

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Form Number: **24-002581**
 Date of Acc: **05/10/24**
 Time of Acc: **21:15** Hrs.
 Name of Agency: **O'BRIEN COUNTY SHERIFF'S OFF**
 Officer: **DEPUTY LEE VELLEMA**
 Badge #: **71-7**
 Report Date: **05/13/2024**
 Officer Notified: **21:23** Hrs.
 Officer Arrived: **21:31** 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: **00294528**
 Y-Coordinate: **04784475**
 Location Literal
 Description: **US 18 E**

Unit 001

Driver Name - Last: **KUEHLER**
 First: **JESSE**
 Middle: **LON**
 City: **SPENCER**
 State: **IA**
 Zip: **51301**
 Suffix:
 Gender: **Male**
 Age: **31**
 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: **2019**
 Vehicle Make: **FORD - FORD**
 Vehicle Model: **FUSION**
 Vehicle Style: **4D**
 Vehicle Color: **SILVER - SIL**
 Vehicle Config: **01 - PASSENGER CAR**
 Vehicle Defect:
 Vehicle Action:
 Tow: **2 - DISABLED - PRIVATELY ARRANGED**
 Tow #:
 Initial Trvl Dir:
 Vision Obscured:

Bus Use:
 Drvr Distractions: **02 - NOT DISTRACTED**
 Traffic Controls:
 Point of Init Impact:
 Most Damaged Area:
 Undrrid/Ovrid:
 Rpr/Rplc Cost: **\$8,000.00**
 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., Drvr: **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 driving westbound on Highway 18 (320th St.) A deer entered the roadway and the driver of Unit 1 struck the deer. Unit 1 sustained approximately \$8,000 worth of damage.

Diagram

