

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

Case Number: **17-9005**  
 Date of Acc: **12/14/17**  
 Time of Acc: **23:04** Hrs.  
 Name of Agency: **IDA COUNTY SHERIFF'S OFFICE**  
 Officer: **STEHR MICHAEL**  
 Badge #: **47-3**  
 Report Date: **12/14/2017**  
 Officer Notified: **23:04** Hrs.  
 Officer Arrived: **23:28** Hrs.  
 Scene Investigated: **YES**

Report to All Drivers:  
 Legal Intervention: **NO**  
 Private Property: **NO**  
 County: **IDA - 47**  
 Acc Loc City:  
 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: **00295413**  
 Y-Coordinate: **04691663**  
 Location Literal: **US 59**  
 Description:

**Unit 001**

Driver Name - Last: **BROWN**  
 First: **JESSICA**  
 Middle: **FAITH**  
 City: **MAPLETON**  
 State: **IA**  
 Zip: **51034-0000**  
 Suffix:  
 Gender: **Female**  
 Age: **21**  
 CDL: **NO**  
 License State: **IA**  
 License Class: **C**  
 License Endorsmnt: **B**  
 License Restrictions: **B**  
 Speed Limit:  
 Seating Position:  
 Driver Condition:  
 Alcohol Test Given: **NO**  
 Drug Test Given: **1 - NONE**  
 Total Occupants: **1**  
 Vehicle Year: **2007**  
 Vehicle Make: **BUICK - BUIC**  
 Vehicle Model: **LUC**  
 Vehicle Style: **4D**  
 Vehicle Color: **SILVER - SIL**  
 Vehicle Config: **01 - PASSENGER CAR**  
 Vehicle Defect:  
 Vehicle Action:  
 Tow: **1 - DRIVEN AWAY**  
 Tow #:  
 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: **\$2,500.00**  
 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 TRAVELING WESTBOUND ON HWY 175. A DEER RAN OUT OF THE NORTH DITCH AND ONTO THE HIGHWAY. UNIT 1 DID STRIKE THE DEER IN THE ROADWAY AND CAUSED SOME DAMAGE TO THE FRONT OF THE VEHICLE.

Diagram

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