

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

Case Number: <b>18-001752</b>	Report to All Drivers: <b>Yes</b>	At Intersection with:
Date of Acc: <b>03/27/18</b>	Legal Intervention: <b>No</b>	Div HWay Trvl Dir:
Time of Acc: <b>08:50 Hrs.</b>	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>REUVERS LEE</b>	Acc Loc City:	Distance 2:
Badge #: <b>71-4</b>	Acc Dir From City:	Direction 2:
Report Date: <b>03/27/2018</b>	Closest City:	X-Coordinate: <b>00296203</b>
Officer Notified: <b>08:50 Hrs.</b>	Miles From City:	Y-Coordinate: <b>04778083</b>
Officer Arrived: <b>08:58 Hrs.</b>	Road, Street, HWay:	Location Literal: <b>VAN BUREN AVE AND</b>
Scene Investigated: <b>Yes</b>	Definable Location:	Description: <b>B024/360TH ST</b>
	Milepost Number:	

**Unit 001**

Driver Name - Last: <b>KRAMER</b>	Bus Use:	Transported to: <b>SPENCER HOSPITAL</b>
First: <b>KARA</b>	Drvr Distractions: <b>02 - Not distracted</b>	Transported by: <b>HARTLEY AMB</b>
Middle: <b>KATHLEEN</b>	Traffic Controls: <b>04 - Stop signs</b>	Special Veh Func: <b>01 - No special function</b>
City: <b>SPENCER</b>	Point of Init Impact: <b>12 - Front Middle</b>	Emergency Status: <b>01 - Not applicable</b>
State: <b>IA</b>	Most Damaged Area: <b>12 - Front Middle</b>	Cont. Circum., Drvr: <b>02 - Ran Stop sign</b>
Zip: <b>51301</b>	Undrriid/Ovrid: <b>1 - None</b>	Carrier Name:
Suffix:	Rpr/Rplc Cost: <b>\$5,000.00</b>	Carrier Address:
Gender: <b>Female</b>	Ext of Damage: <b>5 - Severe, vehicle totaled</b>	Carrier City:
Age: <b>31</b>	First Event: <b>33 - Vehicle in traffic</b>	Carrier State:
CDL: <b>No</b>	Second Event:	Carrier Zip:
License State: <b>IA</b>	Third Event:	Cargo Body Type: <b>01 - Not applicable</b>
License Class: <b>C</b>	Fourth Event:	Number of Axles:
License Endorsmnt:	Most Harmful Event: <b>33 - Vehicle in traffic</b>	HazMat Involvement:
License Restrictions:	Abg Switch Stat:	HazMat Placard:
Speed Limit: <b>55</b>	Abg Deploy: <b>03 - Not deployed</b>	Placard #:
Seating Position: <b>03 - 1st row: right side</b>	Trapped: <b>1 - Not trapped/applicable</b>	HazMat Released?:
Driver Condition: <b>01 - Apparently normal</b>	Ejection: <b>2 - Not ejected</b>	Converter Dolly:
Alcohol Test Given: <b>NO</b>	Ejection Path: <b>01 - Not ejected/not applicable</b>	GVWR:
Drug Test Given: <b>1 - None</b>	Occpnt Protect: <b>03 - Shoulder and lap belt used</b>	Cit Chrg Code 1: <b>321.322</b>
Total Occupants: <b>1</b>	Injury Status: <b>2 - Suspected serious/incapacitating</b>	Citation Charge 1: <b>FAIL TO OBEY STOP SIGN</b>
Vehicle Year: <b>2007</b>	Source of Trans: <b>03 - EMS ground</b>	Cit Chrg Code 2:
Vehicle Make: <b>Ford - FORD</b>	Died at Scene: <b>01 - Not applicable</b>	Citation Charge 2:
Vehicle Model: <b>ESCAPE XLT</b>		Cit Chrg Code 3:
Vehicle Style: <b>SUV</b>		Citation Charge 3:
Vehicle Color: <b>RED - RED</b>		Cit Chrg Code 4:
Vehicle Config: <b>03 - Sport utility vehicle</b>		Citation Charge 4:
Vehicle Defect: <b>02 - Brake system</b>		
Vehicle Action: <b>01 - Movement essentially straight</b>		
Tow: <b>3 - Disabled - officer arranged</b>		
Tow #: <b>18-00017</b>		
Initial Trvl Dir: <b>01 - North</b>		
Vision Obscured: <b>01 - Not obscured</b>		

**Unit 002**

Driver Name - Last: <b>CROUCH</b>	Bus Use:	Transported to: <b>PRIMGHAR HOSPITAL</b>
First: <b>VIRGIL</b>	Drvr Distractions: <b>02 - Not distracted</b>	Transported by: <b>PRIVATE VEHICLE</b>
Middle: <b>THOMAS</b>	Traffic Controls: <b>01 - No controls present</b>	Special Veh Func: <b>01 - No special function</b>
City: <b>PRIMGHAR</b>	Point of Init Impact: <b>03 - Middle Passenger Side</b>	Emergency Status: <b>01 - Not applicable</b>
State: <b>IA</b>	Most Damaged Area: <b>03 - Middle Passenger Side</b>	Cont. Circum., Drvr: <b>88 - No improper action</b>
Zip: <b>51245</b>	Undrrid/Ovrid: <b>1 - None</b>	Carrier Name:
Suffix:	Rpr/Rplc Cost: <b>\$10,000.00</b>	Carrier Address:
Gender: <b>Male</b>	Ext of Damage: <b>5 - Severe, vehicle totaled</b>	Carrier City:
Age: <b>62</b>	First Event: <b>33 - Vehicle in traffic</b>	Carrier State:
CDL: <b>No</b>	Second Event:	Carrier Zip:
License State: <b>IA</b>	Third Event:	Cargo Body Type: <b>01 - Not applicable</b>
License Class: <b>C</b>	Fourth Event:	Number of Axles:
License Endorsmnt:	Most Harmful Event: <b>33 - Vehicle in traffic</b>	HazMat Involvement:
License Restrictions:	Abg Switch Stat:	HazMat Placard:
Speed Limit: <b>55</b>	Abg Deploy: <b>04 - Deployed front of person</b>	Placard #:
Seating Position: <b>01 - 1st row: left side/motorcycle driver</b>	Trapped: <b>1 - Not trapped/applicable</b>	HazMat Released?:
Driver Condition: <b>01 - Apparently normal</b>	Ejection: <b>2 - Not ejected</b>	Converter Dolly:
Alcohol Test Given: <b>NO</b>	Ejection Path: <b>01 - Not ejected/not applicable</b>	GVWR:
Drug Test Given: <b>1 - None</b>	Occpnt Protect: <b>03 - Shoulder and lap belt used</b>	Cit Chrg Code 1:
Total Occupants: <b>1</b>	Injury Status: <b>3 - Suspected minor/non-incapacitating</b>	Citation Charge 1:
Vehicle Year: <b>2004</b>	Source of Trans: <b>98 - Other (explain in narrative)</b>	Cit Chrg Code 2:
Vehicle Make: <b>Ford - FORD</b>	Died at Scene: <b>01 - Not applicable</b>	Citation Charge 2:
Vehicle Model: <b>F150 HERITAGE</b>		Cit Chrg Code 3:
Vehicle Style: <b>PICKUP</b>		Citation Charge 3:
Vehicle Color: <b>WHITE - WHI</b>		Cit Chrg Code 4:
Vehicle Config: <b>02 - Four-tire truck (pick-up)</b>		Citation Charge 4:
Vehicle Defect: <b>01 - None</b>		
Vehicle Action: <b>01 - Movement essentially straight</b>		
Tow: <b>3 - Disabled - officer arranged</b>		
Tow #: <b>18-00017</b>		
Initial Trvl Dir: <b>02 - East</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>05 - Broadside (front to side)</b>	Environment: <b>01 - None apparent</b>
Light Conditions: <b>1 - Daylight</b>	Roadway: <b>01 - None apparent</b>
Weather Conditions: <b>02 - Cloudy</b>	Type of Road Junc/Feat: <b>12 - Four-way intersection</b>
Surface Conditions: <b>10 - Gravel</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**

VEHICLE 1, WORKING FOR THE US POST OFFICE, WAS TRAVELING NORTHBOUND ON VAN BUREN AVE. VEHICLE 2 WAS TRAVELING EASTBOUND ON 390TH ST. DRIVER 1 WAS UNABLE TO STOP AT THE STOP SIGN DUE TO THE SECONDARY BRAKE HER VEHICLE WAS EQUIPPED WITH WOULD NOT DECOMPRESS. VEHICLE 1 CAME INTO CONTACT WITH VEHICLE 2 AT THE CONTROLLED INTERSECTION. VEHICLE 1 ENDED UP IN THE DITCH NEAR THE INTERSECTION. DRIVER 1 WAS TRANSPORTED TO THE SPENCER HOSPITAL FOR INJURIES. VEHICLE 2 CAME TO REST ON THE DRIVERS SIDE. DRIVER 2 CLIMBED OUT OF THE VEHICLE FROM THE PASSENGER SIDE WINDOW AND WAS TRANSPORTED TO THE PRIMGHAR HOSPITAL BY PRIVATE VEHICLE. DRIVER 1 WAS CITED FOR FAILURE TO OBEY STOP SIGN.



Diagram

