

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement
 Case Number: **22-006202**
 Date of Acc: **08/28/22**
 Time of Acc: **17:50** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY LEE REUVERS**
 Badge #: **71-4**
 Report Date: **08/28/2022**
 Officer Notified: **17:53** Hrs.
 Officer Arrived: **18:09** 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: **00284253**
 Y-Coordinate: **04781682**
 Location Literal: **340TH ST**
 Description:

Unit 001

Driver Name - Last: **CONLEY**
 First: **WILLIE**
 Middle: **LEON**
 City: **PAULLINA**
 State: **IA**
 Zip: **51046**
 Suffix: **JR**
 Gender: **Male**
 Age: **17**
 CDL: **NO**
 License State: **IA**
 License Class: **C**
 License Endorsmnt:
 License Restrictions: **Y**
 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: **2007**
 Vehicle Make: **KIA - KIA**
 Vehicle Model: **SPECTRA EX/LX**
 Vehicle Style: **4D**
 Vehicle Color: **SILVER - SIL**
 Vehicle Config: **01 - PASSENGER CAR**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **22-00081**
 Initial Trvl Dir: **04 - WEST**
 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: **03 - MIDDLE PASSENGER SIDE**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$5,000.00**
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**
 First Event: **11 - LOSS OF TRACTION**
 Second Event: **01 - RAN OFF ROAD, RIGHT**
 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: **03 - SHOULDER AND LAP BELT USED**
 5 - UNINJURED
 Source of Trans: **01 - NOT TRANSPORTED**
 Died at Scene: **01 - NOT APPLICABLE**

Transported to: **REFUSED MEDICAL**
 Transported by:
 Special Veh Func: **01 - NO SPECIAL FUNCTION**
 Emergency Status: **01 - NOT APPLICABLE**
 Cont. Circum., Dvr: **05 - DRIVING TOO FAST FOR CONDITIONS**
 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: **321.20B**
 Citation Charge 1: **FAILURE TO PROVIDE PROOF OF FINANCIAL LIABILITY - ACC**
 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: **06 - MUD, DIRT**
 Workzone Related: **NO**
 Activity:
 Location:
 Type:
 Workers Present:

Roadway Characteristics
 Environment: **01 - NONE APPARENT**
 Roadway: **02 - SURFACE CONDITION (E.G., WET, ICY)**
 Type of Road Junc/Feat: **01 - NON-JUNCTION/NO SPECIAL FEATURE**
 FRA No.:
 Horizontal Alignment:
 Vertical Alignment:
 First Harmful Evt of Crash: **20 - OVERTURN/ROLLOVER**

Injured Person 001

Name - Last:	WALLINGA	Airbag Deployment:	03 - NOT DEPLOYED
First:	DONALD	Airbag Switch Status:	
Middle:	MARION	Trapped:	1 - NOT TRAPPED/APPLICABLE
Suffix:		Injury Status:	4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)
City:	SANBORN	Ejection:	2 - NOT EJECTED
State:	IA	Ejection Path:	01 - NOT EJECTED/NOT APPLICABLE
Zip Code:	51248	Alcohol Test Given:	
Age:	16	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:	REFUSED MEDICAL
Occupant Protection:	03 - SHOULDER AND LAP BELT USED	Transported by:	

Narrative

DRIVER WAS HEADING WESTBOUND AND DROVE THROUGH A MUD HOLE ON A LEVEL B ROAD, LOST CONTROL, AND ROLLED THE CAR ONCE COMING TO REST ON THE WHEELS. DRIVER AND PASSENGER EXITED THE VEHICLE AND CALLED FAMILY. BOTH INDIVIDUALS RECEIVED MINOR CUTS AND REFUSED MEDICAL ASSISTANCE.

Diagram

