

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

Case Number:	<b>20-007581</b>	Report to All Drivers:		At Intersection with:	
Date of Acc:	<b>11/05/20</b>	Legal Intervention:	<b>NO</b>	Div HWay Trvl Dir:	
Time of Acc:	<b>22:00</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>DEPUTY TIMOTHY ROHRBAUGH</b>	Acc Loc City:		Distance 2:	
Badge #:	<b>71-5</b>	Acc Dir From City:		Direction 2:	
Report Date:	<b>11/05/2020</b>	Closest City:		X-Coordinate:	<b>00271612</b>
Officer Notified:	<b>22:08</b> Hrs.	Miles From City:		Y-Coordinate:	<b>04762793</b>
Officer Arrived:	<b>22:21</b> Hrs.	Road, Street, HWay:		Location Literal Description:	<b>L036/NETTLE AVE</b>
Scene Investigated:	<b>YES</b>	Definable Location:			
		Milepost Number:			

**Unit 001**

Driver Name - Last:	<b>ORBAN</b>	Bus Use:		Transported to:	<b>ORANGE CITY HOSPITAL</b>
First:	<b>SAMANTHA</b>	Drvr Distractions:	<b>99 - UNKNOWN</b>	Transported by:	<b>PAULLINA EMS</b>
Middle:	<b>ANNE</b>	Traffic Controls:	<b>04 - STOP SIGNS</b>	Special Veh Func:	<b>01 - NO SPECIAL FUNCTION</b>
City:	<b>LE MARS</b>	Point of Init Impact:	<b>10 - FRONT DRIVER SIDE</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>51031-0000</b>	Undridd/Ovrid:	<b>1 - NONE</b>		
Suffix:		Rpr/Rplc Cost:	<b>\$6,000.00</b>	Carrier Name:	
Gender:	<b>Female</b>	Ext of Damage:	<b>5 - SEVERE, VEHICLE TOTALED</b>	Carrier Address:	
Age:	<b>19</b>	First Event:	<b>01 - RAN OFF ROAD, RIGHT</b>	Carrier City:	
CDL:	<b>NO</b>	Second Event:	<b>03 - RAN OFF ROAD, LEFT</b>	Carrier State:	
License State:	<b>IA</b>	Third Event:	<b>44 - DITCH</b>	Carrier Zip:	
License Class:	<b>C</b>	Fourth Event:	<b>20 - OVERTURN/ROLLOVER</b>	Cargo Body Type:	<b>01 - NOT APPLICABLE</b>
License Endorsmnt:		Most Harmful Event:	<b>20 - OVERTURN/ROLLOVER</b>	Number of Axles:	
License Restrictions:	<b>B</b>	Abg Switch Stat:		HazMat Involvement:	
Speed Limit:	<b>55</b>	Abg Deploy:	<b>06 - DEPLOYED BOTH FRONT/SIDE</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>01 - APPARENTLY NORMAL</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>2</b>	Source of Trans:	<b>03 - EMS GROUND</b>	Cit Chrg Code 1:	<b>321.288(1)</b>
Vehicle Year:	<b>2008</b>	Died at Scene:	<b>01 - NOT APPLICABLE</b>	Citation Charge 1:	<b>FAILURE TO MAINTAIN CONTROL</b>
Vehicle Make:	<b>FORD - FORD</b>			Cit Chrg Code 2:	
Vehicle Model:	<b>FOCUS</b>			Citation Charge 2:	
Vehicle Style:	<b>4D</b>			Citation Charge 3:	
Vehicle Color:	<b>RED - RED</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>3 - DISABLED - OFFICER ARRANGED</b>				
Tow #:	<b>102</b>				
Initial Trvl Dir:	<b>01 - NORTH</b>				
Vision Obscured:	<b>01 - NOT OBSCURED</b>				

**Property Damage 001**

Object Damaged:	<b>2 ROAD SIGNS</b>	Company Owner Name:	<b>O,BRIEN COUNTY ENGINEER</b>
Estimate of Damage:	<b>\$200.00</b>	City:	<b>PRIMGHAR</b>
Owner's Name - Last:		State:	<b>IA</b>
First:		Zip Code:	<b>51245</b>
Middle:			
Suffix:			

**Accident Environment**

First Harmful Event Loc:	<b>01 - ON ROADWAY</b>	<b>Roadway Characteristics</b>	
Manner of Crash/Collision:	<b>01 - NON-COLLISION (SINGLE VEHICLE)</b>	Environment:	<b>01 - NONE APPARENT</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>44 - DITCH</b>
Type:			
Workers Present:			

**Injured Person 001**

Name - Last:	<b>CHONG</b>	Airbag Deployment:	<b>06 - DEPLOYED BOTH FRONT/SIDE</b>
First:	<b>TATIANA</b>	Airbag Switch Status:	
Middle:	<b>SUNI AH</b>	Trapped:	<b>1 - NOT TRAPPED/APPLICABLE</b>
Suffix:		Injury Status:	<b>4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)</b>
City:	<b>MARCUS</b>	Ejection:	<b>2 - NOT EJECTED</b>
State:	<b>IA</b>	Ejection Path:	<b>01 - NOT EJECTED/NOT APPLICABLE</b>
Zip Code:	<b>51035</b>	Alcohol Test Given:	
Age:	<b>16</b>	Drug Test Given:	
Sex:	<b>FEMALE</b>	Source of Transport:	<b>03 - EMS GROUND</b>
Unit No.:	<b>1</b>	Died at Scene/Enroute:	<b>01 - NOT APPLICABLE</b>
Seating Position:	<b>03 - 1ST ROW: RIGHT SIDE</b>	Transported to:	<b>ORANGE CITY</b>
Occupant Protection:	<b>03 - SHOULDER AND LAP BELT USED</b>	Transported by:	<b>PAULLINA</b>

**Narrative**

THE VEHICLE WAS TRAVELING NORTH ON HIGHWAY 143. AT THE STOP SIGN OF HIGHWAY 10 THE DRIVER FAILED TO STOP. NOT KNOWING THERE WAS A STOP SIGN. I AM UNABLE TO DRAW IT ON THE DIAGRAM . IT EITHER ENDS UP TO BIG OR NONE AT ALL. NETTLE AVE IS NOT PERFECTLY STRAIGHT IN LINE WITH 143. THERE IS A SLIGHT JOG TO THE WEST. SO AS THE VEHICLE CROSSED 10 ONTO NETTLE AVE. NOW WITH THE JOG THE PASSENGER SIDE WHEELS WERE ON THE GRAVEL SHOULDER OF THE ROAD. THE DRIVER TRIED TO CORRECT THE VEHICLE BUT WHEN THIS HAPPENED SHE LOST CONTROL AND ENTERED THE WEST DITCH AND THE VEHICLE THAN ROLLED.

**Diagram**

