

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement: **20210924-S7171-10550003**
 Case Numbers: **21-006634**
 Date of Acc: **09/24/21**
 Time of Acc: **16:40** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY BRAD STEVENS**
 Badge #: **71-10**
 Report Date: **09/25/2021**
 Officer Notified: **16:44** Hrs.
 Officer Arrived: **16:46** 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: **00281052**
 Y-Coordinate: **04755929**
 Location Literal: **500TH ST**
 Description:

Unit 001

Driver Name - Last: **MERCER**
 First: **LENICE**
 Middle: **MARIE**
 City: **SIoux CITY**
 State: **IA**
 Zip: **51104**
 Suffix:
 Gender: **Female**
 Age: **70**
 CDL: **NO**
 License State: **IA**
 License Class: **C**
 License Endorsmnt:
 License Restrictions:
 Speed Limit: **55**
 Seating Position: **01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER**
 Driver Condition: **01 - APPARENTLY NORMAL**
 Alcohol Test Given: **NO**
 Drug Test Given: **1 - NONE**
 Total Occupants: **2**
 Vehicle Year: **2011**
 Vehicle Make: **HONDA - HOND**
 Vehicle Model: **FIT**
 Vehicle Style: **4D**
 Vehicle Color: **BLACK - BLK**
 Vehicle Config: **01 - PASSENGER CAR**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **21000125**
 Initial Trvl Dir: **04 - WEST**
 Vision Obscured: **10 - BLINDED BY SUN OR HEADLIGHTS**

Bus Use:
 Dvr Distractions: **02 - NOT DISTRACTED**
 Traffic Controls: **04 - STOP SIGNS**
 Point of Init Impact: **12 - FRONT MIDDLE**
 Most Damaged Area: **12 - FRONT MIDDLE**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$2,814.00**
 Ext of Damage: **4 - DISABLING DAMAGE**
 First Event: **23 - VEHICLE WENT AIRBORNE**
 Second Event: **46 - GROUND**
 Third Event:
 Fourth Event:
 Most Harmful Event: **23 - VEHICLE WENT AIRBORNE**
 Abg Switch Stat:
 Abg Deploy: **04 - DEPLOYED FRONT OF PERSON**
 Trapped: **1 - NOT TRAPPED/APPLICABLE**
 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: **ORANGE CITY HOSPITAL**
 Transported by: **PAULLINA EMS**
 Special Veh Func: **01 - NO SPECIAL FUNCTION**
 Emergency Status: **01 - NOT APPLICABLE**
 Cont. Circum., Dvr: **02 - RAN STOP SIGN**
 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: **321.322(1)**
 Citation Charge 1: **FAILURE TO OBEY STOP SIGN**
 Cit Chrg Code 2:
 Citation Charge 2:
 Citation Charge 3:
 Citation Charge 4:

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**
 Surface Conditions: **01 - DRY**
 Workzone Related: **NO**
 Activity:
 Location:
 Type:
 Workers Present:

Roadway Characteristics
 Environment: **05 - GLARE**
 Roadway: **01 - NONE APPARENT**
 Type of Road Junc/Feat: **12 - FOUR-WAY INTERSECTION**
 FRA No.:
 Horizontal Alignment:
 Vertical Alignment:
 First Harmful Evt of Crash: **23 - VEHICLE WENT AIRBORNE**

Injured Person 001

| | | | |
|----------------------|--|------------------------|--|
| Name - Last: | HODGINS | Airbag Deployment: | 04 - DEPLOYED FRONT OF PERSON |
| First: | MARILYN | Airbag Switch Status: | |
| Middle: | | Trapped: | 1 - NOT TRAPPED/APPLICABLE |
| Suffix: | | Injury Status: | 4 - POSSIBLE (COMPLAINT OF PAIN/INJURY) |
| City: | SIOUX CITY | Ejection: | 2 - NOT EJECTED |
| State: | IA | Ejection Path: | 01 - NOT EJECTED/NOT APPLICABLE |
| Zip Code: | 51104 | Alcohol Test Given: | |
| Age: | 77 | Drug Test Given: | |
| Sex: | FEMALE | Source of Transport: | 03 - EMS GROUND |
| Unit No.: | 1 | Died at Scene/Enroute: | 01 - NOT APPLICABLE |
| Seating Position: | 03 - 1ST ROW: RIGHT SIDE | Transported to: | ORANGE CITY HOSPITAL |
| Occupant Protection: | 03 - SHOULDER AND LAP BELT USED | Transported by: | PAULLINA EMS |

Narrative

Unit 1 was westbound in the 5600 mile of 500th Street. A glare from the sun caused Unit 1 to not stop for the stop sign at the intersection of 500th Street and Redwing Avenue. Unit 1 went airborne over Redwing Avenue and came to rest in the eastbound lane in the 5500 mile of 500th Street.

Diagram

