

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

Case Number: <b>19002283</b>	Report to All Drivers:	At Intersection with:
Date of Acc: <b>02/18/19</b>	Legal Intervention: <b>NO</b>	Div HWay Trvl Dir:
Time of Acc: <b>08:00</b> Hrs.	Private Property: <b>NO</b>	Distance 1:
Name of Agency: <b>PLYMOUTH COUNTY SHERIFFS OFF</b>	County: <b>PLYMOUTH - 75</b>	Direction 1:
Officer: <b>CHIEF DEPUTY JEFF TEBRINK</b>	Acc Loc City:	Distance 2:
Badge #: <b>75-2</b>	Acc Dir From City:	Direction 2:
Report Date: <b>02/18/2019</b>	Closest City:	X-Coordinate: <b>00253597</b>
Officer Notified: <b>08:03</b> Hrs.	Miles From City:	Y-Coordinate: <b>04721244</b>
Officer Arrived: <b>08:27</b> Hrs.	Road, Street, HWay:	Location Literal: <b>310TH ST MEASURING 1845 FEET WEST FROM C066/POLK AVE AND 310TH ST</b>
Scene Investigated: <b>YES</b>	Definable Location:	Description:
	Milepost Number:	

**Unit 001**

Driver Name - Last: <b>MUECKE</b>	Bus Use:	Transported to:
First: <b>SHAE</b>		
Middle: <b>LYNN</b>	Dvr Distractions: <b>02 - NOT DISTRACTED</b>	Transported by:
City: <b>HINTON</b>		
State: <b>IA</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>
Zip: <b>51024</b>		
Suffix:	Point of Init Impact: <b>99 - UNKNOWN</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Gender: <b>Female</b>		
Age: <b>18</b>	Most Damaged Area: <b>13 - TOP OF VEHICLE</b>	Cont. Circum., Dvr: <b>06 - LOST CONTROL</b>
CDL: <b>NO</b>		
License State: <b>IA</b>	Undrrid/Ovrid: <b>1 - NONE</b>	
License Class: <b>C</b>	Rpr/Rplc Cost: <b>\$5,000.00</b>	
License Endorsmnt:	Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>	
License Restrictions:	First Event: <b>11 - LOSS OF TRACTION</b>	Carrier Name:
Speed Limit: <b>55</b>		Carrier Address:
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Second Event: <b>03 - RAN OFF ROAD, LEFT</b>	Carrier City:
Driver Condition: <b>01 - APPARENTLY NORMAL</b>		Carrier State:
Alcohol Test Given: <b>NO</b>	Third Event: <b>20 - OVERTURN/ROLLOVER</b>	Carrier Zip:
Drug Test Given: <b>1 - NONE</b>		Cargo Body Type: <b>01 - NOT APPLICABLE</b>
Total Occupants: <b>02</b>	Fourth Event: <b>63 - FENCE</b>	
Vehicle Year: <b>2005</b>		Number of Axles:
Vehicle Make: <b>CHEVROLET - CHEV</b>	Most Harmful Event: <b>20 - OVERTURN/ROLLOVER</b>	HazMat Involvement:
Vehicle Model: <b>TRAILBLAZER LS/</b>		HazMat Placard:
Vehicle Style: <b>SUV</b>	Abg Switch Stat:	Placard #:
Vehicle Color: <b>BLACK - BLK</b>	Abg Deploy: <b>05 - DEPLOYED SIDE OF PERSON</b>	HazMat Released?:
Vehicle Config: <b>03 - SPORT UTILITY VEHICLE</b>		Converter Dolly:
Vehicle Defect: <b>01 - NONE</b>	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	GVWR:
	Ejection: <b>2 - NOT EJECTED</b>	Cit Chrg Code 1:
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Citation Charge 1:
Tow: <b>2 - DISABLED - PRIVATELY ARRANGED</b>	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	Cit Chrg Code 2:
Tow #: <b>02 - EAST</b>		Citation Charge 2:
Initial Trvl Dir: <b>01 - NOT OBSCURED</b>	<b>5 - UNINJURED</b>	Citation Charge 3:
Vision Obscured:	Source of Trans: <b>01 - NOT TRANSPORTED</b>	Citation Charge 4:
	Died at Scene: <b>01 - NOT APPLICABLE</b>	

**Property Damage 001**

Object Damaged: <b>FENCE</b>	Company Owner Name:
Estimate of Damage: <b>\$200.00</b>	City: <b>KINGSLEY</b>
Owner's Name - Last: <b>BLEIL</b>	State: <b>IA</b>
First: <b>DAVID</b>	Zip Code: <b>51028</b>
Middle: <b>LOUIS</b>	
Suffix:	

**Accident Environment**

First Harmful Event Loc: <b>04 - ROADSIDE</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>02 - SURFACE CONDITION (E.G., WET, ICY)</b>
Weather Conditions: <b>01 - CLEAR</b>	
Surface Conditions: <b>04 - SNOW</b>	Type of Road Junc/Feat: <b>01 - NON-JUNCTION/NO SPECIAL FEATURE</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**

Unit #1 was traveling east on 310th St. Driver #1 encountered deep snow in the roadway causing unit #1 to lose control. Unit #1 then crossed over to the north and was unable to keep its driver side wheels on the roadway. Unit #1 then rolled over an unknown amount of times coming to rest on its wheels. A barbed wire fence was also damaged during the rollover in the ditch.

## Diagram

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