

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement: **20210824-S7171-10627001**
 Case Numbers: **21-005768**
 Date of Acc: **08/24/21**
 Time of Acc: **18:15** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY BRAD STEVENS**
 Badge #: **71-10**
 Report Date: **08/24/2021**
 Officer Notified: **18:18** Hrs.
 Officer Arrived: **18:22** 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: **00281782**
 Y-Coordinate: **04773690**
 Location Literal: **390TH ST**
 Description:

Unit 001

Driver Name - Last: **HATTERMANN**
 First: **JEFFERY**
 Middle: **JAMES**
 City: **PRIMGHAR**
 State: **IA**
 Zip: **51245**
 Suffix:
 Gender: **Male**
 Age: **67**
 CDL: **YES**
 License State: **IA**
 License Class: **A**
 License Endorsmnt: **N - TANK**
 License Restrictions: **K,B**
 Speed Limit: **55**
 Seating Position: **01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER**
 Driver Condition: **05 - MEDICAL CONDITION (SEIZ**
 Alcohol Test Given: **NO**
 Drug Test Given: **1 - NONE**
 Total Occupants: **1**
 Vehicle Year: **1996**
 Vehicle Make: **FORD - FORD**
 Vehicle Model: **RANGER**
 Vehicle Style: **PK**
 Vehicle Color: **GREEN - GRN**
 Vehicle Config: **02 - FOUR-TIRE TRUCK (PICK-UP)**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **21000118**
 Initial Trvl Dir: **02 - EAST**
 Vision Obscured: **01 - NOT OBSCURED**

Bus Use:
 Dvr Distractions: **02 - NOT DISTRACTED**
 Traffic Controls: **01 - NO CONTROLS PRESENT**
 Point of Init Impact: **12 - FRONT MIDDLE**
 Most Damaged Area: **02 - FRONT PASSENGER SIDE**
 Undrriid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$1,500.00**
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**
 First Event: **01 - RAN OFF ROAD, RIGHT**
 Second Event: **44 - DITCH**
 Third Event: **55 - TRAFFIC SIGN SUPPORT**
 Fourth Event: **54 - UTILITY POLE/LIGHT SUPPORT**
 Most Harmful Event: **54 - UTILITY POLE/LIGHT SUPPORT**
 Abg Switch Stat:
 Abg Deploy: **04 - DEPLOYED FRONT OF PERSON**
 Trapped: **2 - EXTRICATED BY NON-MECHAN**
 Ejection: **2 - NOT EJECTED**
 Ejection Path: **01 - NOT EJECTED/NOT APPLICABLE**
 Occpnt Protect: **03 - SHOULDER AND LAP BELT USED**
 Source of Trans: **03 - EMS GROUND**
 Died at Scene: **01 - NOT APPLICABLE**

Transported to: **MERCY ONE PRIMGHAR**
 Transported by: **PRIMGHAR AMBULANCE**
 Special Veh Func: **01 - NO SPECIAL FUNCTION**
 Emergency Status: **01 - NOT APPLICABLE**
 Cont. Circum., Dvr: **98 - OTHER (EXPLAIN IN NARRATIVE)**
 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: **TRAFFIC SIGN POLE**
 Estimate of Damage: **\$100.00**
 Owner's Name - Last:
 First:
 Middle:
 Suffix:

Company Owner Name: **O'BRIEN COUNTY SECONDARY ROADS**
 City: **PRIMGHAR**
 State: **IA**
 Zip Code: **51245**

Property Damage 002

Object Damaged: **UTILITY POLE**
 Estimate of Damage: **\$1,200.00**
 Owner's Name - Last:
 First:
 Middle:
 Suffix:

Company Owner Name: **NORTH WEST REC**
 City: **ORANGE CITY**
 State: **IA**
 Zip Code: **51041**

Accident Environment

First Harmful Event Loc: **01 - ON ROADWAY**
Manner of Crash/Collision: **01 - NON-COLLISION (SINGLE VEHICLE)**
Light Conditions: **1 - DAYLIGHT**
Weather Conditions: **01 - CLEAR**

Roadway Characteristics
Environment: **01 - NONE APPARENT**
Roadway: **01 - NONE APPARENT**
Type of Road Junc/Feat: **01 - NON-JUNCTION/NO SPECIAL FEATURE**

Surface Conditions: **01 - DRY**

FRA No.:
Horizontal Alignment:
Vertical Alignment:

Workzone Related: **NO**
Activity:
Location:
Type:
Workers Present:

First Harmful Evt of Crash: **44 - DITCH**

Narrative

Unit 1 was eastbound in the 5600 mile of 390th Street. Driver of Unit 1 had a medical issue that caused him to lose consciousness and leave the roadway, entering the south ditch. Unit 1 struck a "no passing zone" sign before striking a utility pole causing Unit 1 to roll onto the driver's side before coming to rest.

Diagram

