

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

Case Number: **20-007636**  
 Date of Acc: **11/07/20**  
 Time of Acc: **18:00** Hrs.  
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**  
 Officer: **DEPUTY BRAD STEVENS**  
 Badge #: **71-10**  
 Report Date: **11/07/2020**  
 Officer Notified: **18:12** Hrs.  
 Officer Arrived: **18:19** 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: **00283060**  
 Y-Coordinate: **04770041**  
 Location Literal: **REDWOOD AVE**  
 Description:

**Unit 001**

Driver Name - Last: <b>HYATT</b>	Bus Use:	Transported to: <b>N/A</b>
First: <b>JEANNE</b>		
Middle: <b>LYNN</b>	Drvr Distractions: <b>02 - NOT DISTRACTED</b>	Transported by: <b>N/A</b>
City: <b>COUNCIL BLUFFS</b>		
State: <b>IA</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>
Zip: <b>51503</b>		
Suffix:	Point of Init Impact: <b>10 - FRONT DRIVER SIDE</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Gender: <b>Female</b>		
Age: <b>59</b>	Most Damaged Area: <b>09 - MIDDLE DRIVER SIDE</b>	Cont. Circum., Drvr: <b>06 - LOST CONTROL, 15 - OVER-CORRECTING/OVER-STEERING</b>
CDL: <b>NO</b>		
License State: <b>IA</b>	Undridd/Ovrid: <b>1 - NONE</b>	
License Class: <b>0</b>	Rpr/Rplc Cost: <b>\$716.00</b>	
License Endorsmnt:	Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>	
License Restrictions:	First Event: <b>06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, AVOIDANCE)</b>	Carrier Name:
Speed Limit: <b>50</b>		Carrier Address:
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Second Event: <b>01 - RAN OFF ROAD, RIGHT</b>	Carrier City:
Driver Condition: <b>01 - APPARENTLY NORMAL</b>		Carrier State:
Alcohol Test Given: <b>NO</b>	Third Event: <b>20 - OVERTURN/ROLLOVER</b>	Carrier Zip:
Drug Test Given: <b>1 - NONE</b>		Cargo Body Type: <b>01 - NOT APPLICABLE</b>
Total Occupants: <b>2</b>	Fourth Event:	
Vehicle Year: <b>1996</b>		Number of Axles:
Vehicle Make: <b>FORD - FORD</b>	Most Harmful Event: <b>20 - OVERTURN/ROLLOVER</b>	HazMat Involvement:
Vehicle Model: <b>EXPLORER</b>		HazMat Placard:
Vehicle Style: <b>SUV</b>	Abg Switch Stat:	Placard #:
Vehicle Color: <b>BLACK - BLK</b>	Abg Deploy: <b>03 - NOT DEPLOYED</b>	HazMat Released?:
Vehicle Config: <b>03 - SPORT UTILITY VEHICLE</b>		Converter Dolly:
Vehicle Defect: <b>01 - NONE</b>	Trapped: <b>2 - EXTRICATED BY NON-MECHAN</b>	GVWR:
	Ejection: <b>2 - NOT EJECTED</b>	Cit Chrg Code 1: <b>321.288</b>
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Citation Charge 1: <b>FAILURE TO MAINTAIN CONTROL</b>
Tow: <b>3 - DISABLED - OFFICER ARRANGED</b>	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	Cit Chrg Code 2: <b>321.198</b>
Tow #: <b>20000104</b>		Citation Charge 2: <b>OPERATION W/O REGISTRATION PLATE</b>
Initial Trvl Dir: <b>01 - NORTH</b>	Source of Trans: <b>01 - NOT TRANSPORTED</b>	<b>321.20B</b>
Vision Obscured: <b>01 - NOT OBSCURED</b>	Died at Scene: <b>01 - NOT APPLICABLE</b>	Citation Charge 3: <b>NO PROOF OF INSURANCE</b>
		<b>321.218</b>
		Citation Charge 4: <b>DRIVING WHILE LICENSE SUSPENDED</b>

**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>02 - CLOUDY</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:	
Type:	First Harmful Evt of Crash: <b>20 - OVERTURN/ROLLOVER</b>
Workers Present:	

## Injured Person 001

Name - Last:	VANDERPOOL	Airbag Deployment:	03 - NOT DEPLOYED
First:	DANIEL	Airbag Switch Status:	
Middle:		Trapped:	2 - EXTRICATED BY NON-MECHANICAL MEANS
Suffix:		Injury Status:	4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)
City:	PAULLINA	Ejection:	2 - NOT EJECTED
State:	IA	Ejection Path:	01 - NOT EJECTED/NOT APPLICABLE
Zip Code:	51046	Alcohol Test Given:	
Age:	59	Drug Test Given:	
Sex:	MALE	Source of Transport:	01 - NOT TRANSPORTED
Unit No.:	1	Died at Scene/Enroute:	01 - NOT APPLICABLE
Seating Position:	03 - 1ST ROW: RIGHT SIDE	Transported to:	N/A
Occupant Protection:	02 - NONE USED	Transported by:	N/A

## Narrative

UNIT 1 WAS NB IN THE 4100 MILE OF REDWOOD AVENUE. UNIT 1 LOST CONTROL ON THE GRAVEL AND ENTERED THE EAST DITCH, ROLLING ONTO ITS DRIVER'S SIDE BEFORE COMING TO REST. UNIT 1 DID NOT HAVE THE ISSUES REGISTRATION PLATES ATTACHED.

## Diagram

