

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

Case Number: <b>17-006150</b>	Report to All Drivers: <b>Yes</b>	At Intersection with:
Date of Acc: <b>09/10/17</b>	Legal Intervention: <b>No</b>	Div HWay Trvl Dir:
Time of Acc: <b>11:45</b> Hrs.	Private Property: <b>No</b>	Distance 1:
Name of Agency: <b>O'Brien County Sheriff's Off</b>	County: <b>O'Brien - 71</b>	Direction 1:
Officer: <b>DEPUTY STEVEN VANDERVEEN</b>	Acc Loc City:	Distance 2:
Badge #: <b>71-9</b>	Acc Dir From City:	Direction 2:
Report Date: <b>09/10/2017</b>	Closest City:	X-Coordinate: <b>00303882</b>
Officer Notified: <b>12:13</b> Hrs.	Miles From City:	Y-Coordinate: <b>04754814</b>
Officer Arrived: <b>12:31</b> Hrs.	Road, Street, HWay:	Location Literal: <b>STATE 10/IOWA 10</b>
Scene Investigated: <b>Yes</b>	Definable Location:	Description:
	Milepost Number:	

**Unit 001**

Driver Name - Last: <b>BANWART</b>	Bus Use:	Transported to: <b>SPENCER HOSPITAL</b>
First: <b>TRENT</b>	Drvr Distractions: <b>99 - Unknown</b>	Transported by: <b>PETERSON AMBULANCE</b>
Middle: <b>ALAN</b>	Traffic Controls: <b>07 - Warning sign</b>	Special Veh Func: <b>01 - No special function</b>
City: <b>WEST BEND</b>	Point of Init: <b>99 - Unknown</b>	Emergency Status: <b>01 - Not applicable</b>
State: <b>IA</b>	Impact:	Cont. Circum., Drvr: <b>06 - Lost control</b>
Zip: <b>50597-0000</b>	Most Damaged Area: <b>13 - Top of Vehicle</b>	
Suffix:	Undrrid/Ovrid: <b>1 - None</b>	Carrier Name:
Gender: <b>Male</b>	Rpr/Rplc Cost: <b>\$5,000.00</b>	Carrier Address:
Age: <b>30</b>	Ext of Damage: <b>5 - Severe, vehicle totaled</b>	Carrier City:
CDL: <b>Yes</b>	First Event: <b>06 - Evasive action (swerve, panic braking, avoidance)</b>	Carrier State:
License State: <b>IA</b>	Second Event: <b>03 - Ran off road, left</b>	Carrier Zip:
License Class: <b>A</b>	Third Event: <b>20 - Overturn/rollover</b>	Cargo Body Type: <b>01 - Not applicable</b>
License Endorsmnt:	Fourth Event: <b>54 - Utility pole/light support</b>	Number of Axles:
License Restrictions: <b>1J</b>	Most Harmful Event: <b>20 - Overturn/rollover</b>	HazMat Involvement:
Speed Limit: <b>55</b>	Abg Switch Stat:	HazMat Placard:
Seating Position: <b>01 - 1st row: left side/motorcycle driver</b>	Abg Deploy: <b>03 - Not deployed</b>	Placard #:
Driver Condition: <b>99 - Unknown</b>	Trapped: <b>1 - Not trapped/applicable</b>	HazMat Released?:
Alcohol Test Given: <b>NO</b>	Ejection: <b>2 - Not ejected</b>	Converter Dolly:
Drug Test Given: <b>1 - None</b>	Ejection Path: <b>01 - Not ejected/not applicable</b>	GVWR:
Total Occupants: <b>1</b>	Occpnt Protect: <b>03 - Shoulder and lap belt used</b>	Cit Chrg Code 1: <b>321.288(1)</b>
Vehicle Year: <b>1998</b>	Injury Status: <b>2 - Suspected serious/incapacitating</b>	Citation Charge 1: <b>FAILURE TO MAINTAIN CONTROL</b>
Vehicle Make: <b>Ford - FORD</b>	Source of Trans: <b>03 - EMS ground</b>	Cit Chrg Code 2:
Vehicle Model: <b>F15</b>	Died at Scene: <b>01 - Not applicable</b>	Citation Charge 3:
Vehicle Style: <b>3D</b>		Cit Chrg Code 4:
Vehicle Color: <b>BLUE - BLU</b>		Citation Charge 4:
Vehicle Config: <b>02 - Four-tire truck (pick-up)</b>		
Vehicle Defect: <b>01 - None</b>		
Vehicle Action: <b>01 - Movement essentially straight</b>		
Tow: <b>3 - Disabled - officer arranged</b>		
Tow #: <b>17-0091</b>		
Initial Trvl Dir: <b>02 - East</b>		
Vision Obscured: <b>01 - Not obscured</b>		

**Property Damage 001**

Object Damaged: <b>UTILITY POLE</b>	Company Owner Name: <b>MID AMERICA ENERGY</b>
Estimate of Damage: <b>\$3,000.00</b>	City: <b>STORM LAKE</b>
Owner's Name - Last:	State: <b>IA</b>
First:	Zip Code: <b>50588</b>
Middle:	
Suffix:	

**Property Damage 002**

Object Damaged: <b>FENCE</b>	Company Owner Name: <b>PETERSON</b>
Estimate of Damage: <b>\$250.00</b>	City:
Owner's Name - Last: <b>BIBLER</b>	State: <b>IA</b>
First: <b>JERRY</b>	Zip Code: <b>51047</b>
Middle: <b>DEAN</b>	
Suffix:	

## Accident Environment

First Harmful Event Loc: **04 - Roadside**  
Manner of Crash/Collision: **01 - Non-collision (single vehicle)**  
Light Conditions: **1 - Daylight**  
Weather Conditions: **01 - Clear**

Surface Conditions: **01 - Dry**

Workzone Related: **No**  
Activity:  
Location:  
Type:  
Workers Present:

## Roadway Characteristics

Environment: **01 - None apparent**  
Roadway: **01 - None apparent**  
Type of Road Junc/Feat: **01 - Non-junction/no special feature**  
FRA No.:  
Horizontal Alignment:  
Vertical Alignment:

First Harmful Evt of Crash: **20 - Overturn/rollover**

## Narrative

Vehicle #1 was eastbound on Highway 10. The pickup entered the curve east of Yew avenue. The driver left the roadway to the right and over corrected. The vehicle then went into the north ditch and rolled over, struck a utility pole and damaged some field fence. The truck came to rest on its wheels in a pasture.

## Diagram



