

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

Case Number: <b>17003942</b>	Report to All Drivers: <b>NO</b>	At Intersection with: <b>"N/A"</b>
Date of Acc: <b>04/18/17</b>	Legal Intervention: <b>NO</b>	Div HWay Trvl Dir: <b>"N/A"</b>
Time of Acc: <b>09:46</b> Hrs.	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>TEBRINK JEFF</b>	Acc Loc City:	Distance 2: <b>"N/A"</b>
Badge #: <b>75-3</b>	Acc Dir From City: <b>"N/A"</b>	Direction 2: <b>"N/A"</b>
Report Date: <b>04/18/2017</b>	Closest City: <b>"N/A"</b>	X-Coordinate: <b>00211864</b>
Officer Notified: <b>09:49</b> Hrs.	Miles From City: <b>"N/A"</b>	Y-Coordinate: <b>04725310</b>
Officer Arrived: <b>10:08</b> Hrs.	Road, Street, HWay: <b>"N/A"</b>	Location Literal: <b>K18 AND STATE 12/IOWA 12</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>SCHINDLER</b>	Bus Use:	Transported to:
First: <b>BRADLY</b>		
Middle: <b>DAVID</b>	Drvtr Distractions: <b>02 - NOT DISTRACTED</b>	Transported by:
City: <b>DAKOTA DUNES</b>		
State: <b>SD</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>
Zip: <b>57049-5140</b>		
Suffix:	Point of Init Impact: <b>11 - FRONT DRIVER SIDE CORNER</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Gender: <b>Male</b>	Most Damaged Area: <b>11 - FRONT DRIVER SIDE CORNER</b>	Cont. Circum., Drvr: <b>88 - NO IMPROPER ACTION</b>
Age: <b>50</b>	Undrriid/Ovrid: <b>1 - NONE</b>	
CDL: <b>NO</b>	Rpr/Rplc Cost: <b>\$37,500.00</b>	Carrier Name:
License State: <b>SD</b>	Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>	Carrier Address:
License Class: <b>1</b>	First Event: <b>33 - VEHICLE IN TRAFFIC</b>	Carrier City:
License Endorsmnt: <b>NONE</b>	Second Event: <b>01 - RAN OFF ROAD, RIGHT</b>	Carrier State:
License Restrictions: <b>NONE</b>	Third Event: <b>97 - OTHER FIXED OBJECT (EXPLAIN IN NARRATIVE)</b>	Carrier Zip:
Speed Limit: <b>55</b>	Fourth Event:	Cargo Body Type: <b>01 - NOT APPLICABLE</b>
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Most Harmful Event: <b>33 - VEHICLE IN TRAFFIC</b>	Number of Axles:
Driver Condition: <b>01 - APPARENTLY NORMAL</b>	Abg Switch Stat:	HazMat Involvement:
Alcohol Test Given: <b>NO</b>	Abg Deploy: <b>06 - DEPLOYED BOTH FRONT/SIDE</b>	HazMat Placard:
Drug Test Given: <b>1 - NONE</b>	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	Placard #:
Total Occupants: <b>01</b>	Ejection: <b>2 - NOT EJECTED</b>	HazMat Released?:
Vehicle Year: <b>2016</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Converter Dolly:
Vehicle Make: <b>FORD - FORD</b>	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	GVWR:
Vehicle Model: <b>F-150</b>	Injury Status: <b>3 - SUSPECTED MINOR/NON-INCAPACITATING</b>	Cit Chrg Code 1:
Vehicle Style: <b>PICKUP</b>	Source of Trans: <b>01 - NOT TRANSPORTED</b>	Citation Charge 1:
Vehicle Color: <b>BLACK - BLK</b>	Died at Scene: <b>01 - NOT APPLICABLE</b>	Cit Chrg Code 2:
Vehicle Config: <b>02 - FOUR-TIRE TRUCK (PICK-UP)</b>		Citation Charge 2:
Vehicle Defect: <b>01 - NONE</b>		Cit Chrg Code 3:
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>		Citation Charge 3:
Tow: <b>3 - DISABLED - OFFICER ARRANGED</b>		Cit Chrg Code 4:
Tow #: <b>17000132</b>		Citation Charge 4:
Initial Trvl Dir: <b>01 - NORTH</b>		
Vision Obscured: <b>01 - NOT OBSCURED</b>		

**Unit 002**

Driver Name - Last:	<b>RARRAT</b>	Bus Use:		Transported to:	<b>MERCY HOSPITAL SIOUX CITY</b>
First:	<b>KRISTEN</b>	Drvr Distractions:	<b>02 - NOT DISTRACTED</b>	Transported by:	<b>AKRON AMBULANCE</b>
Middle:	<b>NICOLE</b>	Traffic Controls:	<b>04 - STOP SIGNS</b>	Special Veh Func:	<b>01 - NO SPECIAL FUNCTION</b>
City:	<b>JEFFERSON</b>	Point of Init Impact:	<b>02 - FRONT PASSENGER SIDE</b>	Emergency Status:	<b>01 - NOT APPLICABLE</b>
State:	<b>SD</b>	Most Damaged Area:	<b>02 - FRONT PASSENGER SIDE</b>	Cont. Circum., Drvr:	<b>40 - FTYROW: FROM STOP SIGN</b>
Zip:	<b>57038</b>	Undrrid/Ovrid:	<b>1 - NONE</b>	Carrier Name:	
Suffix:		Rpr/Rplc Cost:	<b>\$17,500.00</b>	Carrier Address:	
Gender:	<b>Female</b>	Ext of Damage:	<b>5 - SEVERE, VEHICLE TOALED</b>	Carrier City:	
Age:	<b>21</b>	First Event:	<b>33 - VEHICLE IN TRAFFIC</b>	Carrier State:	
CDL:	<b>NO</b>	Second Event:	<b>03 - RAN OFF ROAD, LEFT</b>	Carrier Zip:	
License State:	<b>SD</b>	Third Event:		Cargo Body Type:	<b>01 - NOT APPLICABLE</b>
License Class:	<b>1</b>	Fourth Event:		Number of Axles:	
License Endorsmnt:	<b>NONE</b>	Most Harmful Event:	<b>33 - VEHICLE IN TRAFFIC</b>	HazMat Involvement:	
License Restrictions:	<b>NONE</b>	Abg Switch Stat:		HazMat Placard:	
Speed Limit:	<b>55</b>	Abg Deploy:	<b>04 - DEPLOYED FRONT OF PERSON</b>	Placard #:	
Seating Position:	<b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Trapped:	<b>2 - EXTRICATED BY NON-</b>	HazMat Released?:	
Driver Condition:	<b>01 - APPARENTLY NORMAL</b>	Ejection:	<b>2 - NOT EJECTED</b>	Converter Dolly:	
Alcohol Test Given:	<b>NO</b>	Ejection Path:	<b>01 - NOT EJECTED/NOT APPLICABLE</b>	GVWR:	
Drug Test Given:	<b>1 - NONE</b>	Occpnt Protect:	<b>03 - SHOULDER AND LAP BELT USED</b>	Cit Chrg Code 1:	<b>321.322(1)</b>
Total Occupants:	<b>01</b>	Injury Status:	<b>3 - SUSPECTED MINOR/NON- INCAPACITATING</b>	Citation Charge 1:	<b>FAIL TO OBEY STOP SIGN AND YIELD RIGHT OF WAY</b>
Vehicle Year:	<b>2009</b>	Source of Trans:	<b>03 - EMS GROUND</b>	Cit Chrg Code 2:	
Vehicle Make:	<b>PONTIAC - PONT</b>	Died at Scene:	<b>01 - NOT APPLICABLE</b>	Citation Charge 2:	
Vehicle Model:	<b>G8</b>			Cit Chrg Code 3:	
Vehicle Style:	<b>4D</b>			Citation Charge 3:	
Vehicle Color:	<b>GRAY - GRY</b>			Cit Chrg Code 4:	
Vehicle Config:	<b>01 - PASSENGER CAR</b>			Citation Charge 4:	
Vehicle Defect:	<b>01 - NONE</b>				
Vehicle Action:	<b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>				
Tow:	<b>2 - DISABLED - PRIVATELY ARRANGED</b>				
Tow #:					
Initial Trvl Dir:	<b>02 - EAST</b>				
Vision Obscured:	<b>01 - NOT OBSCURED</b>				

**Property Damage**

Object Damaged:	<b>TELEPHONE BOX</b>	Company Owner Name:	<b>FRONTIER COMMUNICATIONS</b>
Estimate of Damage:	<b>\$500.00</b>	City:	<b>ORANGE CITY</b>
Owner's Name - Last:		State:	<b>IA</b>
First:		Zip Code:	<b>51041</b>
Middle:			
Suffix:			

**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:		First Harmful Evt of Crash:	<b>33 - VEHICLE IN TRAFFIC</b>
Type:			
Workers Present:			

**Narrative**

Vehicle #1 was traveling north on Hwy. 12. Vehicle #2 was traveling east on K-18 and had stopped for the stop sign at the intersection of Hwy. 12 and K-18. Driver #1 stated that she did not see vehicle #1 and she began to proceed through the intersection as vehicle #1 was also entering the intersection. Vehicle #1 then struck vehicle #2 in the northbound lane of Hwy. 12. After impact vehicle #1 left the traveled portion of the roadway and entered the northeast ditch of the intersection and struck a telephone utility box. Vehicle #2 after impact entered the northwest shoulder of the road where it came to rest.

