

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **17-7866**
 Date of Acc: **11/05/17**
 Time of Acc: **01:50** Hrs.
 Name of Agency: **IDA COUNTY SHERIFF'S OFFICE**
 Officer: **SHILLINGTON ANDREW**
 Badge #: **47-8**
 Report Date: **11/05/2017**
 Officer Notified: **01:50** Hrs.
 Officer Arrived: **01:55** Hrs.
 Scene Investigated: **YES**

Report to All Drivers: **YES**
 Legal Intervention: **NO**
 Private Property: **NO**
 County: **IDA - 47**
 Acc Loc City: **IDA GROVE - 3650**
 Acc Dir From City:
 Closest City:
 Miles From City:
 Road, Street, HWay:
 Definable Location:
 Milepost Number:

At Intersection with:
 Div HWay Trvl Dir:
 Distance 1:
 Direction 1:
 Distance 2:
 Direction 2:
 X-Coordinate: **00295570**
 Y-Coordinate: **04691695**
 Location Literal: **US 59**
 Description:

Unit 001

Driver Name - Last: **VERMEYS**
 First: **JEFFREY**
 Middle: **WILLIAM**
 City: **KINGSLEY**
 State: **IA**
 Zip: **51028**
 Suffix:
 Gender: **Male**
 Age: **53**
 CDL: **NO**
 License State: **IA**
 License Class: **C**
 License Endorsmnt:
 License Restrictions:
 Speed Limit:
 Seating Position:
 Driver Condition:
 Alcohol Test Given: **NO**
 Drug Test Given: **1 - NONE**
 Total Occupants: **1**
 Vehicle Year: **2012**
 Vehicle Make: **KIA - KIA**
 Vehicle Model: **SPORTAGE SX**
 Vehicle Style: **4D**
 Vehicle Color: **BLUE - BLU**
 Vehicle Config: **03 - SPORT UTILITY VEHICLE**
 Vehicle Defect:
 Vehicle Action:
 Tow: **3 - DISABLED - OFFICER ARRANGED**
 Tow #: **17-92**
 Initial Trvl Dir:
 Vision Obscured:

Bus Use:
 Dvr Distractions: **02 - NOT DISTRACTED**
 Traffic Controls:
 Point of Init Impact:
 Most Damaged Area:
 Undrrid/Ovrid:
 Rpr/Rplc Cost: **\$10,000.00**
 Ext of Damage:
 First Event:
 Second Event:
 Third Event:
 Fourth Event:
 Most Harmful Event:
 Abg Switch Stat:
 Abg Deploy:
 Trapped:
 Ejection:
 Ejection Path:
 Occpnt Protect:
 Source of Trans: **01 - NOT TRANSPORTED**
 Died at Scene: **01 - NOT APPLICABLE**

Transported to:
 Transported by:
 Special Veh Func:
 Emergency Status:
 Cont. Circum., Dvr: **88 - NO IMPROPER ACTION**
 Carrier Name:
 Carrier Address:
 Carrier City:
 Carrier State:
 Carrier Zip:
 Cargo Body Type: **01 - NOT APPLICABLE**
 Number of Axles:
 HazMat Involvement:
 HazMat Placard:
 Placard #:
 HazMat Released?:
 Converter Dolly:
 GVWR:
 Cit Chrg Code 1:
 Citation Charge 1:
 Cit Chrg Code 2:
 Citation Charge 2:
 Citation Charge 3:
 Citation Charge 4:

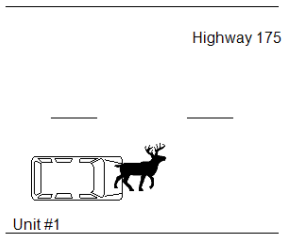
Accident Environment

First Harmful Event Loc:
 Manner of Crash/Collision:
 Light Conditions:
 Weather Conditions:
 Surface Conditions:
 Workzone Related:
 Activity:
 Location:
 Type:
 Workers Present:

Roadway Characteristics
 Environment:
 Roadway:
 Type of Road Junc/Feat:
 FRA No.:
 Horizontal Alignment:
 Vertical Alignment:
 First Harmful Evt of Crash: **31 - ANIMAL**

Narrative

Unit #1 was eastbound on highway 175 when it struck a deer. When I arrived on scene I observed damage consistent with that of striking a deer on the front bumper of the vehicle.



Highway 175

Unit #1

Not to Scale