

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **17-005842**
 Date of Acc: **08/29/17**
 Time of Acc: **05:50** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY LEE REUVERS**
 Badge #: **71-4**
 Report Date: **08/29/2017**
 Officer Notified: **05:50** Hrs.
 Officer Arrived: **06:07** 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: **00282014**
 Y-Coordinate: **04787471**
 Location Literal: **L048/REDWING AVE**
 Description:

Unit 001

Driver Name - Last: **SWANCUTT**
 First: **AMANDA**
 Middle: **JEAN**
 City: **SANBORN**
 State: **IA**
 Zip: **51248-0000**
 Suffix:
 Gender: **Female**
 Age: **34**
 CDL: **NO**
 License State: **IA**
 License Class: **C**
 License Endorsmnt: **NONE**
 License Restrictions: **B**
 Speed Limit:
 Seating Position:
 Driver Condition:
 Alcohol Test Given: **YES**
 Drug Test Given: **1 - NONE**
 Total Occupants: **1**
 Vehicle Year: **2006**
 Vehicle Make: **CHEVROLET - CHEV**
 Vehicle Model: **EQUINOX**
 Vehicle Style: **SUV**
 Vehicle Color: **BLACK - BLK**
 Vehicle Config: **03 - SPORT UTILITY VEHICLE**
 Vehicle Defect:
 Vehicle Action:
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **17-00086**
 Initial Trvl Dir:
 Vision Obscured:

Bus Use:
 Dvr Distractions: **02 - NOT DISTRACTED**
 Traffic Controls:
 Point of Init Impact:
 Most Damaged Area:
 Undrrid/Ovrid: Rpr/Rplc Cost: **\$5,000.00**
 Ext of Damage:
 First Event:
 Second Event:
 Third Event:
 Fourth Event:
 Most Harmful Event:
 Abg Switch Stat:
 Abg Deploy:
 Trapped:
 Ejection:
 Ejection Path:
 Occpnt Protect:
 Injury Status:
 Source of Trans: **01 - NOT TRANSPORTED**
 Died at Scene: **01 - NOT APPLICABLE**

Transported to:
 Transported by:
 Special Veh Func:
 Emergency Status:
 Cont. Circum., Dvr:
 Carrier Name:
 Carrier Address:
 Carrier City:
 Carrier State:
 Carrier Zip:
 Cargo Body Type: **01 - NOT APPLICABLE**
 Number of Axles:
 HazMat Involvement:
 HazMat Placard:
 Placard #:
 HazMat Released?:
 Converter Dolly:
 GVWR:
 Cit Chrg Code 1: **321.288**
 Citation Charge 1: **FAILURE TO MAINTAIN CONTROL**
 Cit Chrg Code 2:
 Citation Charge 2:
 Cit Chrg Code 3:
 Citation Charge 3:
 Cit Chrg Code 4:
 Citation Charge 4:

Accident Environment

First Harmful Event Loc:
 Manner of Crash/Collision:
 Light Conditions:
 Weather Conditions:
 Surface Conditions:
 Workzone Related:
 Activity:
 Location:
 Type:
 Workers Present:

Roadway Characteristics
 Environment:
 Roadway:
 Type of Road Junc/Feat:
 FRA No.:
 Horizontal Alignment:
 Vertical Alignment:
 First Harmful Evt of Crash: **31 - ANIMAL**

Narrative

DRIVER WAS HEADING SOUTHBOUND ON REDWING AVE AND STATED THAT SHE HIT LOOSE GRAVEL. DRIVER OVER CORRECTED AND ENTERED EAST DITCH, ROLLING VEHICLE, AND COMING TO REST ON THE PASSENGER SIDE OF VEHICLE. FOG WAS PRESENT AT TIME OF ACCIDENT, BUT ACCIDENT DID OCCUR IN A CLEARING.

