

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement: **20211208-S7171-30159001**
 Case Numbers: **21-008519**
 Date of Acc: **12/08/21**
 Time of Acc: **13:25** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **LIEUTENANT STEVEN VANDERVEEN**
 Badge #: **71-3**
 Report Date: **12/08/2021**
 Officer Notified: **13:38** Hrs.
 Officer Arrived: **13:40** 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: **00300312**
 Y-Coordinate: **04785855**
 Location Literal: **310TH ST**
 Description:

Unit 001

Driver Name - Last: **COLE**
 First: **TABATHA**
 Middle: **MAY**
 City: **HARTLEY**
 State: **IA**
 Zip: **51346-0000**
 Suffix:
 Gender: **Female**
 Age: **17**
 CDL: **NO**
 License State: **IA**
 License Class: **C**
 License Endorsmnt:
 License Restrictions: **BY**
 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: **1**
 Vehicle Year: **2003**
 Vehicle Make: **GENERAL MOTORS - GMC**
 Vehicle Model: **YUK**
 Vehicle Style: **SW**
 Vehicle Color: **BLACK - BLK**
 Vehicle Config: **03 - SPORT UTILITY VEHICLE**
 Vehicle Defect: **99 - UNKNOWN**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **21-152**
 Initial Trvl Dir: **02 - EAST**
 Vision Obscured: **01 - NOT OBSCURED**

Bus Use:
 Dvr Distractions: **99 - UNKNOWN**
 Traffic Controls: **01 - NO CONTROLS PRESENT**
 Point of Init Impact: **03 - MIDDLE PASSENGER SIDE**
 Most Damaged Area: **03 - MIDDLE PASSENGER SIDE**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$5,000.00**
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**
 First Event: **03 - RAN OFF ROAD, LEFT**
 Second Event: **44 - DITCH**
 Third Event: **20 - OVERTURN/ROLLOVER**
 Fourth Event:
 Most Harmful Event: **20 - OVERTURN/ROLLOVER**
 Abg Switch Stat:
 Abg Deploy: **03 - NOT DEPLOYED**
 Trapped: **1 - NOT TRAPPED/APPLICABLE**
 Ejection: **2 - NOT EJECTED**
 Ejection Path: **01 - NOT EJECTED/NOT APPLICABLE**
 Occpnt Protect: **99 - UNKNOWN**
 Source of Trans: **03 - EMS GROUND**
 Died at Scene: **01 - NOT APPLICABLE**

Transported to: **SHELDON HOSPITAL**
 Transported by: **HARTLEY AMBULANCE**
 Special Veh Func: **01 - NO SPECIAL FUNCTION**
 Emergency Status: **01 - NOT APPLICABLE**
 Cont. Circum., Dvr: **06 - LOST CONTROL**
 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: **321.288(1)**
 Citation Charge 1: **FAILURE TO MAINTAIN CONTROL**
 Cit Chrg Code 2: **321.288(1)**
 Citation Charge 2: **FAILURE TO MAINTAIN CONTROL**
 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: **01 - NONE APPARENT**
 Roadway: **01 - NONE APPARENT**
 Type of Road Junc/Feat: **01 - NON-JUNCTION/NO SPECIAL FEATURE**
 FRA No.:
 Horizontal Alignment:
 Vertical Alignment:
 First Harmful Evt of Crash: **44 - DITCH**

Narrative

DRIVER WAS EASTBOUND ON GRAVEL ROAD 310TH STREET. DRIVER LOST CONTROL ON GRAVEL ROAD, OVER CORRECTED AND SPUN AROUND ENTERING THE NORTH DITCH. THE VEHICLE OVERTURNED AND CAME TO REST ON ITS WHEELS.

Diagram

