

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

|  |                                  |  |
|--|----------------------------------|--|
| Case Number: <b>17-002819</b>                        | Report to All Drivers: <b>NO</b> | At Intersection with: <b>"N/A"</b>             |
| Date of Acc: <b>03/22/17</b>                         | Legal Intervention: <b>NO</b>    | Div HWay Trvl Dir: <b>"N/A"</b>                |
| Time of Acc: <b>11:43 Hrs.</b>                       | Private Property: <b>NO</b>      | Distance 1: <b>"N/A"</b>                       |
| Name of Agency: <b>PLYMOUTH COUNTY SHERIFF'S OFF</b> | County: <b>PLYMOUTH - 75</b>     | Direction 1: <b>"N/A"</b>                      |
| Officer: <b>DEPUTY MATT M STRUVE</b>                 | Acc Loc City: <b>"N/A"</b>       | Distance 2: <b>"N/A"</b>                       |
| Badge #: <b>75-9</b>                                 | Acc Dir From City: <b>"N/A"</b>  | Direction 2: <b>"N/A"</b>                      |
| Report Date: <b>03/22/2017</b>                       | Closest City: <b>"N/A"</b>       | X-Coordinate: <b>00216158</b>                  |
| Officer Notified: <b>11:43 Hrs.</b>                  | Miles From City: <b>"N/A"</b>    | Y-Coordinate: <b>04738923</b>                  |
| Officer Arrived: <b>11:54 Hrs.</b>                   | Road,Street,HWay: <b>"N/A"</b>   | Location Literal: <b>K018/K18 AND C038/C38</b> |
| Scene Investigated: <b>YES</b>                       | Definable Location: <b>"N/A"</b> | Description:                                   |
|  | Milepost Number: <b>"N/A"</b>    |  |

**Unit 001**

|  |  |  |
|--|--|--|
| Driver Name - Last: <b>RILEY</b>                                   | Bus Use:   | Transported to: <b>FLOYD VALLEY</b>  |
| First: <b>RAY</b>  |  |  |
| Middle: <b>ANTHONY</b>   | Drv Distractions: <b>99 - UNKNOWN</b>                                      | Transported by: <b>AKRON AMBULANCE</b>   |
| City: <b>SIOUX CITY</b>  |  |  |
| State: <b>IA</b>   | Traffic Controls: <b>04 - STOP SIGNS</b>                                   | Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>  |
| Zip: <b>51105</b>  |  |  |
| Suffix: <b>JR</b>  | Point of Init Impact: <b>10 - FRONT DRIVER SIDE</b>                        | Emergency Status: <b>01 - NOT APPLICABLE</b>   |
| Gender: <b>Male</b>  | Most Damaged Area: <b>13 - TOP OF VEHICLE</b>                              | Cont. Circum., Drvr: <b>06 - LOST CONTROL, 08 - OPERATING VEHICLE IN A RECKLESS, ERRATIC, CARELESS, NEGLIGENT MANNER</b> |
| Age: <b>37</b>   | Undrdr/Ovrid: <b>1 - NONE</b>  |  |
| CDL: <b>NO</b>   | Rpr/Rplc Cost: <b>\$5,000.00</b>   |  |
| License State: <b>IA</b>   | Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>                          | Carrier Name:  |
| License Class: <b>0</b>  | First Event: <b>06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, AVOIDANCE)</b> | Carrier Address:   |
| License Endorsmnt: <b>NONE</b>                                     | Second Event: <b>11 - LOSS OF TRACTION</b>                                 | Carrier City:  |
| License Restrictions: <b>NONE</b>                                  | Third Event: <b>01 - RAN OFF ROAD, RIGHT</b>                               | Carrier State:   |
| Speed Limit: <b>55</b>   | Fourth Event: <b>20 - OVERTURN/ROLLOVER</b>                                | Carrier Zip:   |
| Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b> | Most Harmful Event: <b>20 - OVERTURN/ROLLOVER</b>                          | Cargo Body Type: <b>01 - NOT APPLICABLE</b>  |
| Driver Condition: <b>06 - UNDER THE INFLUENCE OF ALCOHOL</b>       | Abg Switch Stat: <b>01 - NOT APPLICABLE</b>                                | Number of Axles:   |
| Alcohol Test Given: <b>YES</b>                                     | Abg Deploy: <b>01 - NOT APPLICABLE</b>                                     | HazMat Involvement:  |
| Drug Test Given: <b>1 - NONE</b>                                   | Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>                                 | HazMat Placard:  |
| Total Occupants: <b>1</b>  | Ejection: <b>2 - NOT EJECTED</b>   | Placard #:   |
| Vehicle Year: <b>2008</b>  | Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>                      | HazMat Released?:  |
| Vehicle Make: <b>BUICK - BUIC</b>                                  | Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>                     | Converter Dolly:   |
| Vehicle Model: <b>LACROSSE</b>                                     | Injury Status: <b>3 - SUSPECTED MINOR/NON-INCAPACITATING</b>               | GVWR:  |
| Vehicle Style: <b>4D</b>   | Source of Trans: <b>03 - EMS GROUND</b>                                    | Cit Chrg Code 1:   |
| Vehicle Color: <b>BLACK - BLK</b>                                  | Died at Scene: <b>01 - NOT APPLICABLE</b>                                  | Citation Charge 1:   |
| Vehicle Config: <b>01 - PASSENGER CAR</b>                          |  | Cit Chrg Code 2:   |
| Vehicle Defect: <b>01 - NONE</b>                                   |  | Citation Charge 2:   |
| Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>          |  | Cit Chrg Code 3:   |
| Tow: <b>3 - DISABLED - OFFICER ARRANGED</b>                        |  | Citation Charge 3:   |
| Tow #: <b>101</b>  |  | Cit Chrg Code 4:   |
| Initial Trvl Dir: <b>01 - NORTH</b>                                |  | Citation Charge 4:   |
| Vision Obscured: <b>01 - NOT OBSCURED</b>                          |  |  |

**Accident Environment**

|   |   |
|---|---|
| First Harmful Event Loc: <b>01 - ON ROADWAY</b>                       | Roadway Characteristics   |
| Manner of Crash/Collision: <b>01 - NON-COLLISION (SINGLE VEHICLE)</b> | Environment: <b>01 - NONE APPARENT</b>  |
| Light Conditions: <b>1 - DAYLIGHT</b>                                 | Roadway: <b>01 - NONE APPARENT</b>  |
| Weather Conditions: <b>02 - CLOUDY</b>                                | Type of Road Junc/Feat: <b>97 - OTHER INTERSECTION (EXPLAIN IN NARRATIVE)</b> |
| Surface Conditions: <b>08 - SAND</b>                                  | FRA No.:  |
| Workzone Related: <b>NO</b>   | Horizontal Alignment:   |
| Activity:   | Vertical Alignment:   |
| Location:   | First Harmful Evt of Crash: <b>20 - OVERTURN/ROLLOVER</b>                     |
| Type:   |   |
| Workers Present:  |   |

**Narrative**

Veh. 1 was northbound. Veh. 1 had a stop sign to stop at prior to entering the intersection. Veh.1 slid through the stop sign losing control and entering the northeast ditch rolling the vehicle. Veh. 1 then fled the scene and deputies stopped Veh 1 approx. 1.5 miles west of where the crash took place.

