

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

Case Number: **17-004623**  
 Date of Acc: **07/12/17**  
 Time of Acc: **13:07** Hrs.  
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**  
 Officer: **BRACY DANIEL**  
 Badge #: **71-6**  
 Report Date: **07/12/2017**  
 Officer Notified: **13:07** Hrs.  
 Officer Arrived: **13:20** 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: **00272130**  
 Y-Coordinate: **04780125**  
 Location Literal: **L036/NETTLE AVE**  
 Description:

**Unit 001**

Driver Name - Last: <b>STEVENS</b>	Bus Use:	Transported to: <b>SANFORD SHELDON HOSPITAL</b>
First: <b>KATHERINE</b>		
Middle:	Drvr Distractions: <b>15 - INATTENTIVE/LOST IN THOUGHT</b>	Transported by: <b>SHELDON EMS</b>
City: <b>SHELDON</b>		
State: <b>IA</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>
Zip: <b>51201-0000</b>		
Suffix:	Point of Init: <b>13 - TOP OF VEHICLE</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Gender: <b>Female</b>	Impact:	
Age: <b>44</b>	Most Damaged Area: <b>13 - TOP OF VEHICLE</b>	Cont. Circum., Drvr: <b>06 - LOST CONTROL</b>
CDL: <b>NO</b>	Undridd/Ovrid: <b>1 - NONE</b>	
License State: <b>IA</b>	Rpr/Rplc Cost: <b>\$10,000.00</b>	
License Class: <b>C</b>	Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>	
License Endorsmnt: <b>NONE</b>	First Event: <b>33 - VEHICLE IN TRAFFIC</b>	
License Restrictions: <b>NONE</b>		
Speed Limit: <b>55</b>	Second Event: <b>03 - RAN OFF ROAD, LEFT</b>	Carrier Name:
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>		Carrier Address:
Driver Condition: <b>01 - APPARENTLY NORMAL</b>	Third Event: <b>01 - RAN OFF ROAD, RIGHT</b>	Carrier City:
Alcohol Test Given: <b>NO</b>		Carrier State:
Drug Test Given: <b>1 - NONE</b>	Fourth Event: <b>20 - OVERTURN/ROLLOVER</b>	Carrier Zip:
Total Occupants: <b>1</b>		Cargo Body Type: <b>01 - NOT APPLICABLE</b>
Vehicle Year: <b>2005</b>	Most Harmful Event: <b>20 - OVERTURN/ROLLOVER</b>	Number of Axles:
Vehicle Make: <b>CHEVROLET - CHEV</b>	Abg Switch Stat:	HazMat Involvement:
Vehicle Model: <b>MAL</b>	Abg Deploy: <b>03 - NOT DEPLOYED</b>	HazMat Placard:
Vehicle Style: <b>SD</b>		Placard #:
Vehicle Color: <b>GRAY - GRY</b>	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	HazMat Released?:
Vehicle Config: <b>01 - PASSENGER CAR</b>	Ejection: <b>2 - NOT EJECTED</b>	Converter Dolly:
Vehicle Defect: <b>01 - NONE</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	GVWR:
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	Cit Chrg Code 1: <b>321.288(1)</b>
Tow: <b>3 - DISABLED - OFFICER ARRANGED</b>	Injury Status: <b>4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)</b>	Citation Charge 1: <b>FAILURE TO MAINTAIN CONTROL</b>
Tow #:	Source of Trans: <b>03 - EMS GROUND</b>	Cit Chrg Code 2:
Initial Trvl Dir: <b>01 - NORTH</b>	Died at Scene: <b>01 - NOT APPLICABLE</b>	Citation Charge 2:
Vision Obscured: <b>01 - NOT OBSCURED</b>		Cit Chrg Code 3:
		Citation Charge 3:
		Cit Chrg Code 4:
		Citation Charge 4:

**Accident Environment**

First Harmful Event Loc: <b>01 - ON ROADWAY</b>	<b>Roadway Characteristics</b>
Manner of Crash/Collision: <b>01 - NON-COLLISION (SINGLE VEHICLE)</b>	Environment: <b>01 - NONE APPARENT</b>
Light Conditions: <b>1 - DAYLIGHT</b>	Roadway: <b>01 - NONE APPARENT</b>
Weather Conditions: <b>01 - CLEAR</b>	
	Type of Road Junc/Feat: <b>01 - NON-JUNCTION/NO SPECIAL FEATURE</b>
Surface Conditions: <b>01 - DRY</b>	
	FRA No.:
Workzone Related: <b>NO</b>	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	First Harmful Evt of Crash: <b>33 - VEHICLE IN TRAFFIC</b>
Type:	
Workers Present:	

**Narrative**

DRIVER WAS HEADED NORTHBOUND IN THE 3500 MILE OF NETTLE AVE; DRIVER ADMITTED TO BLINKING/LOOKING DOWN AND CROSSED THE ONCOMING (SOUTHBOUND) LANE OF NETTLE AVE AND GOING INTO THE WEST DITCH; DRIVER WAS IN THE WEST DITCH FOR 189 FEET; DRIVER SWERVED AND OVER CORRECTED COMING BACK UP ONTO NETTLE AVE FOR 63 FEET; DRIVER CROSSED BACK OVER THE NORTHBOUND LANE OF NETTLE AVE AND ENTERED THE EAST DITCH FOR 26 FT; ONCE IN THE DITCH THE CAR DID ROLL OVER ONTO ITS TOP; DRIVER PHONED 911 AND ASKED FOR EMS; DRIVER WAS TRANSPORTED TO SANFORD SHELDON HOSPITAL; THERE WAS A VEHICLE BEHIND THE DRIVER THAT DID WITNESS THE ACCIDENT AND GAVE A STATEMENT THAT WAS THE SAME;

