

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **S18-007545**
 Date of Acc: **11/21/18**
 Time of Acc: **17:32** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **VANMEETEREN KEVEN**
 Badge #: **71-7**
 Report Date: **11/21/2018**
 Officer Notified: **17:33** Hrs.
 Officer Arrived: **17:41** Hrs.
 Scene Investigated: **YES**

Report to All Drivers:
 Legal Intervention: **NO**
 Private Property: **NO**
 County: **O'BRIEN - 71**
 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: **00273228**
 Y-Coordinate: **04785260**
 Location Literal: **US 18/320TH ST**
 Description:

Unit 001

Driver Name - Last: **BROCKSHUS**
 First: **SHANISE**
 Middle: **LORI**
 City: **SANBORN**
 State: **IA**
 Zip: **51248-0000**
 Suffix:
 Gender: **Female**
 Age: **47**
 CDL: **NO**
 License State: **IA**
 License Class: **C**
 License Endorsmnt:
 License Restrictions: **B**
 Speed Limit:
 Seating Position:
 Driver Condition:
 Alcohol Test Given: **NO**
 Drug Test Given: **1 - NONE**
 Total Occupants: **02**
 Vehicle Year: **2015**
 Vehicle Make: **MNNI**
 Vehicle Model: **CPR**
 Vehicle Style: **SW**
 Vehicle Color: **RED - RED**
 Vehicle Config: **03 - SPORT UTILITY VEHICLE**
 Vehicle Defect:
 Vehicle Action:
 Tow: **2 - DISABLED - PRIVATELY ARRANGED**
 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: **\$6,000.00**
 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 EASTBOUND ON HWY 18 AND STRUCK A DEER ON ROADWAY

Diagram



320TH ST

