

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement
 Case Number: **23007887**
 Date of Acc: **11/21/23**
 Time of Acc: **21:48** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY LEE VELLEMA**
 Badge #: **71-7**
 Report Date: **11/21/2023**
 Officer Notified: **21:50** Hrs.
 Officer Arrived: **22:00** 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: **00270618**
 Y-Coordinate: **04782895**
 Location Literal Description: **RAMP NEST AVE, N TO N TO STATE OF IOWA, IA 60 N**

Unit 001

Driver Name - Last: **YOUNG**
 First: **EMMA**
 Middle: **JEAN**
 City: **HAYWARD**
 State: **WI**
 Zip: **54843-6410**
 Suffix:
 Gender: **Female**
 Age: **58**
 CDL: **NO**
 License State: **WI**
 License Class: **D**
 License Endorsmnt:
 License Restrictions:
 Speed Limit: **50**
 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: **2018**
 Vehicle Make: **JEEP - JEEP**
 Vehicle Model: **COMPASS**
 Vehicle Style: **UT**
 Vehicle Color: **GRAY - GRY**
 Vehicle Config: **03 - SPORT UTILITY VEHICLE**
 Vehicle Defect: **01 - NONE**
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **23-00174**
 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: **12 - FRONT MIDDLE**
 Most Damaged Area: **12 - FRONT MIDDLE**
 Undrrid/Ovrid: **1 - NONE**
 Rpr/Rplc Cost: **\$20,000.00**
 Ext of Damage: **4 - DISABLING DAMAGE**
 First Event: **06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, AVOIDANCE)**
 Second Event: **44 - DITCH**
 Third Event: **98 - OTHER (EXPLAIN IN NARRATIVE)**
 Fourth Event:
 Most Harmful Event: **98 - OTHER (EXPLAIN IN NARRATIVE)**
 Abg Switch Stat:
 Abg Deploy: **06 - DEPLOYED BOTH FRONT/SIDE**
 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:
 Transported by:
 Special Veh Func: **01 - NO SPECIAL FUNCTION**
 Emergency Status: **01 - NOT APPLICABLE**
 Cont. Circum., Dvr: **88 - NO IMPROPER ACTION**
 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:

Unit 002

Driver Name - Last: UNKNOWN	Bus Use:	Transported to:
First:		
Middle:	Drvr Distractions: 99 - UNKNOWN	Transported by:
City:		
State:	Traffic Controls:	Special Veh Func:
Zip:		
Suffix:	Point of Init Impact: 15 - NON-COLLISION/NO DAMAGE	Emergency Status:
Gender:		
Age:	Most Damaged Area:	Cont. Circum., Drvr: 02 - RAN STOP SIGN
CDL:	Undrrid/Ovrid:	
License State:	Rpr/Rplc Cost:	
License Class:	Ext of Damage:	
License Endorsmnt:	First Event:	Carrier Name:
License Restrictions:		Carrier Address:
Speed Limit:		Carrier City:
Seating Position:	Second Event:	Carrier State:
		Carrier Zip:
Driver Condition:	Third Event:	Cargo Body Type:
Alcohol Test Given:		
Drug Test Given:	Fourth Event:	Number of Axles:
Total Occupants: 1		HazMat Involvement:
Vehicle Year:		HazMat Placard:
Vehicle Make:		Placard #:
Vehicle Model:	Most Harmful Event:	HazMat Released?:
Vehicle Style:		Converter Dolly:
Vehicle Color:	Abg Switch Stat:	GVWR:
Vehicle Config:	Abg Deploy:	Cit Chrg Code 1:
Vehicle Defect:		Citation Charge 1:
Vehicle Action: 02 - TURNING LEFT	Trapped:	
	Ejection:	Cit Chrg Code 2:
Tow:	Ejection Path:	Citation Charge 2:
Tow #:	Occpnt Protect:	
Initial Trvl Dir: 02 - EAST		Citation Charge 3:
Vision Obscured:		
	Source of Trans: 99 - UNKNOWN	
	Died at Scene: 99 - UNKNOWN	Citation Charge 4:

Property Damage 001

Object Damaged: FENCE	Company Owner Name: STATE OF IOWA
Estimate of Damage: \$500.00	City: ASHTON
Owner's Name - Last:	State: IA
First:	Zip Code: 51232
Middle:	
Suffix:	

Accident Environment

First Harmful Event Loc: 02 - SHOULDER	Roadway Characteristics
Manner of Crash/Collision: 01 - NON-COLLISION (SINGLE VEHICLE)	Environment: 01 - NONE APPARENT
Light Conditions: 4 - DARK, ROADWAY LIGHTED	Roadway: 01 - NONE APPARENT
Weather Conditions: 01 - CLEAR	
	Type of Road Junc/Feat: 22 - ON-RAMP
Surface Conditions: 01 - DRY	
	FRA No.:
Workzone Related: NO	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	
Type:	First Harmful Evt of Crash: 44 - DITCH
Workers Present:	

Narrative

UNIT 1 WAS DRIVING NORTHBOUND ON NEST AVE. AS UNIT 1 WAS NORTHBOUND, UNIT 2 WAS DRIVING EASTBOUND ON THE HIGHWAY 60 NB EXIT RAMP. THE DRIVER OF UNIT 1 STATED THAT UNIT 2 DID NOT STOP AT THE STOP SIGN AND THE DRIVER OF UNIT 1 AVOIDED A COLLISION WITH THE VEHICLE. THE DRIVER OF UNIT 1 DESCRIBED UNIT 2 AS A DARK COLORED PICKUP. NO OTHER DESCRIPTION WAS OBSERVED. UNIT 1 WENT INTO THE DITCH AND STRUCK A ROCK COVERED WATER WAY IN THE DITCH. UNIT 1 THEN STRUCK A CHAIN LINK FENCE OWNED BY THE IOWA DOT.

Diagram

