

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

|   |                                   |   |
|---|-----------------------------------|---|
| Case Number: <b>17-005940</b>                       | Report to All Drivers: <b>YES</b> | At Intersection with: <b>"N/A"</b>                  |
| Date of Acc: <b>09/01/17</b>                        | Legal Intervention: <b>NO</b>     | Div HWay Trvl Dir: <b>"N/A"</b>                     |
| Time of Acc: <b>18:49</b> Hrs.                      | Private Property: <b>NO</b>       | Distance 1: <b>"N/A"</b>                            |
| Name of Agency: <b>O'BRIEN COUNTY SHERIFF'S OFF</b> | County: <b>O'BRIEN - 71</b>       | Direction 1: <b>"N/A"</b>                           |
| Officer: <b>STEVENS BRAD</b>                        | Acc Loc City:                     | Distance 2: <b>"N/A"</b>                            |
| Badge #: <b>71-10</b>                               | Acc Dir From City: <b>"N/A"</b>   | Direction 2: <b>"N/A"</b>                           |
| Report Date: <b>09/01/2017</b>                      | Closest City: <b>"N/A"</b>        | X-Coordinate: <b>00281165</b>                       |
| Officer Notified: <b>18:50</b> Hrs.                 | Miles From City: <b>"N/A"</b>     | Y-Coordinate: <b>04760787</b>                       |
| Officer Arrived: <b>19:01</b> Hrs.                  | Road,Street,HWay: <b>"N/A"</b>    | Location Literal: <b>L048/REDWING AVE AND 470TH</b> |
| Scene Investigated: <b>YES</b>                      | Definable Location: <b>"N/A"</b>  | Description: <b>ST</b>                              |
|   | Milepost Number: <b>"N/A"</b>     |   |

**Unit 001**

|  |   |   |
|--|---|---|
| Driver Name - Last: <b>SCHMIDT</b>                                 | Bus Use:  | Transported to: <b>N/A</b>  |
| First: <b>WILLIAM</b>  | Drvr Distractions: <b>01 - NOT APPLICABLE/NO DRIVER</b>                     | Transported by: <b>N/A</b>  |
| Middle: <b>DUANE</b>   | Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>                           | Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>                                   |
| City: <b>CASPER</b>  | Point of Init Impact: <b>09 - MIDDLE DRIVER SIDE</b>                        | Emergency Status: <b>01 - NOT APPLICABLE</b>  |
| State: <b>WY</b>   | Most Damaged Area: <b>03 - MIDDLE PASSENGER SIDE</b>                        | Cont. Circum., Drvr: <b>05 - DRIVING TOO FAST FOR CONDITIONS, 06 - LOST CONTROL</b> |
| Zip: <b>82601</b>  | Undrrid/Ovrid: <b>1 - NONE</b>  |   |
| Suffix:  | Rpr/Rplc Cost: <b>\$4,579.00</b>  |   |
| Gender: <b>Male</b>  | Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>                           |   |
| Age: <b>16</b>   | First Event: <b>03 - RAN OFF ROAD, LEFT</b>                                 | Carrier Name:   |
| CDL:   | Second Event: <b>06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, AVOIDANCE)</b> | Carrier Address:  |
| License State: <b>WY</b>   | Third Event: <b>20 - OVERTURN/ROLLOVER</b>                                  | Carrier City:   |
| License Class: <b>I2C</b>  | Fourth Event:   | Carrier State:  |
| License Endorsmnt: <b>NONE</b>                                     | Most Harmful Event: <b>20 - OVERTURN/ROLLOVER</b>                           | Carrier Zip:  |
| License Restrictions: <b>I</b>                                     | Abg Switch Stat: <b>03 - NOT DEPLOYED</b>                                   | Cargo Body Type: <b>01 - NOT APPLICABLE</b>   |
| Speed Limit: <b>55</b>   | Abg Deploy:   | Number of Axles:  |
| Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b> | Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>                                  | HazMat Involvement:   |
| Driver Condition: <b>01 - APPARENTLY NORMAL</b>                    | Ejection: <b>2 - NOT EJECTED</b>  | HazMat Placard:   |
| Alcohol Test Given: <b>NO</b>                                      | Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>                       | Placard #:  |
| Drug Test Given: <b>1 - NONE</b>                                   | Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>                      | HazMat Released?:   |
| Total Occupants: <b>3</b>  | Injury Status: <b>5 - UNINJURED</b>   | Converter Dolly:  |
| Vehicle Year: <b>2003</b>  | Source of Trans: <b>01 - NOT TRANSPORTED</b>                                | GVWR:   |
| Vehicle Make: <b>JEEP - JEEP</b>                                   | Died at Scene: <b>01 - NOT APPLICABLE</b>                                   | Cit Chrg Code 1: <b>321.288(1)</b>  |
| Vehicle Model: <b>LIBERTY</b>                                      |   | Citation Charge 1: <b>FAILURE TO MAINTAIN CONTROL</b>                               |
| Vehicle Style: <b>SUV</b>  |   | Cit Chrg Code 2:  |
| Vehicle Color: <b>GRAY - GRY</b>                                   |   | Citation Charge 2:  |
| Vehicle Config: <b>03 - SPORT UTILITY VEHICLE</b>                  |   | Cit Chrg Code 3:  |
| Vehicle Defect: <b>01 - NONE</b>                                   |   | Citation Charge 3:  |
| Vehicle Action: <b>02 - TURNING LEFT</b>                           |   | Cit Chrg Code 4:  |
| Tow: <b>3 - DISABLED - OFFICER ARRANGED</b>                        |   | Citation Charge 4:  |
| Tow #: <b>17-1788</b>  |   |   |
| Initial Trvl Dir: <b>03 - SOUTH</b>                                |   |   |
| Vision Obscured: <b>01 - NOT OBSCURED</b>                          |   |   |

**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>02 - SURFACE CONDITION (E.G., WET, ICY)</b>   |
| Weather Conditions: <b>05 - RAIN</b>                                  | Type of Road Junc/Feat: <b>12 - FOUR-WAY INTERSECTION</b> |
| Surface Conditions: <b>02 - WET</b>                                   | FRA No.:  |
| Workzone Related: <b>NO</b>   | Horizontal Alignment:                                     |
| Activity:   | Vertical Alignment:                                       |
| Location:   | First Harmful Evt of Crash: <b>20 - OVERTURN/ROLLOVER</b> |
| Type:   |   |
| Workers Present:  |   |

## Injured Person

Name - Last: **SIMM**  
First: **COLBY**  
Middle: **GENE**  
Suffix:  
City: **PAULLINA**  
State: **IA**  
Zip Code: **51046-0000**  
Age: **16**  
Sex: **MALE**  
Unit No.: **1**  
Seating Position: **03 - 1ST ROW: RIGHT SIDE**  
Occupant Protection: **03 - SHOULDER AND LAP BELT USED**

Airbag Deployment: **03 - NOT DEPLOYED**  
Airbag Switch Status:  
Trapped: **1 - NOT TRAPPED/APPLICABLE**  
Injury Status: **4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)**  
Ejection: **2 - NOT EJECTED**  
Ejection Path: **01 - NOT EJECTED/NOT APPLICABLE**  
Alcohol Test Given:  
Drug Test Given:  
Source of Transport: **05 - PARENT/SPOUSE/FRIEND**  
Died at Scene/Enroute: **01 - NOT APPLICABLE**  
Transported to: **BAUM HARMON HOSPITAL**  
Transported by: **MOTHER**

## Narrative

Unit 1 was southbound on Redwing Avenue. Unit 1 attempted to make a left turn eastbound onto 470th Street. Unit 1 lost control and entered the north ditch, rolling and coming to rest on the passenger side.

## Diagram

