

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: 18-003310	Report to All Drivers: YES	At Intersection with:
Date of Acc: 05/31/18	Legal Intervention: NO	Div HWay Trvl Dir:
Time of Acc: 07:15 Hrs.	Private Property: NO	Distance 1:
Name of Agency: O'BRIEN COUNTY SHERIFF'S OFF	County: O'BRIEN - 71	Direction 1:
Officer: STEVENS BRAD	Acc Loc City:	Distance 2:
Badge #: 71-10	Acc Dir From City:	Direction 2:
Report Date: 05/31/2018	Closest City:	X-Coordinate: 00304293
Officer Notified: 07:18 Hrs.	Miles From City:	Y-Coordinate: 04782460
Officer Arrived: 07:30 Hrs.	Road, Street, HWay:	Location Literal: YEW AVE AND 330TH ST
Scene Investigated: YES	Definable Location:	Description:
	Milepost Number:	

Unit 001

Driver Name - Last: BUCHANAN	Bus Use:	Transported to: SPENCER HOSPITAL
First: TREY	Drvr Distractions: 01 - NOT APPLICABLE/NO DRIVER	Transported by: HARTLEY AMBULANCE
Middle: MATTHEW	Traffic Controls: 01 - NO CONTROLS PRESENT	Special Veh Func: 01 - NO SPECIAL FUNCTION
City: SPENCER	Point of Init Impact: 10 - FRONT DRIVER SIDE	Emergency Status: 01 - NOT APPLICABLE
State: IA	Most Damaged Area: 09 - MIDDLE DRIVER SIDE	Cont. Circum., Drvr: 06 - LOST CONTROL
Zip: 51301	Undrrid/Ovrid: 1 - NONE	
Suffix:	Rpr/Rplc Cost: \$2,806.00	
Gender: Male	Ext of Damage: 5 - SEVERE, VEHICLE TOTALED	
Age: 23	First Event: 06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, AVOIDANCE)	Carrier Name:
CDL: NO	Second Event: 02 - RAN OFF ROAD, STRAIGHT	Carrier Address:
License State: IA	Third Event: 20 - OVERTURN/ROLLOVER	Carrier City:
License Class: C	Fourth Event:	Carrier State:
License Endorsmnt:	Most Harmful Event: 20 - OVERTURN/ROLLOVER	Carrier Zip:
License Restrictions:	Abg Switch Stat: 01 - NOT APPLICABLE	Cargo Body Type: 01 - NOT APPLICABLE
Speed Limit: 55	Abg Deploy:	Number of Axles:
Seating Position: 01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Trapped: 1 - NOT TRAPPED/APPLICABLE	HazMat Involvement:
Driver Condition: 01 - APPARENTLY NORMAL	Ejection: 2 - NOT EJECTED	HazMat Placard:
Alcohol Test Given: NO	Ejection Path: 01 - NOT EJECTED/NOT APPLICABLE	Placard #:
Drug Test Given: 1 - NONE	Occpnt Protect: 03 - SHOULDER AND LAP BELT USED	HazMat Released?:
Total Occupants: 1	Source of Trans: 03 - EMS GROUND	Converter Dolly:
Vehicle Year: 2002	Died at Scene: 01 - NOT APPLICABLE	GVWR:
Vehicle Make: FORD - FORD		Cit Chrg Code 1: 321.20B
Vehicle Model: TAURUS		Citation Charge 1: NO PROOF OF INSURANCE
Vehicle Style: 4DR		Cit Chrg Code 2:
Vehicle Color: BLACK - BLK		Citation Charge 2:
Vehicle Config: 01 - PASSENGER CAR		Citation Charge 3:
Vehicle Defect: 01 - NONE		Citation Charge 4:
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT		
Tow: 2 - DISABLED - PRIVATELY ARRANGED		
Tow #:		
Initial Trvl Dir: 02 - EAST		
Vision Obscured: 10 - BLINDED BY SUN OR HEADLIGHTS		

Accident Environment

First Harmful Event Loc: 01 - ON ROADWAY	Roadway Characteristics
Manner of Crash/Collision: 01 - NON-COLLISION (SINGLE VEHICLE)	Environment: 03 - VISUAL OBSTRUCTION
Light Conditions: 1 - DAYLIGHT	Roadway: 01 - NONE APPARENT
Weather Conditions: 03 - FOG, SMOKE, SMOG	Type of Road Junc/Feat: 13 - T-INTERSECTION
Surface Conditions: 01 - DRY	FRA No.:
Workzone Related: NO	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	First Harmful Evt of Crash: 20 - OVERTURN/ROLLOVER
Type:	
Workers Present:	

Narrative

Unit 1 was eastbound on 330th Street. Unit 1 stated the fog and sun was in his eyes and he did not see the T intersection at 330th Street and Yew Avenue. Unit 1 entered the ditch and rolled, coming to rest on its top.

