

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

Case Number: **19-003299**  
 Date of Acc: **05/21/19**  
 Time of Acc: **05:40** Hrs.  
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**  
 Officer: **BRACY DANIEL**  
 Badge #: **71-6**  
 Report Date: **05/21/2019**  
 Officer Notified: **05:43** Hrs.  
 Officer Arrived: **05:55** 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: **00294869**  
 Y-Coordinate: **04787646**  
 Location Literal: **L058/TYLER AVE**  
 Description:

**Unit 001**

Driver Name - Last: **PHILIPH**  
 First: **NICOLE**  
 Middle: **MARIE**  
 City: **OCHEYEDAN**  
 State: **IA**  
 Zip: **51354**  
 Suffix:  
 Gender: **Female**  
 Age: **24**  
 CDL: **NO**  
 License State: **IA**  
 License Class: **C**  
 License Endorsmnt:  
 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: **2007**  
 Vehicle Make: **PONTIAC - PONT**  
 Vehicle Model: **G6**  
 Vehicle Style: **COUPE**  
 Vehicle Color: **BLUE - BLU**  
 Vehicle Config: **01 - PASSENGER CAR**  
 Vehicle Defect: **01 - NONE**  
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**  
 Tow:  
 Tow #:  
 Initial Trvl Dir: **03 - SOUTH**  
 Vision Obscured: **01 - NOT OBSCURED**

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: **\$10,000.00**  
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**  
 First Event: **44 - DITCH**  
 Second Event: **01 - RAN OFF ROAD, RIGHT**  
 Third Event: **23 - VEHICLE WENT AIRBORNE**  
 Fourth Event: **20 - OVERTURN/ROLLOVER**  
 Most Harmful Event: **20 - OVERTURN/ROLLOVER**  
 Abg Switch Stat: **06 - DEPLOYED BOTH FRONT/SIDE**  
 Abg Deploy:  
 Trapped: **1 - NOT TRAPPED/APPLICABLE**  
 Ejection: **2 - NOT EJECTED**  
 Ejection Path: **01 - NOT EJECTED/NOT APPLICABLE**  
 Occpnt Protect: **03 - SHOULDER AND LAP BELT USED**  
 Source of Trans: **05 - PARENT/SPOUSE/FRIEND**  
 Died at Scene: **01 - NOT APPLICABLE**

Transported to: **OSCEOLA CO HOSPITAL BY PARENTS**  
 Transported by: **PARENTS**  
 Special Veh Func: **01 - NO SPECIAL FUNCTION**  
 Emergency Status: **01 - NOT APPLICABLE**  
 Cont. Circum., Dvr: **06 - LOST CONTROL, 15 - OVER-CORRECTING/OVER-STEERING**  
 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:

**Property Damage 001**

Object Damaged: **STOP SIGN-EASTBOUND 300TH ST**  
 Estimate of Damage: **\$500.00**  
 Owner's Name - Last: **O'BRIEN COUNTY**  
 First: **BOYD**  
 Middle:  
 Suffix:

Company Owner Name: **O'BRIEN COUNTY SECONDARY ROAD**  
 City: **HARTLEY**  
 State: **IA**  
 Zip Code: **51346**

**Accident Environment**

First Harmful Event Loc: **02 - SHOULDER**  
 Manner of Crash/Collision: **01 - NON-COLLISION (SINGLE VEHICLE)**  
 Light Conditions: **3 - DAWN**  
 Weather Conditions: **01 - CLEAR**  
 Surface Conditions: **01 - DRY**  
 Workzone Related: **NO**  
 Activity:  
 Location:  
 Type:  
 Workers Present:

**Roadway Characteristics**  
 Environment: **01 - NONE APPARENT**  
 Roadway: **01 - NONE APPARENT**  
 Type of Road Junc/Feat: **01 - NON-JUNCTION/NO SPECIAL FEATURE**  
 FRA No.:  
 Horizontal Alignment:  
 Vertical Alignment:  
 First Harmful Evt of Crash: **44 - DITCH**

**Narrative**

STEPFATHER CALLED 911 TO REPORT HIS DAUGHTER HAD ROLLED HER VEHICLE AND WANTED A DEPUTY TO RESPOND; I ARRIVED ON SCENE AND DRIVER WAS ALERT; DRIVER REFUSED AMBULANCE; DRIVER STATED SHE WAS SOUTHBOUND IN THE 2900 MILE OF TYLER AVE; DRIVER STATED THAT SHE HIT SOMETHING AND THAT SHE ENTERED THE WEST DITCH; TRACKS INDICATE THAT VEHICLE OVER CORRECTED ON TYLER AVE AND ENTERED THE DITCH, CROSSED A CREEK, HIT 300TH STREET SIDEWAYS CAUSING THE VEHICLE TO GO AIRBORNE AND ROLL SEVERAL TIMES BEFORE COMING TO A REST ON IT'S ROOF; DRIVER'S PARENTS TRANSPORTED HER TO THE HOSPITAL

**Diagram**

