



Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT
OF MOTOR VEHICLE ACCIDENT

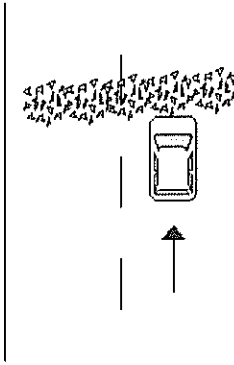
Law Enforcement Case Number: 13-006
Legal Intervention? <input type="checkbox"/> Private Property? <input type="checkbox"/>
Location Literal Description 2ND ST NE
X-Coordinate: 00241894 Y-Coordinate: 04774436
If Divided Highway, Provide Route (Cardinal) Travel Direction "N/A"

L O C A T I O N	Date of Accident 01/19/2013	Time of Accident 18:00 Hrs.	County Sioux - 84	Accident occurred within corporate limits of (city) Sioux Center - 7055
	If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A"			
	On Road, Street, or Highway: "N/A"		At Intersection with: "N/A"	
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.			
	Distance "N/A"	Direction "N/A"	and	Distance "N/A"

U N I T 001	Driver's Name - Last OSTERKAMP		First LISA	Middle MARIE	Suffix	Home/Cell Phone (712) 540-7070 x			
	Address 906 9TH ST		City HAWARDEN		State IA	Zip 51023-0000			
	Date of Birth 09/24/1960	Driver's License Number 971ZZ1601		Citation Charge Code 1	Citation Charge 1				
	Gender Female	State IA	Class C	Endorsements NONE	Restrictions B				
	Alcohol Test Given? 1 - None	Test Results:	Drug Test Given? 1 - None	Test Results:	Citation Charge Code 2	Citation Charge 2			
	Seating Position 01		Injury Status 5	Occupant Protection 2	Airbag Deployment 5	Airbag Switch Status 1	Ejection 1	Ejection Path 1	Trapped 1
	Transported to:			Transported by:					
	Owner's Name - Last OSTERKAMP		First LISA	Middle MARIE	Suffix	Owner Company Name			
	Address 906 9TH ST		City HAWARDEN		State IA	Zip 51023-0000			
	Insurance Co. Name PROGRESSIVE CASUALTY			Insurance Policy # 11075642-5		License Plate # 803RPM	State IA	Year 2013	
	VIN No. 1FADP55S84G148008	Year 2004	Make Ford - FORD	Model TAU	Style 4D	Tow # NO	Approximate Cost to Repair or Replace \$2,500.00		
	Initial Travel Direction 2	Vehicle Action 01	Speed Limit 25	Point of Initial Impact 01	Most Damaged Area 01	Extent of Damage 3	Override/Override 1	Private? <input type="checkbox"/>	
	Total Occupants 1	Traffic Controls 01	Vehicle Config. 01	Cargo Body Type 01	Vehicle Defect 01	Driver Condition 1	Vision Obscured 01	Contributing Circumstances, Driver (up to two) 28	
	SEQUENCE OF EVENTS		First Event 21	Second Event	Third Event	Fourth Event	Most Harmful Event (by vehicle) 21		
	Commercial Trailer License Plate #	Attached to Power Unit	State	Year	Attached to Trailer Unit	State	Year	Emergency Vehicle Type 1	Emergency Status 3
Carrier Name		Address		City		State Zip			
US DOT #	or MC #	Number of Axles	Gross Vehicle Weight Rating	Placard #	Hazardous Materials Released?				

ACCIDENT ENVIRONMENT		ROADWAY CHARACTERISTICS		WORKZONE RELATED?		SEQUENCE OF EVENTS	
Location of First Harmful Event 1	Weather Conditions (up to two) 02	Major Contributing Circumstances:		No		First Harmful Event of Crash (use codes 11-42 only) 21	
Manner of Crash/Collision 1	Surface Conditions 1	Environment 1	Roadway 03	Location Type	Workers Present?		
Light Conditions 5		Type of Roadway Junction/Feature 01					

D
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A
G
R
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M



300 Blk 2nd St NE

NARRATIVE

Describe what happened (refer to vehicles by number)

UNIT 1 WAS EASTBOUND ON 2ND ST NE. UNIT 1 RAN INTO A TREE WHICH WAS DOWN ACROSS THE ROAD.

POSSIBLE TREE OWNERS:
ANDREW VANDERVLIT
338 2ND ST NE
712.722.0590

JEFF VANLINGEN
328 2ND ST NE

Officer WILLETT KELLI	Badge No. 84-23	Time Officer Notified of Accident 18:19 Hrs.	Time Officer Arrived At Scene 18:19 Hrs.
Name of Agency Sioux Center Police Department	Date of Report 01/19/2013	Investigation made at scene? No	T.I. #
Report Reviewed By:	Date Reviewed	Agency Specific SCPD	Other Technical Investigation Agency



Driver Information Exchange Report

Sioux Center Police Department
712-722-0761

U N I T 001	Driver's Name - Last OSTERKAMP		First LISA		Middle MARIE		Suffix	Date of Birth 09/24/1960		
	Address 906 9TH ST			City HAWARDEN			State IA	Zip 51023-0000	Home/Cell Phone (712) 540-7070 x	
	Gender Female	Driver's License Number 971ZZ1601	Class C	State IA	Endorsements NONE	Restrictions B	Insurance Co. Name PROGRESSIVE CASUALTY		Insurance Co. Phone # (712) 551-2365 x	
	Owner Company Name					Insurance Policy # 11075642-5				
	Owner's Name - Last OSTERKAMP		First LISA		Middle MARIE		Suffix			
	Address 906 9TH ST			City HAWARDEN			State IA	Zip 51023-0000		
	VIN No. 1FAPF55S84G148008	Year 2004	Make FORD		Model TAU		Style 4D	Vehicle Configuration 01		
	License Plate # 803RPM		State IA	Year 2013	Most Damaged Area 01 - Front			Approximate Cost to Repair or Replace \$2,500.00		
County Sioux - 84		Accident occurred within corporate limits of (city) Sioux Center - 7055								
Literal Description 2ND ST NE										
X-Coordinate 00241894					Y-Coordinate 04774436					
If accident occurred outside of city limits show general vicinity: "N/A"			Direction "N/A"	of "N/A"		Nearest City "N/A"		Route (Cardinal) Travel Direction "N/A"		
On Road, Street, or Highway: "N/A"					At Intersection with: "N/A"					
Distance "N/A"	Direction "N/A"	and "N/A"		Distance "N/A"	Direction "N/A"	of "N/A"		Milepost Number "N/A"	Or	
Definable intersection, bridge, or railroad crossing "N/A"										
Officer WILLETT KELLI			Badge No. 84-23	Law Enforcement Case Number 13-006		Date of Accident 01/19/2013		Time of Accident 18:00 Hrs.		