

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

Case Number: <b>19011207</b>	Report to All Drivers:	At Intersection with:
Date of Acc: <b>07/31/19</b>	Legal Intervention: <b>NO</b>	Div HWay Trvl Dir:
Time of Acc: <b>14:55</b> Hrs.	Private Property: <b>NO</b>	Distance 1:
Name of Agency: <b>PLYMOUTH COUNTY SHERIFF'S OFF</b>	County: <b>PLYMOUTH - 75</b>	Direction 1:
Officer: <b>TEBRINK JEFF</b>	Acc Loc City:	Distance 2:
Badge #: <b>75-2</b>	Acc Dir From City:	Direction 2:
Report Date: <b>07/31/2019</b>	Closest City:	X-Coordinate: <b>00205306</b>
Officer Notified: <b>14:57</b> Hrs.	Miles From City:	Y-Coordinate: <b>04740636</b>
Officer Arrived: <b>15:17</b> Hrs.	Road, Street, HWay:	Location Literal: <b>OFF ROADWAY/ROADWAY NOT FOUND MEASURING 569 FEET EAST FROM STATE 3/IOWA 3 AND STATE 12/IOWA 12</b>
Scene Investigated: <b>YES</b>	Definable Location:	Description:
	Milepost Number:	

**Unit 001**

Driver Name - Last: <b>HOPKINS</b>	Bus Use:	Transported to: <b>HAWARDEN HOSPITAL</b>
First: <b>STEVEN</b>		
Middle: <b>ALLEN</b>	Drvtr Distractions: <b>99 - UNKNOWN</b>	Transported by: <b>AKRON AMBULANCE</b>
City: <b>ELK POINT</b>		
State: <b>SD</b>	Traffic Controls: <b>04 - STOP SIGNS</b>	Special Veh Func: <b>01 - NO SPECIAL FUNCTION</b>
Zip: <b>57025-6746</b>		
Suffix:	Point of Init Impact: <b>12 - FRONT MIDDLE</b>	Emergency Status: <b>01 - NOT APPLICABLE</b>
Gender: <b>Male</b>	Most Damaged Area: <b>12 - FRONT MIDDLE</b>	Cont. Circum., Drvr: <b>02 - RAN STOP SIGN, 03 - EXCEEDED AUTHORIZED SPEED</b>
Age: <b>59</b>	Undridd/Ovrid: <b>1 - NONE</b>	
CDL: <b>NO</b>	Rpr/Rplc Cost: <b>\$12,000.00</b>	
License State: <b>SD</b>	Ext of Damage: <b>5 - SEVERE, VEHICLE TOTALED</b>	
License Class: <b>1</b>	First Event: <b>02 - RAN OFF ROAD, STRAIGHT</b>	Carrier Name:
License Endorsmnt:	Second Event: <b>60 - TREE</b>	Carrier Address:
License Restrictions:	Third Event: <b>65 - BUILDING</b>	Carrier City:
Speed Limit: <b>55</b>	Fourth Event: <b>96 - OTHER NON-FIXED OBJECT (EXPLAIN IN NARRATIVE)</b>	Carrier State:
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Most Harmful Event: <b>60 - TREE</b>	Carrier Zip:
Driver Condition: <b>99 - UNKNOWN</b>	Abg Switch Stat: <b>04 - DEPLOYED FRONT OF PERSON</b>	Cargo Body Type: <b>01 - NOT APPLICABLE</b>
Alcohol Test Given: <b>YES</b>	Abg Deploy: <b>04 - DEPLOYED FRONT OF PERSON</b>	Number of Axles:
Drug Test Given: <b>1 - NONE</b>	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	HazMat Involvement:
Total Occupants: <b>01</b>	Ejection: <b>2 - NOT EJECTED</b>	HazMat Placard:
Vehicle Year: <b>2010</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Placard #:
Vehicle Make: <b>FORD - FORD</b>	Occpnt Protect: <b>02 - NONE USED</b>	HazMat Released?:
Vehicle Model: <b>F150</b>	Source of Trans: <b>03 - EMS GROUND</b>	Converter Dolly:
Vehicle Style: <b>PICKUP</b>	Died at Scene: <b>01 - NOT APPLICABLE</b>	GVWR:
Vehicle Color: <b>BLUE - BLU</b>		Cit Chrg Code 1:
Vehicle Config: <b>02 - FOUR-TIRE TRUCK (PICKUP)</b>		Citation Charge 1:
Vehicle Defect: <b>99 - UNKNOWN</b>		Cit Chrg Code 2:
Vehicle Action: <b>01 - MOVEMENT ESSENTIALLY STRAIGHT</b>		Citation Charge 2:
Tow:		Cit Chrg Code 3:
Tow #:		Citation Charge 3:
Initial Trvl Dir: <b>02 - EAST</b>		Cit Chrg Code 4:
Vision Obscured: <b>01 - NOT OBSCURED</b>		

**Property Damage 001**

Object Damaged: <b>BARN</b>	Company Owner Name:
Estimate of Damage: <b>\$30,000.00</b>	City: <b>WESTFIELD</b>
Owner's Name - Last: <b>BROWN</b>	State: <b>IA</b>
First: <b>MILES</b>	Zip Code: <b>51062</b>
Middle: <b>THOMAS</b>	
Suffix:	

**Property Damage 002**

Object Damaged: <b>1996 OLDSMOBILE CUTLASS</b>	Company Owner Name:
Estimate of Damage: <b>\$2,000.00</b>	City: <b>WESTFIELD</b>
Owner's Name - Last: <b>BROWN</b>	State: <b>IA</b>
First: <b>MILES</b>	Zip Code: <b>51062</b>
Middle: <b>THOMAS</b>	
Suffix:	

## Accident Environment

First Harmful Event Loc: **06 - OUTSIDE TRAFFICWAY**  
Manner of Crash/Collision: **01 - NON-COLLISION (SINGLE VEHICLE)**  
Light Conditions: **1 - DAYLIGHT**  
Weather Conditions: **02 - CLOUDY**  
  
Surface Conditions: **01 - DRY**  
  
Workzone Related: **NO**  
Activity:  
Location:  
Type:  
Workers Present:

**Roadway Characteristics**  
Environment: **01 - NONE APPARENT**  
Roadway: **01 - NONE APPARENT**  
  
Type of Road Junc/Feat: **13 - T-INTERSECTION**  
  
FRA No.:  
Horizontal Alignment:  
Vertical Alignment:  
  
First Harmful Evt of Crash: **60 - TREE**

## Narrative

Unit # 1 was traveling east on Hwy. 3. Witnesses observed Unit #1 swerving back and forth traveling at a slower than posted speed. Witness #1 passed unit #1. After being passed, witnesses described Unit #1 accelerate to high rate of speed and continue east through the T intersection of Hwy, 3 & 12. Unit #1 then continued in a east northeast direction on private property traveling through grass and some trees. Unit #1 then struck a tree stump and then continued through a barn. After exiting the barn vehicle #1 struck an unregistered parked vehicle, traveling over top of the vehicle and then coming to rest on its wheels. As of August 1, the driver of Unit #1 does not remember what happened and the cause of the accident is unknown at this time.

## Diagram

