

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **21-003003**
 Date of Acc: **05/09/21**
 Time of Acc: **07:14** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY LEE REUVERS**
 Badge #: **71-4**
 Report Date: **05/09/2021**
 Officer Notified: **07:14** Hrs.
 Officer Arrived: **07:21** 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: **00271938**
 Y-Coordinate: **04773059**
 Location Literal: **L036/NETTLE AVE**
 Description:

Unit 001

Driver Name - Last: DAVIS	Bus Use:	Transported to: SANFORD SHELDON
First: COLIN		
Middle: RAY	Drvr Distractions: 02 - NOT DISTRACTED	Transported by: PRIMGHAR AMBULANCE
City: MANKATO		
State: MN	Traffic Controls: 06 - NO PASSING ZONE (MARKED)	Special Veh Func: 01 - NO SPECIAL FUNCTION
Zip: 56001		
Suffix:	Point of Init Impact: 12 - FRONT MIDDLE	Emergency Status: 01 - NOT APPLICABLE
Gender: Male		
Age: 20	Most Damaged Area: 13 - TOP OF VEHICLE	Cont. Circum., Drvr: 06 - LOST CONTROL, 15 - OVER-CORRECTING/OVER-STEERING
CDL: NO		
License State: NE	Undridd/Ovrid: 1 - NONE	
License Class: 0	Rpr/Rplc Cost: \$8,000.00	
License Endorsmnt:	Ext of Damage: 5 - SEVERE, VEHICLE TOTALED	
License Restrictions:	First Event: 04 - CROSSED CENTERLINE (UNDIVIDED)	Carrier Name:
Speed Limit: 55	Second Event: 01 - RAN OFF ROAD, RIGHT	Carrier Address:
Seating Position: 01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Third Event: 23 - VEHICLE WENT AIRBORNE	Carrier City:
Driver Condition: 07 - UNDER THE INFLUENCE O	Fourth Event: 20 - OVERTURN/ROLLOVER	Carrier State:
Alcohol Test Given: YES		Carrier Zip:
Drug Test Given: 3 - URINE	Most Harmful Event: 20 - OVERTURN/ROLLOVER	Cargo Body Type: 01 - NOT APPLICABLE
Total Occupants: 1	Abg Switch Stat:	
Vehicle Year: 2007	Abg Deploy: 04 - DEPLOYED FRONT OF PERSON	Number of Axles:
Vehicle Make: TOYOTA - TOYT	Trapped: 2 - EXTRICATED BY NON-MECHAN	HazMat Involvement:
Vehicle Model: CAMRY	Ejection: 2 - NOT EJECTED	HazMat Placard:
Vehicle Style: 4D	Ejection Path: 01 - NOT EJECTED/NOT APPLICABLE	Placard #:
Vehicle Color: RED - RED	Occpnt Protect: 03 - SHOULDER AND LAP BELT USED	HazMat Released?:
Vehicle Config: 01 - PASSENGER CAR	Source of Trans: 03 - EMS GROUND	Converter Dolly:
Vehicle Defect: 01 - NONE	Died at Scene: 01 - NOT APPLICABLE	GVWR:
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT		Cit Chrg Code 1: 321.288(1)
Tow: 3 - DISABLED - OFFICER ARRANGED		Citation Charge 1: FAILURE TO MAINTAIN CONTROL
Tow #: 21-00061		Cit Chrg Code 2:
Initial Trvl Dir: 03 - SOUTH		Citation Charge 2:
Vision Obscured: 01 - NOT OBSCURED		Citation Charge 3:
		Citation Charge 4:

Property Damage 001

Object Damaged: CORN FIELD / FENCE	Company Owner Name:
Estimate of Damage:	City: HOSPERS
Owner's Name - Last: PORTER	State: IA
First: RANDAL	Zip Code: 51238
Middle: J	
Suffix:	

Accident Environment

First Harmful Event Loc: 01 - ON ROADWAY	Roadway Characteristics
Manner of Crash/Collision: 01 - NON-COLLISION (SINGLE VEHICLE)	Environment: 01 - NONE APPARENT
Light Conditions: 1 - DAYLIGHT	Roadway: 01 - NONE APPARENT
Weather Conditions: 02 - CLOUDY	
	Type of Road Junc/Feat: 01 - NON-JUNCTION/NO SPECIAL FEATURE
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

THE DRIVER WAS HEADING SOUTH ON NETTLE AVE FROM MANKATO, MN TO ANTHON, IA. DRIVER CROSSED THE CENTER LINE AND DROVE ON THE

OPPOSITE SHOULDER BEFORE OVER CORRECTING AND ENTERING THE WEST DITCH AND ROLLING A TOTAL OF 3 TIMES BEFORE COMING TO REST IN THE NEWLY PLANTED CORN FIELD. THE DRIVER STATED THAT HE BELIEVED THAT HE FELL ASLEEP. DRIVER ALSO ADMITTED TO DRINKING ALCOHOL AND CONSUMING THC WAX, BOTH IN MANKATO PRIOR TO LEAVING. A URINE SAMPLE WAS COLLECTED FOR CHEMICAL TESTING BY THE DCI LAB. SUBJECT RECEIVED A FRACTURED ARM AND DEEP LACERATION ON HIS LEFT HAND.

Diagram

