

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

Case Number: **17-006244**  
 Date of Acc: **06/11/17**  
 Time of Acc: **15:02** Hrs.  
 Name of Agency: **PLYMOUTH COUNTY SHERIFF'S OFF**  
 Officer: **HEISSEL PAT**  
 Badge #: **75-11**  
 Report Date: **06/11/2017**  
 Officer Notified: **15:02** Hrs.  
 Officer Arrived: **15:12** Hrs.  
 Scene Investigated: **YES**

Report to All Drivers: **YES**  
 Legal Intervention: **NO**  
 Private Property: **NO**  
 County: **PLYMOUTH - 75**  
 Acc Loc City:  
 Acc Dir From City: **"N/A"**  
 Closest City: **"N/A"**  
 Miles From City: **"N/A"**  
 Road, Street, HWay: **"N/A"**  
 Definable Location: **"N/A"**  
 Milepost Number: **"N/A"**

At Intersection with: **"N/A"**  
 Div HWay Trvl Dir: **"N/A"**  
 Distance 1: **"N/A"**  
 Direction 1: **"N/A"**  
 Distance 2: **"N/A"**  
 Direction 2: **"N/A"**  
 X-Coordinate: **00224182**  
 Y-Coordinate: **04738534**  
 Location Literal: **C038/C38 AND K022/K22**  
 Description: **MEASURING 15 FEET SOUTH FROM C038/C38 AND K022/K22**

**Unit 001**

Driver Name - Last: <b>SUSEMIHL</b>	Bus Use:	Transported to:
First: <b>KELLI</b>		
Middle: <b>LEE</b>	Drvr Distractions: <b>96 - OTHER ACTIVITY WITH ELECTRONIC DEVICE (EXPLAIN IN NARRATIVE)</b>	Transported by:
City: <b>MERRILL</b>	Traffic Controls: <b>04 - STOP SIGNS</b>	Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>
State: <b>IA</b>	Point of Init Impact: <b>10 - FRONT DRIVER SIDE</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Zip: <b>51038</b>	Most Damaged Area: <b>10 - FRONT DRIVER SIDE</b>	Cont. Circum., Drvr: <b>98 - OTHER (EXPLAIN IN NARRATIVE)</b>
Suffix:	Undrrid/Ovrid: <b>1 - NONE</b>	
Gender: <b>Female</b>	Rpr/Rplc Cost: <b>\$5,000.00</b>	Carrier Name:
Age: <b>18</b>	Ext of Damage: <b>4 - DISABLING DAMAGE</b>	Carrier Address:
CDL: <b>NO</b>	First Event: <b>33 - VEHICLE IN TRAFFIC</b>	Carrier City:
License State: <b>IA</b>	Second Event: <b>33 - VEHICLE IN TRAFFIC</b>	Carrier State:
License Class: <b>C</b>	Third Event:	Carrier Zip:
License Endorsmnt: <b>NONE</b>	Fourth Event:	Cargo Body Type: <b>01 - NOT APPLICABLE</b>
License Restrictions: <b>NONE</b>	Most Harmful Event: <b>33 - VEHICLE IN TRAFFIC</b>	Number of Axles:
Speed Lmlt: <b>55</b>	Abg Switch Stat:	HazMat Involvement:
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Abg Deploy: <b>03 - NOT DEPLOYED</b>	HazMat Placard:
Driver Condition: <b>01 - APPARENTLY NORMAL</b>	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	Placard #:
Alcohol Test Given: <b>NO</b>	Ejection: <b>2 - NOT EJECTED</b>	HazMat Released?:
Drug Test Given: <b>1 - NONE</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Converter Dolly:
Total Occupants: <b>1</b>	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	GVWR:
Vehicle Year: <b>2013</b>	Injury Status: <b>5 - UNINJURED</b>	Cit Chrg Code 1:
Vehicle Make: <b>FORD - FORD</b>	Source of Trans: <b>01 - NOT TRANSPORTED</b>	Citation Charge 1:
Vehicle Model: <b>FOCUS SE</b>	Died at Scene: <b>01 - NOT APPLICABLE</b>	Cit Chrg Code 2:
Vehicle Style: <b>4D</b>		Citation Charge 2:
Vehicle Color: <b>SILVER - SIL</b>		Cit Chrg Code 3:
Vehicle Config: <b>01 - PASSENGER CAR</b>		Citation Charge 3:
Vehicle Defect: <b>10 - TRAILER HITCH/TRUCK COUPLING, SAFETY CHAIN</b>		Cit Chrg Code 4:
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>		Citation Charge 4:
Tow: <b>3 - DISABLED - OFFICER ARRANGED</b>		
Tow #: <b>17000202</b>		
Initial Trvl Dir: <b>01 - NORTH</b>		
Vision Obscured: <b>01 - NOT OBSCURED</b>		

**Unit 002**

Driver Name - Last: <b>HEDLUND</b>	Bus Use:	Transported to:
First: <b>ANN</b>		
Middle: <b>RENEE</b>	Drvr Distractions: <b>02 - NOT DISTRACTED</b>	Transported by:
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>51108</b>		
Suffix:	Point of Init Impact: <b>04 - REAR PASSENGER SIDE</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Gender: <b>Female</b>	Most Damaged Area: <b>04 - REAR PASSENGER SIDE</b>	Cont. Circum., Drvr: <b>88 - NO IMPROPER ACTION</b>
Age: <b>18</b>	Undrfrd/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>4 - DISABLING DAMAGE</b>	
License Class: <b>C</b>	First Event: <b>33 - VEHICLE IN TRAFFIC</b>	Carrier Name:
License Endorsmnt: <b>NONE</b>		Carrier Address:
License Restrictions: <b>B</b>	Second Event: <b>33 - VEHICLE IN TRAFFIC</b>	Carrier City:
Speed Lmlt: <b>55</b>	Third Event:	Carrier State:
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Fourth Event:	Carrier Zip:
Driver Condition: <b>01 - APPARENTLY NORMAL</b>		Cargo Body Type: <b>01 - NOT APPLICABLE</b>
Alcohol Test Given: <b>NO</b>		
Drug Test Given: <b>1 - NONE</b>		Number of Axles:
Total Occupants: <b>1</b>		HazMat Involvement:
Vehicle Year: <b>2010</b>		HazMat Placard:
Vehicle Make: <b>FORD - FORD</b>		Placard #:
Vehicle Model: <b>FLEX SEL</b>	Most Harmful Event: <b>33 - VEHICLE IN TRAFFIC</b>	HazMat Released?:
Vehicle Style: <b>4D</b>		Converter Dolly:
Vehicle Color: <b>SILVER - SIL</b>	Abg Switch Stat:	GVWR:
Vehicle Config: <b>03 - SPORT UTILITY VEHICLE</b>	Abg Deploy: <b>03 - NOT DEPLOYED</b>	Cit Chrg Code 1:
Vehicle Defect: <b>01 - NONE</b>		Citation Charge 1:
Vehicle Action: <b>05 - OVERTAKING/PASSING</b>	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	
	Ejection: <b>2 - NOT EJECTED</b>	Cit Chrg Code 2:
	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Citation Charge 2:
Tow: <b>3 - DISABLED - OFFICER ARRANGED</b>	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	
Tow #: <b>17000203</b>		Cit Chrg Code 3:
Initial Trvl Dir: <b>01 - NORTH</b>	Injury Status: <b>5 - UNINJURED</b>	Citation Charge 3:
Vision Obscured: <b>01 - NOT OBSCURED</b>		
	Source of Trans: <b>01 - NOT TRANSPORTED</b>	Cit Chrg Code 4:
	Died at Scene: <b>01 - NOT APPLICABLE</b>	Citation Charge 4:

**Accident Environment**

First Harmful Event Loc: <b>01 - ON ROADWAY</b>	Roadway Characteristics
Manner of Crash/Collision: <b>06 - SIDESWIPE, SAME DIRECTION</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:	

**Narrative**

Unit 1 traveling north on K 22. Unit 1 driver stated she slowed to turn west onto C 38. Driver 1 states she had her turn signal on but was unsure of where the intersection was. Unit 2 traveling north behind unit 1. Unit 2 driver states unit 1 did not have a turn signal on. Unit 2 began to pass unit 1. Unit 1 began a left turn and collided with unit 2. Witness 1 states he did not see unit 1 turn signal. Witness 2 states both unit 1 and unit 2 had left turn signals on. Both vehicles disabled and towed by Stockton at both vehicle owners request. No citations issued since if there is no proof unit 1 did or did not have a turn signal on.

