

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **18-004308**
 Date of Acc: **07/07/18**
 Time of Acc: **17:30** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **ROHRBAUGH TIMOTHY**
 Badge #: **71-5**
 Report Date: **07/09/2018**
 Officer Notified: **17:34** Hrs.
 Officer Arrived: **17:59** Hrs.
 Scene Investigated: **YES**

Report to All Drivers:
 Legal Intervention: **NO**
 Private Property: **NO**
 County: **O'BRIEN - 71**
 Acc Loc City:
 Acc Dir From City:
 Closest City:
 Miles From City:
 Road, Street, HWay:
 Definable Location:
 Milepost Number:

At Intersection with:
 Div HWay Trvl Dir:
 Distance 1:
 Direction 1:
 Distance 2:
 Direction 2:
 X-Coordinate: **00271947**
 Y-Coordinate: **04773313**
 Location Literal: **L036/NETTLE AVE**
 Description:

Unit 001

Driver Name - Last: **COLLIER**
 First: **BRENDA**
 Middle: **STARR**
 City: **PRIMGHAR**
 State: **IA**
 Zip: **51245**
 Suffix:
 Gender: **Female**
 Age: **39**
 CDL: **NO**
 License State: **IA**
 License Class: **D**
 License Endorsmnt:
 License Restrictions:
 Speed Limit: **55**
 Seating Position: **01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER**
 Driver Condition: **01 - APPARENTLY NORMAL**
 Alcohol Test Given: **NO**
 Drug Test Given: **1 - NONE**
 Total Occupants: **1**
 Vehicle Year: **2004**
 Vehicle Make: **CHRYSLER - CHRY**
 Vehicle Model: **SEB**
 Vehicle Style: **SD**
 Vehicle Color: **BLUE - BLU**
 Vehicle Config: **01 - PASSENGER CAR**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **0001**
 Initial Trvl Dir: **01 - NORTH**
 Vision Obscured: **01 - NOT OBSCURED**

Bus Use:
 Dvr Distractions: **99 - UNKNOWN**
 Traffic Controls: **01 - NO CONTROLS PRESENT**
 Point of Init Impact: **11 - FRONT DRIVER SIDE CORNER**
 Most Damaged Area: **11 - FRONT DRIVER SIDE CORNER**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$4,500.00**
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**
 First Event: **01 - RAN OFF ROAD, RIGHT**
 Second Event: **03 - RAN OFF ROAD, LEFT**
 Third Event: **44 - DITCH**
 Fourth Event: **54 - UTILITY POLE/LIGHT SUPPORT**
 Most Harmful Event: **44 - DITCH**
 Abg Switch Stat:
 Abg Deploy: **06 - DEPLOYED BOTH FRONT/SIDE**
 Trapped: **1 - NOT TRAPPED/APPLICABLE**
 Ejection: **2 - NOT EJECTED**
 Ejection Path: **01 - NOT EJECTED/NOT APPLICABLE**
 Occpnt Protect: **03 - SHOULDER AND LAP BELT USED**
4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)
 Source of Trans: **03 - EMS GROUND**
 Died at Scene: **01 - NOT APPLICABLE**

Transported to: **SHELDON**
 Transported by: **SCAT 1**
 Special Veh Func: **01 - NO SPECIAL FUNCTION**
 Emergency Status: **01 - NOT APPLICABLE**
 Cont. Circum., Dvr: **06 - LOST CONTROL, 15 - OVER-CORRECTING/OVER-STEERING**
 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: **321.20B**
 Citation Charge 1: **FAILURE TO PROVIDE PROOF OF FINANCIAL LIABILITY - ACC**
 Cit Chrg Code 2: **321.288(1)**
 Citation Charge 2: **FAILURE TO MAINTAIN CONTROL**
 Citation Charge 3:
 Citation Charge 4:

Property Damage 001

Object Damaged: **UTILITY POLE**
 Estimate of Damage: **\$100.00**
 Owner's Name - Last:
 First:
 Middle:
 Suffix:

Company Owner Name: **MID-AMERICAN ENERGY**
 City: **PRIMGHAR**
 State: **IA**
 Zip Code: **51245**

Property Damage 002

Object Damaged: **FENCE**
 Estimate of Damage: **\$100.00**
 Owner's Name - Last: **PORTER**
 First: **RANDY**
 Middle:
 Suffix:

Company Owner Name:
 City: **ARCHER**
 State: **IA**
 Zip Code: **51231**

Accident Environment

First Harmful Event Loc: **02 - SHOULDER**
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: **44 - DITCH**

Narrative

Collier was traveling north on L36. Collier states that she heard a load bang and then was able to drive the vehicle. She stated that she could not steer the vehicle and the brakes would not work. It looks like to me she dropped it off the pavement onto the shoulder and when she steered it back onto the road she over corrected and lost control.

Diagram

