

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

Case Number: **17-004234**  
 Date of Acc: **06/29/17**  
 Time of Acc: **17:20** Hrs.  
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**  
 Officer: **BRACY DANIEL**  
 Badge #: **71-6**  
 Report Date: **06/29/2017**  
 Officer Notified: **17:25** Hrs.  
 Officer Arrived: **17:42** Hrs.  
 Scene Investigated:

Report to All Drivers: **YES**  
 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: **00305730**  
 Y-Coordinate: **04784049**  
 Location Literal: **US 18/320TH ST**  
 Description:

**Unit 001**

Driver Name - Last: **MOUW**  
 First: **HARRIET**  
 Middle: **CAROLE**  
 City: **MELVIN**  
 State: **IA**  
 Zip: **51350-0000**  
 Suffix:  
 Gender: **Female**  
 Age: **89**  
 CDL: **NO**  
 License State: **IA**  
 License Class: **C**  
 License Endorsmnt: **NONE**  
 License Restrictions: **BF**  
 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: **2011**  
 Vehicle Make: **BUICK - BUIC**  
 Vehicle Model: **LUC**  
 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 #: **17000066**  
 Initial Trvl Dir: **04 - WEST**  
 Vision Obscured: **98 - OTHER (EXPLAIN IN NARRATIVE)**

Bus Use:  
 Dvr Distractions: **99 - UNKNOWN**  
 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: **\$3,500.00**  
 Ext of Damage: **4 - DISABLING DAMAGE**  
 First Event: **33 - VEHICLE IN TRAFFIC**  
 Second Event:  
 Third Event:  
 Fourth Event:  
 Most Harmful Event: **33 - VEHICLE IN TRAFFIC**  
 Abg Switch Stat:  
 Abg Deploy: **03 - NOT DEPLOYED**  
 Trapped: **1 - NOT TRAPPED/APPLICABLE**  
 Ejection: **2 - NOT EJECTED**  
 Ejection Path: **01 - NOT EJECTED/NOT APPLICABLE**  
 Occpnt Protect: **03 - SHOULDER AND LAP BELT USED**  
 Injury Status: **5 - UNINJURED**  
 Source of Trans: **01 - NOT TRANSPORTED**  
 Died at Scene: **01 - NOT APPLICABLE**

Transported to:  
 Transported by:  
 Special Veh Func: **01 - NO SPECIAL FUNCTION**  
 Emergency Status: **01 - NOT APPLICABLE**  
 Cont. Circum., Dvr: **05 - DRIVING TOO FAST FOR CONDITIONS, 07 - FOLLOWED TOO CLOSE**  
 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: **321.288(1)**  
 Citation Charge 1: **FAILURE TO MAINTAIN CONTROL**  
 Cit Chrg Code 2:  
 Citation Charge 2:  
 Cit Chrg Code 3:  
 Citation Charge 3:  
 Cit Chrg Code 4:  
 Citation Charge 4:

**Unit 002**

Driver Name - Last: <b>BERNIER</b>	Bus Use:	Transported to: <b>SPENCER HOSPITAL</b>
First: <b>BRITTANY</b>		
Middle: <b>KAYE</b>	Drvr Distractions: <b>02 - NOT DISTRACTED</b>	Transported by: <b>HARTLEY AMBULENCE</b>
City: <b>CHESAPEAKE</b>		
State: <b>VA</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>
Zip: <b>23320-1012</b>		
Suffix:	Point of Init Impact: <b>06 - REAR MIDDLE</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Gender: <b>Female</b>	Most Damaged Area: <b>06 - REAR MIDDLE</b>	Cont. Circum., Drvr: <b>99 - UNKNOWN</b>
Age: <b>26</b>	Undridd/Ovrid: <b>1 - NONE</b>	
CDL: <b>NO</b>	Rpr/Rplc Cost: <b>\$3,000.00</b>	
License State: <b>VA</b>	Ext of Damage: <b>4 - DISABLING DAMAGE</b>	
License Class:	First Event: <b>33 - VEHICLE IN TRAFFIC</b>	
License Endorsmnt: <b>NONE</b>		Carrier Name:
License Restrictions: <b>C</b>		Carrier Address:
Speed Limit: <b>55</b>	Second Event:	Carrier City:
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>		Carrier State:
	Third Event:	Carrier Zip:
Driver Condition: <b>01 - APPARENTLY NORMAL</b>		Cargo Body Type: <b>01 - NOT APPLICABLE</b>
Alcohol Test Given: <b>NO</b>	Fourth Event:	
Drug Test Given: <b>1 - NONE</b>		Number of Axles:
Total Occupants: <b>1</b>		HazMat Involvement:
Vehicle Year: <b>2013</b>	Most Harmful Event: <b>33 - VEHICLE IN TRAFFIC</b>	HazMat Placard:
Vehicle Make: <b>HYUNDAI - HYUN</b>		Placard #:
Vehicle Model: <b>ELANTRA GLS</b>	Abg Switch Stat:	HazMat Released?:
Vehicle Style: <b>SEDAN</b>	Abg Deploy: <b>03 - NOT DEPLOYED</b>	Converter Dolly:
Vehicle Color: <b>GRAY - GRY</b>		GVWR:
Vehicle Config: <b>01 - PASSENGER CAR</b>	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	Cit Chrg Code 1:
Vehicle Defect: <b>01 - NONE</b>	Ejection: <b>2 - NOT EJECTED</b>	Citation Charge 1:
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Cit Chrg Code 2:
Tow: <b>3 - DISABLED - OFFICER ARRANGED</b>	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	Citation Charge 2:
Tow #: <b>17000065</b>	Injury Status: <b>4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)</b>	Cit Chrg Code 3:
Initial Trvl Dir: <b>04 - WEST</b>	Source of Trans: <b>03 - EMS GROUND</b>	Citation Charge 3:
Vision Obscured: <b>01 - NOT OBSCURED</b>	Died at Scene: <b>01 - NOT APPLICABLE</b>	Cit Chrg Code 4:
		Citation Charge 4:

**Accident Environment**

First Harmful Event Loc: <b>01 - ON ROADWAY</b>	<b>Roadway Characteristics</b>
Manner of Crash/Collision: <b>03 - REAR END (FRONT TO REAR)</b>	Environment: <b>02 - WEATHER CONDITION</b>
Light Conditions: <b>1 - DAYLIGHT</b>	Roadway: <b>01 - NONE APPARENT</b>
Weather Conditions: <b>02 - CLOUDY, 05 - RAIN</b>	
	Type of Road Junc/Feat: <b>01 - NON-JUNCTION/NO SPECIAL FEATURE</b>
Surface Conditions: <b>02 - WET</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**

DRIVER OF UNIT 001 WAS TRAVELING WESTBOUND ON 320TH ST; AT THE INTERSECTION OF 100TH AVE AND 320TH THE DRIVER OF UNIT 001 COULD NOT SEE DUE TO HEAVY RAIN; DRIVER OF UNIT 001 BEGAN TO PULL OVER ON TO SHOULDER OF 320TH ST; DRIVER OF UNIT 001 CLAIMED SHE DID SEE UNIT 002 ON THE SIDE OF THE ROAD WITH IT'S FLASHERS ALREADY ON; DRIVER OF UNIT 001 STATED SHE DIDN'T REALIZE HOW CLOSE SHE WAS OR HOW FAST SHE WAS GOING AND SHE RAN INTO THE BACK OF UNIT 002; DRIVER OF UNIT 002 WAS COMPLAINING OF NECK PAIN AND WAS TRANSPORTED TO SPENCER HOSPITAL BY HARTLEY EMS; DRIVER OF UNIT 001 WAS UNINJURED; BOTH VEH WERE TOWED TO DONS AUTO IN SANBORN IOWA

