

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

Case Number:	<b>17-007340</b>	Report to All Drivers:	<b>No</b>	At Intersection with:	
Date of Acc:	<b>11/04/17</b>	Legal Intervention:	<b>No</b>	Div HWay Trvl Dir:	
Time of Acc:	<b>18:50</b> Hrs.	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>ROHRBAUGH TIMOTHY</b>	Acc Loc City:		Distance 2:	
Badge #:	<b>71-5</b>	Acc Dir From City:		Direction 2:	
Report Date:		Closest City:		X-Coordinate:	<b>00297838</b>
Officer Notified:	Hrs.	Miles From City:		Y-Coordinate:	<b>04771428</b>
Officer Arrived:	Hrs.	Road, Street, HWay:		Location Literal:	<b>B040/400TH ST</b>
Scene Investigated:		Definable Location:		Description:	
		Milepost Number:			

**Unit 001**

Driver Name - Last:	<b>MIKOLZ</b>	Bus Use:		Transported to:	
First:	<b>FRANK</b>	Drvr Distractions:	<b>02 - Not distracted</b>	Transported by:	
Middle:		Traffic Controls:		Special Veh Func:	
City:	<b>CHEROKEE</b>	Point of Init Impact:		Emergency Status:	
State:	<b>IA</b>	Most Damaged Area:	<b>07 - Rear Driver Side Corner</b>	Cont. Circum., Drvr:	<b>88 - No improper action</b>
Zip:	<b>51012-0000</b>	Undrrid/Ovrid:		Carrier Name:	
Suffix:		Rpr/Rplc Cost:	<b>\$1,500.00</b>	Carrier Address:	
Gender:	<b>Male</b>	Ext of Damage:		Carrier City:	
Age:	<b>68</b>	First Event:		Carrier State:	
CDL:	<b>No</b>	Second Event:		Carrier Zip:	
License State:	<b>IA</b>	Third Event:		Cargo Body Type:	
License Class:	<b>C</b>	Fourth Event:		Number of Axles:	
License Endorsmnt:		Most Harmful Event:		HazMat Involvement:	
License Restrictions:	<b>B</b>	Abg Switch Stat:		HazMat Placard:	
Speed Limit:		Abg Deploy:		Placard #:	
Seating Position:		Trapped:		HazMat Released?:	
Driver Condition:		Ejection:		Converter Dolly:	
Alcohol Test Given:	<b>NO</b>	Ejection Path:		GVWR:	
Drug Test Given:	<b>1 - None</b>	Occpnt Protect:		Cit Chrg Code 1:	
Total Occupants:		Injury Status:		Citation Charge 1:	
Vehicle Year:	<b>2012</b>	Source of Trans:		Cit Chrg Code 2:	
Vehicle Make:	<b>Buick - BUIC</b>	Died at Scene:		Citation Charge 2:	
Vehicle Model:	<b>LCR</b>			Cit Chrg Code 3:	
Vehicle Style:	<b>4D</b>			Citation Charge 3:	
Vehicle Color:	<b>BLACK - BLK</b>			Cit Chrg Code 4:	
Vehicle Config:	<b>01 - Passenger car</b>			Citation Charge 4:	
Vehicle Defect:					
Vehicle Action:					
Tow:	<b>1 - Driven away</b>				
Tow #:					
Initial Trvl Dir:					
Vision Obscured:					

**Unit 002**

Driver Name - Last: <b>MCMEEKIN</b>	Bus Use:	Transported to:
First: <b>PAYTEN</b>		
Middle: <b>WIMMER</b>	Drvr Distractions: <b>02 - Not distracted</b>	Transported by:
City: <b>LAKE PARK</b>		
State: <b>IA</b>	Traffic Controls:	Special Veh Func:
Zip: <b>51347-0000</b>		
Suffix:	Point of Init	Emergency Status:
Gender: <b>Female</b>	Impact:	
Age: <b>20</b>	Most Damaged <b>01 - Front Passenger Side Corner</b>	Cont. Circum., Drvr:
CDL: <b>No</b>	Area:	
License State: <b>IA</b>	Undrrid/Ovrid:	
License Class: <b>D</b>	Rpr/Rplc Cost: <b>\$1,500.00</b>	
License Endorsmnt: <b>3 - Pass Veh less than 16 Pass</b>	Ext of Damage:	
License Restrictions: <b>B</b>	First Event:	Carrier Name:
Speed Limit:		Carrier Address:
Seating Position:	Second Event:	Carrier City:
		Carrier State:
Driver Condition:	Third Event:	Carrier Zip:
Alcohol Test Given: <b>NO</b>		Cargo Body Type:
Drug Test Given: <b>1 - None</b>	Fourth Event:	
Total Occupants:		Number of Axles:
Vehicle Year: <b>2006</b>	Most Harmful	HazMat Involvement:
Vehicle Make: <b>Ford - FORD</b>	Event:	HazMat Placard:
Vehicle Model: <b>MUS</b>		Placard #:
Vehicle Style: <b>2D</b>	Abg Switch Stat:	HazMat Released?:
Vehicle Color: <b>GRAY - GRY</b>	Abg Deploy:	Converter Dolly:
Vehicle Config: <b>01 - Passenger car</b>		GVWR:
Vehicle Defect:	Trapped:	Cit Chrg Code 1:
	Ejection:	Citation Charge 1:
Vehicle Action:	Ejection Path:	
		Cit Chrg Code 2:
Tow:	Occpnt Protect:	Citation Charge 2:
Tow #:	Injury Status:	Cit Chrg Code 3:
Initial Trvl Dir:		Citation Charge 3:
Vision Obscured:	Source of Trans:	Cit Chrg Code 4:
	Died at Scene:	Citation Charge 4:

**Accident Environment**

First Harmful Event Loc:	<b>Roadway Characteristics</b>
Manner of Crash/Collision:	Environment:
Light Conditions:	Roadway:
Weather Conditions:	
	Type of Road Junc/Feat:
Surface Conditions:	
	FRA No.:
Workzone Related:	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	
Type:	First Harmful Evt of Crash:
Workers Present:	