

**INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT**

Law Enforcement  
 Case Number: **23-002918**  
 Date of Acc: **05/10/23**  
 Time of Acc: **08:40** Hrs.  
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**  
 Officer: **DEPUTY BRAD STEVENS**  
 Badge #: **71-10**  
 Report Date: **05/10/2023**  
 Officer Notified: **08:44** Hrs.  
 Officer Arrived: **09:04** Hrs.

Scene Investigated: **YES**  
 Report to All Drivers:  
 Legal Intervention: **NO**  
 Private Property: **NO**  
 County: **O'BRIEN - 71**  
 Acc Loc City: **PRIMGHAR - 6240**  
 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: **00286175**  
 Y-Coordinate: **04773662**  
 Location Literal: **SOUTH HAYES AVE**  
 Description:

**Unit 001**

Driver Name - Last: **MORTON**  
 First: **TIERENY**  
 Middle: **ANNA**  
 City: **CALUMET**  
 State: **IA**  
 Zip: **51009**  
 Suffix:  
 Gender: **Female**  
 Age: **52**  
 CDL: **NO**  
 License State: **IA**  
 License Class: **C**  
 License Endorsmnt:  
 License Restrictions: **B**  
 Speed Limit: **25**  
 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: **3**  
 Vehicle Year: **2022**  
 Vehicle Make: **MAZDA - MAZD**  
 Vehicle Model: **MZ3**  
 Vehicle Style: **SEDAN**  
 Vehicle Color: **RED - RED**  
 Vehicle Config: **01 - PASSENGER CAR**  
 Vehicle Defect: **01 - NONE**  
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**  
 Tow: **3 - DISABLED - OFFICER ARRANGED**  
 Tow #: **23000064**  
 Initial Trvl Dir: **04 - WEST**  
 Vision Obscured: **06 - SIGN/BILLBOARD**

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: **\$8,300.00**  
 Ext of Damage: **4 - DISABLING DAMAGE**  
 First Event: **33 - VEHICLE IN TRAFFIC**  
 Second Event:  
 Third Event:  
 Fourth Event:  
 Most Harmful Event: **33 - VEHICLE IN TRAFFIC**  
 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: **N/A**  
 Transported by: **N/A**  
 Special Veh Func: **01 - NO SPECIAL FUNCTION**  
 Emergency Status: **01 - NOT APPLICABLE**  
 Cont. Circum., Dvr: **40 - FTYROW: FROM 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: **FAIL TO OBEY STOP SIGN AND YIELD RIGHT OF WAY**  
 Cit Chrg Code 2:  
 Citation Charge 2:  
 Citation Charge 3:  
 Citation Charge 4:

**Unit 002**

Driver Name - Last: <b>VARNNESS</b>	Bus Use:	Transported to: <b>N/A</b>
First: <b>ZACHARY</b>		
Middle: <b>BRADLEY</b>	Drvr Distractions: <b>02 - NOT DISTRACTED</b>	Transported by: <b>N/A</b>
City: <b>ORANGE CITY</b>		
State: <b>IA</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>
Zip: <b>51041</b>		
Suffix:	Point of Init Impact: <b>98 - OTHER (EXPLAIN IN NARRATIVE)</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Gender: <b>Male</b>	Most Damaged Area: <b>98 - OTHER (EXPLAIN IN NARRATIVE)</b>	Cont. Circum., Drvr: <b>88 - NO IMPROPER ACTION</b>
Age: <b>43</b>	Undridd/Ovrid: <b>1 - NONE</b>	
CDL: <b>NO</b>	Rpr/Rplc Cost: <b>\$500.00</b>	
License State: <b>IA</b>	Ext of Damage: <b>2 - MINOR DAMAGE</b>	
License Class: <b>C</b>	First Event: <b>33 - VEHICLE IN TRAFFIC</b>	
License Endorsmnt:		
License Restrictions: <b>1</b>	Second Event:	Carrier Name:
Speed Limit: <b>25</b>		Carrier Address:
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Third Event:	Carrier City:
Driver Condition: <b>01 - APPARENTLY NORMAL</b>		Carrier State:
Alcohol Test Given: <b>NO</b>	Fourth Event:	Carrier Zip:
Drug Test Given: <b>1 - NONE</b>		Cargo Body Type: <b>13 - SMALL UTILITY TRAILER (ONE-AXLE)</b>
Total Occupants: <b>2</b>		
Vehicle Year: <b>2008</b>		Number of Axles:
Vehicle Make: <b>FORD - FORD</b>		HazMat Involvement:
Vehicle Model: <b>EXPEDITION</b>		HazMat Placard:
Vehicle Style: <b>LL</b>	Most Harmful Event: <b>33 - VEHICLE IN TRAFFIC</b>	Placard #:
Vehicle Color: <b>WHITE - WHI</b>		HazMat Released?:
Vehicle Config: <b>03 - SPORT UTILITY VEHICLE</b>	Abg Switch Stat:	Converter Dolly:
	Abg Deploy: <b>03 - NOT DEPLOYED</b>	GVWR:
Vehicle Defect: <b>01 - NONE</b>		Cit Chrg Code 1:
	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	Citation Charge 1:
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>	Ejection: <b>2 - NOT EJECTED</b>	
Tow: <b>1 - DRIVEN AWAY</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Cit Chrg Code 2:
		Citation Charge 2:
Tow #:	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	
Initial Trvl Dir: <b>01 - NORTH</b>		Citation Charge 3:
Vision Obscured: <b>01 - NOT OBSCURED</b>	Source of Trans: <b>01 - NOT TRANSPORTED</b>	
	Died at Scene: <b>01 - NOT APPLICABLE</b>	Citation Charge 4:

**Accident Environment**

First Harmful Event Loc: <b>01 - ON ROADWAY</b>	<b>Roadway Characteristics</b>
Manner of Crash/Collision: <b>05 - BROADSIDE (FRONT TO SIDE)</b>	Environment: <b>01 - NONE APPARENT</b>
Light Conditions: <b>1 - DAYLIGHT</b>	Roadway: <b>01 - NONE APPARENT</b>
Weather Conditions: <b>01 - CLEAR</b>	
	Type of Road Junc/Feat: <b>12 - FOUR-WAY INTERSECTION</b>
Surface Conditions: <b>01 - DRY</b>	
	FRA No.:
Workzone Related: <b>NO</b>	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	
Type:	First Harmful Evt of Crash: <b>33 - VEHICLE IN TRAFFIC</b>
Workers Present:	

**Injured Person 001**

Name - Last: <b>MORTON</b>	Airbag Deployment: <b>03 - NOT DEPLOYED</b>
First: <b>ELLIE</b>	
Middle:	Airbag Switch Status:
Suffix:	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>
City: <b>PAULLINA</b>	Injury Status: <b>4 - POSSIBLE (COMPLAINT OF PAIN/INJURY)</b>
State: <b>IA</b>	Ejection: <b>2 - NOT EJECTED</b>
Zip Code: <b>51046</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>
Age: <b>5</b>	Alcohol Test Given:
Sex: <b>FEMALE</b>	Drug Test Given:
Unit No.: <b>1</b>	Source of Transport: <b>01 - NOT TRANSPORTED</b>
Seating Position: <b>04 - 2ND ROW: LEFT SIDE</b>	Died at Scene/Enroute: <b>01 - NOT APPLICABLE</b>
Occupant Protection: <b>09 - BOOSTER SEAT</b>	Transported to: <b>N/A</b>
	Transported by: <b>N/A</b>

**Narrative**

Unit 1 was westbound on 2nd St SE and Unit 2 was northbound on S. Hayes Ave. Unit 1 failed to yield to Unit 2 upon stopping at the stop sign and struck Unit 2 in the axle of the attached trailer.

