

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

Case Number:	<b>S20-007225</b>	Report to All Drivers:		At Intersection with:	
Date of Acc:	<b>10/21/20</b>	Legal Intervention:	<b>NO</b>	Div HWay Trvl Dir:	
Time of Acc:	<b>23:13 Hrs.</b>	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>DEPUTY KEVEN VANMEETEREN</b>	Acc Loc City:		Distance 2:	
Badge #:	<b>71-7</b>	Acc Dir From City:		Direction 2:	
Report Date:	<b>10/21/2020</b>	Closest City:		X-Coordinate:	<b>00276305</b>
Officer Notified:	<b>23:16 Hrs.</b>	Miles From City:		Y-Coordinate:	<b>04785167</b>
Officer Arrived:	<b>23:20 Hrs.</b>	Road, Street, HWay:		Location Literal:	<b>5263 320TH ST</b>
Scene Investigated:	<b>YES</b>	Definable Location:		Description:	
		Milepost Number:			

**Unit 001**

Driver Name - Last:	<b>MENDOZA</b>	Bus Use:		Transported to:	<b>SANFORD-SHELDON</b>
First:	<b>MOISES</b>	Drvr Distractions:	<b>05 - TALKING ON A HANDS FREE DEVICE</b>	Transported by:	<b>SCAT</b>
Middle:	<b>ENRIQUE</b>	Traffic Controls:	<b>01 - NO CONTROLS PRESENT</b>	Special Veh Func:	<b>01 - NO SPECIAL FUNCTION</b>
City:	<b>HARTLEY</b>	Point of Init Impact:	<b>12 - FRONT MIDDLE</b>	Emergency Status:	<b>01 - NOT APPLICABLE</b>
State:	<b>IA</b>	Most Damaged Area:	<b>12 - FRONT MIDDLE</b>	Cont. Circum., Drvr:	<b>06 - LOST CONTROL</b>
Zip:	<b>51346</b>	Undrrid/Ovrid:	<b>1 - NONE</b>		
Suffix:		Rpr/Rplc Cost:	<b>\$50.00</b>	Carrier Name:	
Gender:	<b>Male</b>	Ext of Damage:	<b>3 - FUNCTIONAL DAMAGE</b>	Carrier Address:	
Age:	<b>19</b>	First Event:	<b>06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, AVOIDANCE)</b>	Carrier City:	
CDL:	<b>NO</b>	Second Event:	<b>01 - RAN OFF ROAD, RIGHT</b>	Carrier State:	
License State:	<b>IA</b>	Third Event:	<b>54 - UTILITY POLE/LIGHT SUPPORT</b>	Carrier Zip:	
License Class:	<b>C</b>	Fourth Event:		Cargo Body Type:	<b>01 - NOT APPLICABLE</b>
License Endorsmnt:		Most Harmful Event:	<b>54 - UTILITY POLE/LIGHT SUPPORT</b>	Number of Axles:	
License Restrictions:		Abg Switch Stat:		HazMat Involvement:	
Speed Limit:	<b>55</b>	Abg Deploy:	<b>03 - NOT DEPLOYED</b>	HazMat Placard:	
Seating Position:	<b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Trapped:	<b>1 - NOT TRAPPED/APPLICABLE</b>	Placard #:	
Driver Condition:	<b>05 - MEDICAL CONDITION (SEIZ</b>	Ejection:	<b>2 - NOT EJECTED</b>	HazMat Released?:	
Alcohol Test Given:	<b>NO</b>	Ejection Path:	<b>01 - NOT EJECTED/NOT APPLICABLE</b>	Converter Dolly:	
Drug Test Given:	<b>1 - NONE</b>	Occpnt Protect:	<b>03 - SHOULDER AND LAP BELT USED</b>	GVWR:	
Total Occupants:	<b>01</b>	Source of Trans:	<b>03 - EMS GROUND</b>	Cit Chrg Code 1:	
Vehicle Year:	<b>2012</b>	Died at Scene:	<b>01 - NOT APPLICABLE</b>	Citation Charge 1:	
Vehicle Make:	<b>TOYO</b>			Cit Chrg Code 2:	
Vehicle Model:	<b>CAMRY/SE/LE/XLE</b>			Citation Charge 2:	
Vehicle Style:				Citation Charge 3:	
Vehicle Color:	<b>GRAY - GRY</b>			Citation Charge 4:	
Vehicle Config:	<b>01 - PASSENGER CAR</b>				
Vehicle Defect:	<b>01 - NONE</b>				
Vehicle Action:	<b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>				
Tow:	<b>1 - DRIVEN AWAY</b>				
Tow #:					
Initial Trvl Dir:	<b>02 - EAST</b>				
Vision Obscured:	<b>01 - NOT OBSCURED</b>				

**Property Damage 001**

Object Damaged:	<b>UTILITY POLE</b>	Company Owner Name:	<b>MID AMERICA</b>
Estimate of Damage:	<b>\$0.00</b>	City:	
Owner's Name - Last:		State:	
First:		Zip Code:	
Middle:			
Suffix:			

**Accident Environment**

First Harmful Event Loc:	<b>01 - ON ROADWAY</b>	Roadway Characteristics	
Manner of Crash/Collision:	<b>01 - NON-COLLISION (SINGLE VEHICLE)</b>	Environment:	<b>99 - UNKNOWN</b>
Light Conditions:	<b>5 - DARK, ROADWAY NOT LIGHTED</b>	Roadway:	<b>01 - NONE APPARENT</b>
Weather Conditions:	<b>01 - CLEAR</b>	Type of Road Junc/Feat:	<b>01 - NON-JUNCTION/NO SPECIAL FEATURE</b>
Surface Conditions:	<b>01 - DRY</b>	FRA No.:	
Workzone Related:	<b>NO</b>	Horizontal Alignment:	
Activity:		Vertical Alignment:	
Location:		First Harmful Evt of Crash:	<b>54 - UTILITY POLE/LIGHT SUPPORT</b>
Type:			
Workers Present:			

**Narrative**

UNIT 1 EASTBOUND ON HWY 18, DRIVER CLAIMED AN ANIMAL WAS IN THE ROADWAY AND DRIVER ENTERED THE SOUTH DITCH. UNIT 1 CAME TO REST

**Diagram**

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