

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **16-005445**
 Date of Acc: **09/20/16**
 Time of Acc: **13:22** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **VANMEETEREN KEVEN**
 Badge #: **71-7**
 Report Date: **09/20/2016**
 Officer Notified: **13:22** Hrs.
 Officer Arrived: **13:32** Hrs.
 Scene Investigated: **YES**

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

At Intersection with: **"N/A"**
 Div HWay Trvl Dir: **"N/A"**
 Distance 1: **"N/A"**
 Direction 1: **"N/A"**
 Distance 2: **"N/A"**
 Direction 2: **"N/A"**
 X-Coordinate: **00282798**
 Y-Coordinate: **04784943**
 Location Literal: **5654 320TH ST**
 Description:

Unit 001

Driver Name - Last: BERGERON	Bus Use:	Transported to: N/A
First: ROCKY		
Middle: JAMES	Drvr Distractions: 01 - NOT APPLICABLE/NO DRIVER	Transported by: N/A
City: GREENVILLE		
State: MI	Traffic Controls: 01 - NO CONTROLS PRESENT	Special Veh Func: 01 - NO SPECIAL FUNCTION
Zip: 48838-9246		
Suffix:	Point of Init Impact: 98 - OTHER (EXPLAIN IN NARRATIVE)	Emergency Status: 01 - NOT APPLICABLE
Gender: Male	Most Damaged Area: 98 - OTHER (EXPLAIN IN NARRATIVE)	Cont. Circum., Drvr: 88 - NO IMPROPER ACTION
Age: 47	Undrrid/Ovrid: 1 - NONE	
CDL: YES	Rpr/Rplc Cost: \$0.00	
License State: MI	Ext of Damage: 1 - NONE	
License Class: E,CA	First Event: 06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, AVOIDANCE)	Carrier Name: RJF TRANSPORT
License Endorsmnt: NONE	Second Event: 33 - VEHICLE IN TRAFFIC	Carrier Address: 20206 W. HWY 6
License Restrictions: NONE	Third Event:	Carrier City: WALKERTON
Speed Limit: 55	Fourth Event:	Carrier State: IN
Seating Position: 01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Most Harmful Event: 33 - VEHICLE IN TRAFFIC	Carrier Zip: 46574
Driver Condition: 01 - APPARENTLY NORMAL	Abg Switch Stat:	Cargo Body Type: 01 - NOT APPLICABLE
Alcohol Test Given: NO	Abg Deploy: 01 - NOT APPLICABLE	Number of Axles: 6
Drug Test Given: 1 - NONE	Trapped: 1 - NOT TRAPPED/APPLICABLE	HazMat Involvement: 02 - NO
Total Occupants: 01	Ejection: 2 - NOT EJECTED	HazMat Placard:
Vehicle Year: 1993	Ejection Path: 01 - NOT EJECTED/NOT APPLICABLE	Placard #:
Vehicle Make: WHITE - WHIT	Occpnt Protect: 03 - SHOULDER AND LAP BELT USED	HazMat Released?:
Vehicle Model: GMC	Injury Status: 5 - UNINJURED	Converter Dolly: 2
Vehicle Style: TT	Source of Trans: 01 - NOT TRANSPORTED	GVWR: 3 - 26,001 LBS OR MORE
Vehicle Color: WHITE - WHI	Died at Scene: 01 - NOT APPLICABLE	Cit Chrg Code 1:
Vehicle Config: 07 - SINGLE-UNIT TRUCK (2-AXLE, 6-TIRE)		Citation Charge 1:
Vehicle Defect: 01 - NONE		Cit Chrg Code 2:
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT		Citation Charge 2:
Tow:		Cit Chrg Code 3:
Tow #:		Citation Charge 3:
Initial Trvl Dir: 04 - WEST		Cit Chrg Code 4:
Vision Obscured: 01 - NOT OBSCURED		Citation Charge 4:

Unit 002

Driver Name - Last: HALBUR	Bus Use:	Transported to: N/A
First: KATHLEEN		
Middle: HOPE	Drvr Distractions: 15 - INATTENTIVE/LOST IN THOUGHT	Transported by: N/A
City: HARTLEY		
State: IA	Traffic Controls: 01 - NO CONTROLS PRESENT	Special Veh Func: 01 - NO SPECIAL FUNCTION
Zip: 51346		
Suffix:	Point of Init Impact: 10 - FRONT DRIVER SIDE	Emergency Status: 01 - NOT APPLICABLE
Gender: Female	Most Damaged Area: 10 - FRONT DRIVER SIDE	Cont. Circum., Drvr: 08 - OPERATING VEHICLE IN A RECKLESS, ERRATIC, CARELESS, NEGLIGENT MANNER, 16 - FAILED TO KEEP IN PROPER LANE
Age: 27	Undridd/Ovrid: 1 - NONE	
CDL: NO	Rpr/Rplc Cost: \$2,000.00	
License State: IA	Ext of Damage: 3 - FUNCTIONAL DAMAGE	
License Class: C	First Event: 04 - CROSSED CENTERLINE (UNDIVIDED)	Carrier Name:
License Endorsmnt: NONE	Second Event: 33 - VEHICLE IN TRAFFIC	Carrier Address:
License Restrictions: B	Third Event:	Carrier City:
Speed Limit: 55	Fourth Event:	Carrier State:
Seating Position: 01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Most Harmful Event: 33 - VEHICLE IN TRAFFIC	Carrier Zip:
Driver Condition: U2 - EMOTIONAL (E.G., DEPRESSD ANGRY)	Abg Switch Stat: 03 - NOT DEPLOYED	Cargo Body Type: 01 - NOT APPLICABLE
Alcohol Test Given: NO	Abg Deploy:	Number of Axles:
Drug Test Given: 1 - NONE	Trapped: 1 - NOT TRAPPED/APPLICABLE	HazMat Involvement:
Total Occupants: 01	Ejection: 1 - NOT APPLICABLE	HazMat Placard:
Vehicle Year: 2007	Ejection Path: 01 - NOT EJECTED/NOT APPLICABLE	Placard #:
Vehicle Make: DODGE - DODG	Occpnt Protect: 03 - SHOULDER AND LAP BELT USED	HazMat Released?:
Vehicle Model: DUR	Injury Status: 3 - SUSPECTED MINOR/NON- INCAPACITATING	Converter Dolly:
Vehicle Style: LL	Source of Trans: 01 - NOT TRANSPORTED	GVWR:
Vehicle Color: WHITE - WHI	Died at Scene: 01 - NOT APPLICABLE	Cit Chrg Code 1: 321.20B
Vehicle Config: 03 - SPORT UTILITY VEHICLE		Citation Charge 1: FAILURE TO PROVIDE PROOF OF FINANCIAL LIABILITY - ACCID
Vehicle Defect: 01 - NONE		Cit Chrg Code 2: 321.98(1)(A)
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT		Citation Charge 2: OPERATION WITHOUT REGISTRATION CARD OR PLATE
Tow: 6 - ABANDONED/LEFT AT SCENE		Cit Chrg Code 3: 321.298
Tow #: 02 - EAST		Citation Charge 3: FAILURE TO YIELD HALF OF ROADWAY
Initial Trvl Dir: 01 - NOT OBSCURED		Cit Chrg Code 4: 321.266
Vision Obscured: 01 - NOT OBSCURED		Citation Charge 4: REPORTING ACCIDENTS

Property Damage

Object Damaged: MOBILE HOME	Company Owner Name: MEADOWLARK BUILDERS, INC
Estimate of Damage: \$2,000.00	City: BILLINGS
Owner's Name - Last:	State: MT
First:	Zip Code: 59101
Middle:	
Suffix:	

Accident Environment

First Harmful Event Loc: 01 - ON ROADWAY	Roadway Characteristics
Manner of Crash/Collision: 07 - SIDESWIPE, OPPOSITE DIRECTION	Environment: 01 - NONE APPARENT
Light Conditions: 1 - DAYLIGHT	Roadway: 01 - NONE APPARENT
Weather Conditions: 01 - CLEAR	Type of Road Junc/Feat: 01 - NON-JUNCTION/NO SPECIAL FEATURE
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 2 WAS EASTBOUND ON HWY 18 AND CROSSED THE CENTERLINE AND SIDE SWIPED UNIT 1 THAT WAS WESTBOUND ON HWY 18. UNIT 1 WAS TRANSPORTING A MOBILE HOME AND UNIT 2 STRUCK THE MOBILE HOME. UNIT 2 FLED THE SCENE OF THE ACCIDENT AND WAS LOCATED APPROXIMATELY 6 HRS LATER ABANDONED IN SANBORN IN A GROVE OF TREES/FIELD ON THE EDGE OF TOWN. DRIVER OF UNIT 2 WAS LOCATED AND HAD MINOR INJURIES FROM THE ACCIDENT BUT DID NOT NEED MEDICAL ASSISTANCE.

