

STATE OF SOUTH DAKOTA INVESTIGATOR'S MOTOR VEHICLE TRAFFIC ACCIDENT REPORT		Mail to: Office of Accident Records, 118 W. Capitol Ave., Pierre, SD 57501	
		TraCS ID: 122521-195	TraCS Sequence: 2009300041
Form DPS - AR1 12/12/2014		Agency Use FATAL	Report Type FATAL
<input type="checkbox"/> Is this only a Wild Animal Hit Report?	Agency Name SD HIGHWAY PATROL	Date of Accident 09/12/2020	Time of Accident 22:21 Hrs.
Reporting Officer Last Name BERNDT	Reporting Officer First Name JOHN	Reporting Officer Middle Name	Reporting Officer # 195-122521

L O C A T I O N	Location Description ON US HWY 14 AT (MRM 277.00 + .600)					
	Latitude 44.527463			Longitude -99.450472		
	County 35	County Name 35 - HYDE		City or Rural 0000 - Rural	Roadway Surface Condition 01 - Dry	
	On Road, Street, or Highway US HWY 14				Roadway Surface Type 02 - Asphalt (Blacktop)	
	At Intersection with				Roadway Align/Grade 01 - Straight and level	
	Distance 0.5996	Units Miles/Tenths	Direction of East	MRM (milepost) 277.00	Relation to Junction 00 - Non-junction	
	Distance	Units	Direction and	Distance	Units	Direction of
	Junction or Intersecting Street			Name of Junction, Road, Street, or Highway		
	Interchange AREA Location 00 - Not applicable & not interchange (default)					

U N I T 001	Unit Type 01 - Motor vehicle in transport with driver				Hit and Run 02 - No	
	Driver's Name - Last RAVNSBORG		First JASON	Middle RICHARD		
	Address [REDACTED]			Address (Line 2)		
	City PIERRE		State SD	Zip 57501	Date of Birth [REDACTED]	Sex 1 - Male
				Non - Motorist Location 96 - Not Applicable		
				Non - Motorist Action 96 - Not Applicable		
	Phone 6056616186		DL State SD	DL Class 1	Non - Motorist Contributing Circumstances (Up to Two) 96 - Not Applicable	
	DL Status 01 - Normal within restrictions					
	Driver Contributing Circumstances (Up to Two) 15 - Failure to keep in proper lane, 28 - Distracted (list distraction in narrative)			Drug Use 99 - Unknown	Drug Test 06 - Test given, but unobtainable at time report filed	
	Vision Contributing Circumstance 00 - None					
				Alcohol Use 00 - None used	Alcohol Test 00 - .00 NONE	
	Injury Status 05 - No injury			Ejection 00 - Not ejected		
	Saftey Equipment 03 - Lap belt and shoulder harness used					
	Seating Position 01 - Operator			Citation Charge? 99 - Unknown		
	Air Bag Deployed 00 - Not deployed			Citation #1		
	Transported To			Citation #2		
	Source of Transport 00 - Not Transported			Citation #3		
	EMS Trip #			Citation #4		
	Is Driver the Owner Yes					
	Owner's Name - Last RAVNSBORG		First JASON	Middle RICHARD		
	Address [REDACTED]			Address (Line 2)		
	City PIERRE		State SD	Zip 57501	Red Tag A610399	
	Year 2011	Make Ford - FORD	Model TAURUS LIMITED		VIN 1FAHP2FW3BG149248	
	License Plate # G00027		State SD	Year 2020	Estimated Travel Speed 65	Speed - How Estimated? 02 - Driver Statement
	Speed Limit 65	Total Occupants 1	Damage Extent 03 - Disabling Damage		Vehicle Towed 01 - Yes	
	Damage Amount (Vehicle and Contents) 4500			Insurance Co. Name 25453 - NATIONWIDE INSURANCE COMPANY OF AMERICA		

Insurance Policy # XXXXXXXXXX		Effective Date 10/11/2019	Expiration Date 10/11/2020		
Emergency Vehicle Use?		Vehicle Configuration 01 - Passenger car			
Trailer Type 00 - No trailer/attachment		Cargo Body Type 00 - No cargo body			
Direction of Travel Before Crash 04 - Westbound		Trailer LP #	State	Year	
Initial Point of Impact 01 - Position 1		Attached to Power Unit	State	Year	
Most Damaged Area 01 - Position 1	Trailer 2 License Plate #	State	Year		
Underride/Override 00 - No underride or override	Trailer 3 License Plate #	State	Year		
Traffic Control Device Type 00 - No controls		Vehicle Contributing Circumstance 00 - None			
Vehicle Maneuver 01 - Straight ahead		Road Contributing Circumstance 08 - Pedestrian, bicyclists, other non-occupants in road			
First Event 20 - Pedestrian		Second Event			
Third Event		Fourth Event			
Most Harmful Event for this Vehicle 20 - Pedestrian					
<input type="checkbox"/> Does the accident involve one or more of the following: <ul style="list-style-type: none"> a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver 			<input type="checkbox"/> Did the accident result in one or more of the following: <ul style="list-style-type: none"> a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene 		
Accident Involved Vehicle - Purpose		Carrier Name			
Street Address		Street Address (Line 2)			
City	State	Zip	US DOT # 98	GVWR	GCWR
Hazardous Material Released?	Hazardous Material Content Code	Hazardous Material Class Code	Hazardous Materials Description		

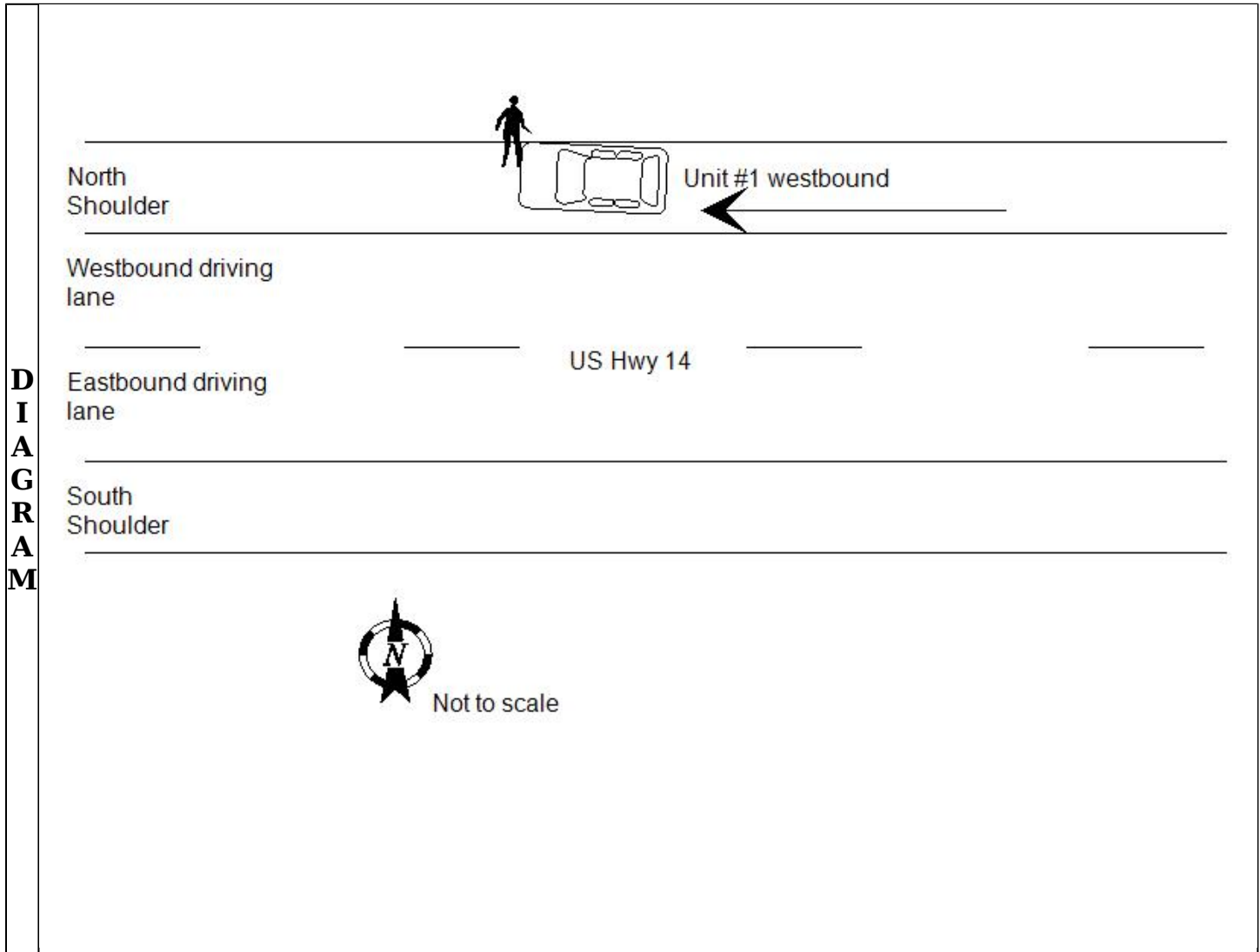
U N I T 002	Unit Type 05 - Pedestrian					Hit and Run 96 - Not Applicable	
	Driver's Name - Last BOEVER			First JOSEPH	Middle PAUL		
	Address PO BOX 535				Address (Line 2)		
	City HIGHMORE		State SD	Zip 57345	Date of Birth [REDACTED]	Sex 1 - Male	
					Non - Motorist Location 08 - Shoulder		
					Non - Motorist Action 02 - Walking, running, jogging, playing, cycling, skating		
	Phone	DL State	DL Class		Non - Motorist Contributing Circumstances (Up to Two) 00 - None		
	DL Status 96 - Not Applicable						
	Driver Contributing Circumstances (Up to Two) 96 - Not Applicable				Drug Use 99 - Unknown	Drug Test 06 - Test given, but unobtainable at time report filed	
	Vision Contributing Circumstance 96 - Not Applicable						
					Alcohol Use 99 - Unknown	Alcohol Test 93 - Test given, but unobtainable at time report filed	
	Injury Status 01 - Fatal				Ejection 96 - Not Applicable (motorcycle, snowmobile, pedestrian, pedalcyclist, etc.)		
	Saftey Equipment 11 - Lighting (Non-motorist only)						
	Seating Position 96 - Not Applicable				Citation Charge? 96 - Not Applicable		
	Air Bag Deployed 96 - Not Applicable (motorcycle, snowmobile, pedestrian, pedalcycle, etc.)				Citation #1		
					Citation #2		
	Transported To LUCE LUZE RECK FUNERAL HO				Citation #3		
	Source of Transport 97 - Other				Citation #4		
	EMS Trip #						
	Is Driver the Owner						
	Owner's Name - Last			First	Middle		
	Address				Address (Line 2)		
	City		State	Zip	Red Tag		
	Year	Make	Model		VIN		
License Plate #		State	Year	Estimated Travel Speed	Speed - How Estimated? 96 - Not Applicable		
Speed Limit 65	Total Occupants		Damage Extent 96 - Not Applicable		Vehicle Towed 96 - Not Applicable		
Damage Amount (Vehicle and Contents)				Insurance Co. Name			
Insurance Policy #				Effective Date	Expiration Date		
Emergency Vehicle Use? 96 - Not Applicable				Vehicle Configuration 96 - Not Applicable			
Trailer Type 96 - Not Applicable				Cargo Body Type 96 - Not Applicable			

Direction of Travel Before Crash 96 - Not applicable (immobile from previous accident, stuck, etc.)		Trailer LP # Attached to Power Unit		State	Year
Initial Point of Impact	Most Damaged Area	Trailer 2 License Plate #		State	Year
Underride/Override 96 - Not Applicable		Trailer 3 License Plate #		State	Year
Traffic Control Device Type 96 - Not Applicable			Vehicle Contributing Circumstance 96 - Not Applicable		
Vehicle Maneuver 96 - Not Applicable			Road Contributing Circumstance 96 - Not Applicable		
First Event 96 - Not Applicable			Second Event 96 - Not Applicable		
Third Event 96 - Not Applicable			Fourth Event 96 - Not Applicable		
Most Harmful Event for this Vehicle					
<input type="checkbox"/> Does the accident involve one or more of the following: <ul style="list-style-type: none"> a truck having a GCWR of 10,001 or more pounds; OR a vehicle displaying a hazardous material placard; OR a vehicle designed to transport 9 or more people, including driver 			<input type="checkbox"/> Did the accident result in one or more of the following: <ul style="list-style-type: none"> a fatality; OR an injury requiring transportation for immediate medical attention; OR a vehicle was disabled requiring a towaway from the scene 		
Accident Involved Vehicle - Purpose 96 - Not Applicable			Carrier Name		
Street Address			Street Address (Line 2)		
City	State	Zip	US DOT # 98	GVWR	GCWR
Hazardous Material Released?	Hazardous Material Content Code	Hazardious Material Class Code	Hazardous Materials Description		

Work Zone Related? 02 - No	First Harmful Event? 20 - Pedestrian
Workers Present? 96 - Not Applicable	Location of First Harmful Event 02 - Shoulder
Work Zone 96 - Not Applicable	Trafficway Description 01 - Two-way, not divided
Work Zone Location 96 - Not Applicable	Light Condition 02 - Dark - roadway not lighted
Manner of Collision 00 - No collision between 2 MV in transport	Weather Conditions (up to two) 02 - Cloudy
School Bus Related? 00 - No	

D O	Damaged Object (Property Other Than Vehicles)		Estimate of Damage
A B	Owner's Full Name - Last	First Name	Middle Name
M J	Address		Address (Line 2)
A E			
G C	City	State	Zip
E T			
D			

I N J U R Y O C C U R R E N C E	Unit #	Last Name	First Name		Middle Name
	Address		Address (Line 2)		
	City	State	Zip	Date of Birth	Sex
	Injury Status		Ejection		
	Seating Position		Safety Equipment		
	Air Bag Deployed		Source of Transport		
	Transported to		EMS Trip #		



NARRATIVE

UNIT #1 WAS TRAVELING WESTBOUND ON US HWY 14. UNIT #1 DRIVER WAS DISTRACTED. UNIT #1 ENTERED THE NORTH SHOULDER WHILE TRAVELING WESTBOUND. UNIT #2 (PEDESTRIAN) WAS WALKING ON THE NORTH SHOULDER. UNIT #2 WAS STRUCK BY UNIT #1. UNIT #2 WAS CARRYING A LIGHT. THE EXACT TIME OF CRASH IS STILL UNDER INVESTIGATION. THE TIME OF LAW ENFORCEMENT ARRIVAL IS ESTIMATED AS THE RESPONDING SHERIFF DID NOT ADVISE DISPATCH WHEN HE ARRIVED. THE PEDESTRIAN WAS TRANSPORTED FROM THE SCENE BY THE CORONER. INFORMATION FOUND DURING THE INVESTIGATION INDICATES A DRIVER DISTRACTION. THE SPECIFIC DISTRACTION IS STILL UNDER INVESTIGATION.

W I T N E S S	Last Name	First Name	Middle Name
	Address		
	Address (Line 2)		
	City	State	Zip

Date Notified 09/12/2020	Time Notified 22:24 Hrs.	Date Arrived 09/12/2020	Time Arrived 22:45 Hrs.
Agency Type 01 - Highway patrol	Investigation Made at Scene? 01 - Yes	Photos Taken? Y	Date Approved 10/30/2020
Approval Officer	Last Name NORMAN	First Name MYRON	Middle Name