

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **19003419**
 Date of Acc: **05/26/19**
 Time of Acc: **13:10** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **STEVENS BRAD**
 Badge #: **71-10**
 Report Date: **05/26/2019**
 Officer Notified: **13:15** Hrs.
 Officer Arrived: **13:20** 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: **00276793**
 Y-Coordinate: **04773813**
 Location Literal: **L040/ORIOLE AVE**
 Description:

Unit 001

Driver Name - Last: **ZEUTENHORST**
 First: **MARLO**
 Middle: **DWAINE**
 City: **SIoux CENTER**
 State: **IA**
 Zip: **51250**
 Suffix:
 Gender: **Male**
 Age: **77**
 CDL: **NO**
 License State: **IA**
 License Class: **C**
 License Endorsmnt: **L**
 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: **2016**
 Vehicle Make: **CHEVROLET - CHEV**
 Vehicle Model: **IMPALA**
 Vehicle Style: **4D**
 Vehicle Color: **WHITE - WHI**
 Vehicle Config: **01 - PASSENGER CAR**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **19000073**
 Initial Trvl Dir: **02 - EAST**
 Vision Obscured: **01 - NOT OBSCURED**

Bus Use:
 Dvr Distractions: **02 - NOT DISTRACTED**
 Traffic Controls: **01 - NO CONTROLS PRESENT**
 Point of Init Impact: **12 - FRONT MIDDLE**
 Most Damaged Area: **12 - FRONT MIDDLE**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$7,813.00**
 Ext of Damage: **4 - DISABLING DAMAGE**
 First Event: **33 - VEHICLE IN TRAFFIC**
 Second Event: **01 - RAN OFF ROAD, RIGHT**
 Third Event:
 Fourth Event:
 Most Harmful Event: **33 - VEHICLE IN TRAFFIC**
 Abg Switch Stat:
 Abg Deploy: **04 - DEPLOYED FRONT OF PERSON**
 Trapped: **1 - NOT TRAPPED/APPLICABLE**
 Ejection: **1 - NOT APPLICABLE**
 Ejection Path: **01 - NOT EJECTED/NOT APPLICABLE**
 Occpnt Protect: **03 - SHOULDER AND LAP BELT USED**
 Source of Trans: **03 - EMS GROUND**
 Died at Scene: **01 - NOT APPLICABLE**

Transported to: **MERCY ONE-PRIMGHAR**
 Transported by: **SHELDON AMBULANCE**
 Special Veh Func: **01 - NO SPECIAL FUNCTION**
 Emergency Status: **01 - NOT APPLICABLE**
 Cont. Circum., Dvr: **88 - NO IMPROPER ACTION**
 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:
 Citation Charge 1:
 Cit Chrg Code 2:
 Citation Charge 2:
 Citation Charge 3:
 Citation Charge 4:

Unit 002

Driver Name - Last: HOFMEYER	Bus Use:	Transported to: SHELDON HOSPITAL
First: ANNA		
Middle: JEAN	Drvr Distractions: 02 - NOT DISTRACTED	Transported by: HUSBAND
City: GRANVILLE		
State: IA	Traffic Controls: 04 - STOP SIGNS	Special Veh Func: 01 - NO SPECIAL FUNCTION
Zip: 51022		
Suffix:	Point of Init Impact: 02 - FRONT PASSENGER SIDE	Emergency Status: 01 - NOT APPLICABLE
Gender: Female	Most Damaged Area: 02 - FRONT PASSENGER SIDE	Cont. Circum., Drvr: 40 - FTYROW: FROM STOP SIGN
Age: 25	Undrrid/Ovrid: 1 - NONE	
CDL: NO	Rpr/Rplc Cost: \$6,787.00	
License State: IA	Ext of Damage: 5 - SEVERE, VEHICLE TOTALED	
License Class: C	First Event: 33 - VEHICLE IN TRAFFIC	Carrier Name:
License Endorsmnt:		Carrier Address:
License Restrictions:		Carrier City:
Speed Limit: 55	Second Event: 03 - RAN OFF ROAD, LEFT	Carrier State:
Seating Position: 01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Third Event:	Carrier Zip:
Driver Condition: 01 - APPARENTLY NORMAL	Fourth Event:	Cargo Body Type: 01 - NOT APPLICABLE
Alcohol Test Given: NO		Number of Axles:
Drug Test Given: 1 - NONE		HazMat Involvement:
Total Occupants: 1		HazMat Placard:
Vehicle Year: 2013	Most Harmful Event: 33 - VEHICLE IN TRAFFIC	Placard #:
Vehicle Make: CHEVROLET - CHEV		HazMat Released?:
Vehicle Model: MALIBU	Abg Switch Stat:	Converter Dolly:
Vehicle Style: 4D	Abg Deploy: 05 - DEPLOYED SIDE OF PERSON	GVWR:
Vehicle Color: BLUE - BLU		Cit Chrg Code 1: 321.322(1)
Vehicle Config: 01 - PASSENGER CAR	Trapped: 1 - NOT TRAPPED/APPLICABLE	Citation Charge 1: FAIL TO OBEY STOP SIGN/YIELD RIGHT OF WAY
Vehicle Defect: 01 - NONE	Ejection: 1 - NOT APPLICABLE	
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT	Ejection Path: 01 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 2:
Tow: 3 - DISABLED - OFFICER ARRANGED	Occpnt Protect: 03 - SHOULDER AND LAP BELT USED	Citation Charge 2:
Tow #: 19000072	Source of Trans: 05 - PARENT/SPOUSE/FRIEND	Citation Charge 3:
Initial Trvl Dir: 03 - SOUTH	Died at Scene: 01 - NOT APPLICABLE	Citation Charge 4:
Vision Obscured: 01 - NOT OBSCURED		

Accident Environment

First Harmful Event Loc: 01 - ON ROADWAY	Roadway Characteristics
Manner of Crash/Collision: 05 - BROADSIDE (FRONT TO SIDE)	Environment: 01 - NONE APPARENT
Light Conditions: 1 - DAYLIGHT	Roadway: 01 - NONE APPARENT
Weather Conditions: 01 - CLEAR	
	Type of Road Junc/Feat: 12 - FOUR-WAY INTERSECTION
Surface Conditions: 01 - DRY	
	FRA No.:
Workzone Related: NO	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	First Harmful Evt of Crash: 33 - VEHICLE IN TRAFFIC
Type:	
Workers Present:	

Narrative

Unit 1 was eastbound on 390th Street and Unit 2 was southbound on Oriole Avenue. Unit 2 stopped for the stop sign but failed to yield to Unit 1 before continuing south. Unit 1 struck Unit 2 broadside and came to a stop on the southeast shoulder. Unit 2 left the roadway and went into the southeast ditch and came to rest.

Diagram

