

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement
 Case Number: **23000053**
 Date of Acc: **01/04/23**
 Time of Acc: **09:55** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY BRAD STEVENS**
 Badge #: **71-10**
 Report Date: **01/04/2023**
 Officer Notified: **09:56** Hrs.
 Officer Arrived: **10:01** 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: **00282575**
 Y-Coordinate: **04773666**
 Location Literal: **390TH ST**
 Description:

Unit 001

Driver Name - Last: **ODENBRETT**
 First: **COLIN**
 Middle: **MICHAEL**
 City: **PRIMGHAR**
 State: **IA**
 Zip: **51245**
 Suffix:
 Gender: **Male**
 Age: **16**
 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: **2002**
 Vehicle Make: **CHEVROLET - CHEV**
 Vehicle Model: **K1500**
 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: **2 - DISABLED - PRIVATELY ARRANGED**
 Tow #:
 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: **02 - FRONT PASSENGER SIDE**
 Most Damaged Area: **09 - MIDDLE DRIVER SIDE**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$3,500.00**
 Ext of Damage: **5 - SEVERE, VEHICLE TOTALED**
 First Event: **11 - LOSS OF TRACTION**
 Second Event: **03 - RAN OFF ROAD, LEFT**
 Third Event: **59 - MAILBOX**
 Fourth Event: **20 - OVERTURN/ROLLOVER**
 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**

Transported to: **N/A**
 Transported by: **N/A**
 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:
 Citation Charge 1:
 Cit Chrg Code 2:
 Citation Charge 2:
 Citation Charge 3:
 Citation Charge 4:

Property Damage 001

Object Damaged: **MAILBOX**
 Estimate of Damage: **\$100.00**
 Owner's Name - Last: **HAMILTON**
 First: **ANN**
 Middle:
 Suffix:

Company Owner Name:
 City: **PRIMGHAR**
 State: **IA**
 Zip Code: **51245**

Accident Environment

First Harmful Event Loc: **01 - ON ROADWAY**
 Manner of Crash/Collision: **01 - NON-COLLISION (SINGLE VEHICLE)**
 Light Conditions: **1 - DAYLIGHT**
 Weather Conditions: **02 - CLOUDY**
 Surface Conditions: **03 - ICE/FROST**
 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: **59 - MAILBOX**

Injured Person 001

Name - Last:	ODENBRETT	Airbag Deployment:	03 - NOT DEPLOYED
First:	ADDILEE	Airbag Switch Status:	
Middle:		Trapped:	1 - NOT TRAPPED/APPLICABLE
Suffix:		Injury Status:	4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)
City:	PRIMGHAR	Ejection:	2 - NOT EJECTED
State:	IA	Ejection Path:	01 - NOT EJECTED/NOT APPLICABLE
Zip Code:	51245	Alcohol Test Given:	
Age:	13	Drug Test Given:	
Sex:	FEMALE	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:	N/A
Occupant Protection:	03 - SHOULDER AND LAP BELT USED	Transported by:	N/A

Narrative

Unit 1 was westbound in the 5600 mile of 390th Street. Due to icy road conditions, Unit 1 lost control, leaving the roadway and striking a mailbox before entering the south ditch and rolling onto it's driver's side where it came to rest.

Diagram

