

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

Case Number: **17-3524**  
 Date of Acc: **05/27/17**  
 Time of Acc: **20:25** Hrs.  
 Name of Agency: **IDA COUNTY SHERIFF'S OFFICE**  
 Officer: **MCMILLEN ROB**  
 Badge #: **47-7**  
 Report Date: **05/28/2017**  
 Officer Notified: **08:30** Hrs.  
 Officer Arrived: **09:50** Hrs.  
 Scene Investigated: **YES**

Report to All Drivers:  
 Legal Intervention: **NO**  
 Private Property: **YES**  
 County: **IDA - 47**  
 Acc Loc City: **HOLSTEIN - 3515**  
 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: **00290937**  
 Y-Coordinate: **04707266**  
 Location Literal: **"N/A"**  
 Description:

**Unit 001**

Driver Name - Last: <b>MCGUIRE</b>	Bus Use:	Transported to:	<b>N/A</b>
First: <b>JAMES</b>		Transported by:	<b>N/A</b>
Middle: <b>JOHN</b>	Drvr Distractions: <b>02 - NOT DISTRACTED</b>	Special Veh Func:	<b>01 - NO SPECIAL FUNCTION</b>
City: <b>HOLSTEIN</b>	Traffic Controls: <b>01 - NO CONTROLS PRESENT</b>	Emergency Status:	<b>01 - NOT APPLICABLE</b>
State: <b>IA</b>	Point of Init Impact: <b>01 - FRONT PASSENGER SIDE CORNER</b>	Cont. Circum., Drvr:	<b>98 - OTHER (EXPLAIN IN NARRATIVE)</b>
Zip: <b>51025</b>	Most Damaged Area: <b>01 - FRONT PASSENGER SIDE CORNER</b>	Carrier Name:	
Suffix:	Undrrid/Ovrid: <b>1 - NONE</b>	Carrier Address:	
Gender: <b>Male</b>	Rpr/Rplc Cost: <b>\$3,500.00</b>	Carrier City:	
Age: <b>87</b>	Ext of Damage: <b>3 - FUNCTIONAL DAMAGE</b>	Carrier State:	
CDL: <b>NO</b>	First Event: <b>65 - BUILDING</b>	Carrier Zip:	
License State: <b>IA</b>	Second Event:	Cargo Body Type:	<b>01 - NOT APPLICABLE</b>
License Class: <b>C</b>	Third Event:	Number of Axles:	
License Endorsmnt: <b>NONE</b>	Fourth Event:	HazMat Involvement:	
License Restrictions: <b>NONE</b>	Most Harmful Event: <b>65 - BUILDING</b>	HazMat Placard:	
Speed Limit: <b>25</b>	Abg Switch Stat:	Placard #:	
Seating Position: <b>01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER</b>	Abg Deploy: <b>03 - NOT DEPLOYED</b>	HazMat Released?:	
Driver Condition: <b>01 - APPARENTLY NORMAL</b>	Trapped: <b>1 - NOT TRAPPED/APPLICABLE</b>	Converter Dolly:	
Alcohol Test Given: <b>NO</b>	Ejection: <b>2 - NOT EJECTED</b>	GVWR:	
Drug Test Given: <b>1 - NONE</b>	Ejection Path: <b>01 - NOT EJECTED/NOT APPLICABLE</b>	Cit Chrg Code 1:	
Total Occupants: <b>1</b>	Occpnt Protect: <b>03 - SHOULDER AND LAP BELT USED</b>	Citation Charge 1:	
Vehicle Year: <b>2013</b>	Injury Status: <b>5 - UNINJURED</b>	Cit Chrg Code 2:	
Vehicle Make: <b>LINCOLN - LINC</b>	Source of Trans: <b>01 - NOT TRANSPORTED</b>	Citation Charge 2:	
Vehicle Model: <b>NAVIGATOR</b>	Died at Scene: <b>01 - NOT APPLICABLE</b>	Cit Chrg Code 3:	
Vehicle Style: <b>SUV</b>		Citation Charge 3:	
Vehicle Color: <b>GRAY - GRY</b>		Cit Chrg Code 4:	
Vehicle Config: <b>03 - SPORT UTILITY VEHICLE</b>		Citation Charge 4:	
Vehicle Defect: <b>01 - NONE</b>			
Vehicle Action: <b>18 - ENTERING A PARKED POSITION</b>			
Tow: <b>1 - DRIVEN AWAY</b>			
Tow #:			
Initial Trvl Dir: <b>01 - NORTH</b>			
Vision Obscured: <b>01 - NOT OBSCURED</b>			

**Property Damage**

Object Damaged: <b>BUILDING LOCATED AT 110 E. 2ND</b>	Company Owner Name:	
Estimate of Damage: <b>\$1,500.00</b>	City:	<b>VALPRARAISSO</b>
Owner's Name - Last: <b>OMAN</b>	State:	<b>IN</b>
First: <b>LEVI</b>	Zip Code:	<b>46383</b>
Middle: <b>DURLING</b>		
Suffix:		

**Accident Environment**

First Harmful Event Loc: <b>06 - OUTSIDE TRAFFICWAY</b>	Roadway Characteristics	
Manner of Crash/Collision: <b>01 - NON-COLLISION (SINGLE VEHICLE)</b>	Environment:	<b>01 - NONE APPARENT</b>
Light Conditions: <b>2 - DUSK</b>	Roadway:	<b>01 - NONE APPARENT</b>
Weather Conditions: <b>02 - CLOUDY</b>	Type of Road Junc/Feat:	<b>01 - NON-JUNCTION/NO SPECIAL FEATURE</b>
Surface Conditions: <b>01 - DRY</b>	FRA No.:	
Workzone Related: <b>NO</b>	Horizontal Alignment:	
Activity:	Vertical Alignment:	
Location:	First Harmful Evt of Crash:	<b>65 - BUILDING</b>
Type:		
Workers Present:		

**Narrative**

\*\*\*\* ReExam Reason: DEPUTY WHO WAS GIVEN ORIGINAL CALL ADVISED NOT THEFIRST THING HEHAS HIT AND ADVISED REQUEST EVALUTION

The driver of the vehicle stated his foot got stuck between the gas and brake and caused him to strike the building. No one was injured in the accident. Both

## Narrative

parties were given reports from the accident. The vehicle was driven from the scene.

## Diagram

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NO DIAGRAM AS VEHICLE WAS MOVED FROM THE SCENE