 01 - NONE APPARENT
Weather Conditions: 01 - CLEAR	Type of Road Junc/Feat: 12 - FOUR-WAY INTERSECTION
Surface Conditions: 01 - DRY	FRA No.:
Workzone Related: NO	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	First Harmful Evt of Crash: 46 - GROUND
Type:	
Workers Present:	

Narrative

**** ReExam Reason: DRIVER STOPPED FOR STOP SIGN AND STATED HE BLACKED OUT; DRIVER ACCELERATED AND CROSSED A HWY AND ENTERED A LEVEL B ROAD; DRIVER WOKE UP AND REALIZED HE HAD AN ACCIDENT AND CALLED THE SHERIFF'S OFFICE TO REPORT THE ACCIDENT **** ReExam Reason: DRIVER FOR BEGAN TO SLOW DOWN FOR A STOP SIGN AND STATED HE BLACKED OUT; DRIVER ACCELERATED AND CROSSED A HWY AND ENTERED A LEVEL B ROAD; DRIVER WOKE UP AND REALIZED HE HAD AN ACCIDENT AND CALLED THE SHERIFF'S OFFICE TO REPORT THE ACCIDENT