

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

Case Number:	<b>18-003075</b>	Report to All Drivers:	<b>Yes</b>	At Intersection with:	
Date of Acc:	<b>05/23/18</b>	Legal Intervention:	<b>No</b>	Div HWay Trvl Dir:	
Time of Acc:	<b>05:45</b> Hrs.	Private Property:	<b>No</b>	Distance 1:	
Name of Agency:	<b>O'Brien County Sheriff's Off</b>	County:	<b>O'Brien - 71</b>	Direction 1:	
Officer:	<b>DEPUTY STEVEN VANDERVEEN</b>	Acc Loc City:		Distance 2:	
Badge #:	<b>71-9</b>	Acc Dir From City:		Direction 2:	
Report Date:	<b>05/23/2018</b>	Closest City:		X-Coordinate:	<b>00275958</b>
Officer Notified:	<b>05:50</b> Hrs.	Miles From City:		Y-Coordinate:	<b>04762569</b>
Officer Arrived:	<b>06:12</b> Hrs.	Road, Street, HWay:		Location Literal:	<b>STATE 10/460TH ST</b>
Scene Investigated:	<b>Yes</b>	Definable Location:		Description:	
		Milepost Number:			

**Unit 001**

Driver Name - Last:	<b>SHRIVER</b>	Bus Use:		Transported to:	
First:	<b>JAMIE</b>	Drvr Distractions:	<b>02 - Not distracted</b>	Transported by:	
Middle:	<b>LYNN</b>	Traffic Controls:		Special Veh Func:	
City:	<b>PAULLINA</b>	Point of Init Impact:		Emergency Status:	
State:	<b>IA</b>	Most Damaged Area:		Cont. Circum., Drvr:	<b>88 - No improper action</b>
Zip:	<b>51046-0000</b>	Undrrid/Ovrid:		Carrier Name:	
Suffix:		Rpr/Rplc Cost:	<b>\$10,000.00</b>	Carrier Address:	
Gender:	<b>Female</b>	Ext of Damage:		Carrier City:	
Age:	<b>38</b>	First Event:		Carrier State:	
CDL:	<b>No</b>	Second Event:		Carrier Zip:	
License State:	<b>IA</b>	Third Event:		Cargo Body Type:	<b>01 - Not applicable</b>
License Class:	<b>C</b>	Fourth Event:		Number of Axles:	
License Endorsmnt:		Most Harmful Event:		HazMat Involvement:	
License Restrictions:		Abg Switch Stat:		HazMat Placard:	
Speed Limit:		Abg Deploy:		Placard #:	
Seating Position:		Trapped:		HazMat Released?:	
Driver Condition:		Ejection:		Converter Dolly:	
Alcohol Test Given:	<b>NO</b>	Ejection Path:		GVWR:	
Drug Test Given:	<b>1 - None</b>	Occpnt Protect:		Cit Chrg Code 1:	
Total Occupants:	<b>1</b>	Injury Status:		Citation Charge 1:	
Vehicle Year:	<b>2016</b>	Source of Trans:	<b>01 - Not Transported</b>	Cit Chrg Code 2:	
Vehicle Make:	<b>Kia - KIA</b>	Died at Scene:	<b>01 - Not applicable</b>	Citation Charge 2:	
Vehicle Model:	<b>OPTIMA LX</b>			Cit Chrg Code 3:	
Vehicle Style:	<b>4D</b>			Citation Charge 3:	
Vehicle Color:	<b>WHITE - WHI</b>			Cit Chrg Code 4:	
Vehicle Config:	<b>01 - Passenger car</b>			Citation Charge 4:	
Vehicle Defect:					
Vehicle Action:					
Tow:	<b>2 - Disabled - privately arranged</b>				
Tow #:					
Initial Trvl Dir:					
Vision Obscured:					

**Accident Environment**

First Harmful Event Loc:	<b>Roadway Characteristics</b>
Manner of Crash/Collision:	Environment:
Light Conditions:	Roadway:
Weather Conditions:	Type of Road Junc/Feat:
Surface Conditions:	FRA No.:
Workzone Related:	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	First Harmful Evt of Crash: <b>31 - Animal</b>
Type:	
Workers Present:	

**Narrative**

DRIVER WAS WESTBOUND ON HIGHWAY 10 WHEN SHE STRUCK A DEER.

