

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement
 Case Number: **22-006625**
 Date of Acc: **09/12/22**
 Time of Acc: **15:30** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY TIMOTHY ROHRBAUGH**
 Badge #: **71-5**
 Report Date: **09/12/2022**
 Officer Notified: **15:34** Hrs.
 Officer Arrived: **15:40** 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: **00298006**
 Y-Coordinate: **04785940**
 Location Literal: **310TH ST**
 Description:

Unit 001

Driver Name - Last: **BILLINGS**
 First: **ALEXANDER**
 Middle: **JAMES**
 City: **HARTLEY**
 State: **IA**
 Zip: **51346-0000**
 Suffix:
 Gender: **Male**
 Age: **14**
 CDL: **NO**
 License State: **IA**
 License Class: **C**
 License Endorsmnt:
 License Restrictions: **57**
 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: **2005**
 Vehicle Make: **BUICK - BUIC**
 Vehicle Model: **LES**
 Vehicle Style: **4D**
 Vehicle Color: **BEIGE - BGE**
 Vehicle Config: **01 - PASSENGER CAR**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **03 - TURNING RIGHT**
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **0087**
 Initial Trvl Dir: **01 - NORTH**
 Vision Obscured: **01 - NOT OBSCURED**

Bus Use:
 Dvr Distractions: **02 - NOT DISTRACTED**
 Traffic Controls: **01 - NO CONTROLS PRESENT**
 Point of Init Impact: **10 - FRONT DRIVER SIDE**
 Most Damaged Area: **10 - FRONT DRIVER SIDE**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$4,500.00**
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**
 First Event: **11 - LOSS OF TRACTION**
 Second Event: **20 - OVERTURN/ROLLOVER**
 Third Event:
 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**
 Source of Trans: **01 - NOT TRANSPORTED**
 Died at Scene: **01 - NOT APPLICABLE**
 Source of Trans: **01 - NOT TRANSPORTED**
 Died at Scene: **01 - NOT APPLICABLE**

Transported to:
 Transported by:
 Special Veh Func: **01 - NO SPECIAL FUNCTION**
 Emergency Status: **01 - NOT APPLICABLE**
 Cont. Circum., Dvr: **05 - DRIVING TOO FAST FOR CONDITIONS, 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:
 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: **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: **20 - OVERTURN/ROLLOVER**

Narrative

THE VEHICLE WAS TRAVELING NORTH ON COUNTY ROAD M-12. THE DRIVER WAS MAKING A RIGHT TURN ONTO 310TH ST. THE DRIVER LOST CONTROL AND WENT INTO THE DITCH CAUSING THE VEHICLE TO ROLL ONTO ITS TOP.

Diagram

