



## Public Record Access Request

**PLEASE READ CAREFULLY!** Bonneville County Sheriff's Office (BCSO) will produce records in accordance with the IDAHO PUBLIC RECORDS ACT, subject to appropriate exemptions. The requesting party is hereby notified as follows:

- BSCO is only required to produce **records** in existence, not create records or answer questions (I.C. §§ 74-102 and 74-101(13));
- Unless otherwise notified, BSCO will approve or deny requests within **three (3)** working days of receipt (I.C. § 74-103);
- Once BSCO contacts you, you will have **five (5)** working days to retrieve your information;
- **Requests for information on behalf of a criminal defendant for an open/pending case, must be sought through discovery in the criminal case, not through a public records request (I.C. § 74-115(3)); AND**
- If your request is denied in whole or in part for any reason below, you have the right to appeal any denial to the 7<sup>th</sup> District Judicial Court within 180 days of the date of the denial (I.C. § 74-115).

### REQUESTED RECORDS

I hereby request, pursuant to I.C. § 74-102, to ☐ EXAMINE only, or ☒ OBTAIN COPIES of the following public records:

☒ Law Enforcement Records      OR      ☐ Jail Records

Record Description: Occurred October 24, 2024 just outside Bonneville high school on E Iona Rd. Wifes name who was involved in the accident is Abby Kraude.

☐ Incident report – Case # \_\_\_\_\_

☐ Photographs?

☐ Fatality Involved?

☒ Automobile Accident – Case # 2024-40239

☐ Photographs of Accident Scene?

☐ Fatality Involved?

If you do not have the case number please describe the incident above so we can locate the report.

Use date of arrest or report, locations, names, date of birth, crime, etc. to describe your request.

These records specifically pertain to myself: ☐ Yes ☒ No

Juvenile Records Only - Relationship to Juvenile: \_\_\_\_\_

### REQUESTOR INFORMATION

NAME Jordan Kraude DL# AD010223N

COMPANY \_\_\_\_\_

MAILING ADDRESS 430 W 2nd S, Apt 14201 (data/records may be mailed)

CITY Rexburg STATE ID ZIP CODE 83440

PHONE/CELL# 2094952253 FAX # \_\_\_\_\_

E-MAIL jordankraudetp@gmail.com (data/records may be sent via e-mail)

SIGNATURE OF REQUESTOR Jordan Kraude DATE 10/25/2024

(I acknowledge by my signature that the records sought by this request will not be used for a mailing or telephone list (I.C. § 74-120))

### DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY:

RECEIVED by Custodian: JF 10-25-24 (Date) EIMPACT: ☒

☐ Request APPROVED with no redactions;

☒ Request REDACTED pursuant to ☐ I.C. § 74-106(4, 8, or 28) AND/OR ☐ I.C. § 74-JK4;\*\*\*

☐ Request DENIED pursuant to I.C. § 74-\_\_\_\_;\*\*\*

☐ Request REFERRED to Prosecutor

DELIVERY: ☒ E-mailed ☐ Mailed ☐ Faxed ☐ Hand Delivered ☐ No Record Found

# of Pages: 8 # of Photos: 0 # of Audio Files: 0

COMPLETED: 10/25/24 (Date) AGENCY SIGNATURE: [Signature]

\*\*\* (Responding agency has chosen not to consult with its attorney regarding this response)

### PROSECUTOR REVIEW:

☐ Request APPROVED with no redactions;

☐ Request REDACTED pursuant to ☐ I.C. § 74-106(4, 8, or 28) AND/OR ☐ I.C. § 74-\_\_\_\_; OR

☐ Request DENIED pursuant to I.C. § 74-\_\_\_\_

PROSECUTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Idaho Vehicle Collision Report

ITD 0090 (Rev. 06-11) Idaho Transportation Department

## Collision Information

Agency Code <b>1000</b>		Officer No. <b>322</b>		Report District		Case No. <b>2024-40239</b>			
Date of Collision <b>10/24/2024</b>	Day of Collision <b>Thursday</b>	Time <b>17:56</b>	Police Dispatched <b>17:56</b>	Police Arrived <b>17:56</b>	EMS Dispatched	EMS Arrived	Lanes Blocked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Cleared	Time Cleared
<input type="checkbox"/> Within City/Town or <b>1.01</b> Miles <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of		City or Town <b>Ammon</b>				County <b>Bonneville</b>			
Interchange No.		R. R. Crossing No.		On Private Property <input type="checkbox"/>		EMS Provider (first one to arrive) <b>No EMS Provider Dispatched</b>			
Name of Primary Road / Parking Lot / Driveway / Alley <b>E Iona Rd</b>						No. of Lanes <b>2</b>		Posted Speed <b>40</b>	
In Intersection With: Secondary Road / Parking Lot / Driveway / Alley <b>Bonneville Highschool</b>						Posted Speed			
Intersection Type <b>01</b>		1 Not at intersection 2 Four-way Intersection 3 Five-point or more 4 Roundabout 5 Traffic Circle 6 T-Intersection 7 Y-Intersection							
Outside an Intersection		<b>10</b> <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of		Name of First Reference Point (Cross Street / Mile Post Marker) <b>Sego Lilly</b>					
		<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of		Name of Second Reference Point (Cross Street / Mile Post Marker)					
Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Local Agency Use 1		Local Agency Use 2		Latitude (GPS)		Longitude (GPS)	
Light Conditions <b>01</b>		1 Day 2 Dawn/Dusk 3 Dark - Street Lights On 4 Dark - Street Lights Off 5 Dark - No Street Lights							
Weather Conditions (2 selections possible)		<b>01</b> 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet/Hail 6 Fog 7 Blowing Dust/Sand 8 Severe Cross Winds A Smoke/Smog B Blowing Snow							
Road Surface Conditions <b>01</b>		1 Dry 2 Wet 3 Slush 4 Ice 5 Snow 6 Mud/dirt/gravel 7 Water - standing/moving 11 Oil 12 Sand 9 Other							
Other Road Conditions <b>00</b>		0 None 1 Ruts/Bumps/Holes 2 Slick Asphalt (Bleeding) 3 Washboard 4 High/Low Shoulder 5 Loose Gravel/Seal Coat 7 Lane Closed A Poor Pavement Markings 9 Other							
Road Type <b>04</b>		1 2-Way & Raised/Depressed Divider 2 2-Way & 2-Way Left-Turn Lane/Divider 3 1-Way 4 2-Way & No Divider 5 Ramp 6 Alley 7 Rest Area 8 Port Of Entry A 2-Way & 2 Double Yellow Painted Divider 9 Other							
Road Surface Type <b>02</b>		1 Concrete 2 Paved (Asphalt/Brick) 3 Gravel/Stone 4 Dirt 9 Other							
Vertical Roadway Geometrics <b>05</b>		1 Upgrade/Downgrade 3 Hillcrest 5 Level							
Horizontal Roadway Geometrics <b>01</b>		1 Straight 2 Curve							
Traffic Control <b>10</b>		0 None 2 Yield 3 Traffic Signal 4 Flashing Beacon 5 Traffic Signal - Pedestrian only 6 RRX - Gates/Signal 7 RRX - Flashing Beacon 8 Officer/Flagger 10 Stop Sign on Cross Street Only 12 Stop Signs all Directions 13 RRX - Stop Sign 14 School Zone A School Bus Signal B No Passing Barrier Line 9 Other							
Traffic Control Status <b>01</b>		1 Functioning 2 Not Functioning 3 Removed							
Work Zone Crash Location		1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area (Work incident area) 5 Termination Area							
Work Zone Type		1 Lane Closure 2 Lane Shift / Crossover 3 Intermittent or Moving Work 4 Work on Shoulder or Median 9 Other							
Work Zone Workers Present		Y Yes N No -U Unknown							
Work Zone Law Enforcement Present		1 No 2 Officer Present 3 Law Enforcement Vehicle only							

## Property Damage (additional property damage may be added in the Narrative)

Item Damaged		Estimated Damage \$
Owner's Name		Owner Address
Item Damaged		Estimated Damage \$
Owner's Name		Owner Address

## Witnesses (additional witnesses may be added in the narrative)

Witness Name		Home Phone	Work Phone
Witness Address			
Witness Name		Home Phone	Work Phone
Witness Address			

## Unit Information

Case No.: 2024-40239

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Unit No.: 1

\* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event <b>59</b>	Most Harmful Event <b>59</b>	General Direction of Travel	Street <input checked="" type="checkbox"/> North/South <input type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	On (Street Name) <b>Bonneville Highschool</b>
First Event Relationship to Junction	<b>01</b>	0 Nonjunction 1 In Intersection 2 Intersection Related 3 At Driveway/Alley/Parking Lot 4 Driveway/Alley/Parking Lot Related 5 On Ramp 6 Ramp Related 7 At Railroad Crossing 8 Railroad Crossing Related 9 Other				

## Unit Type

1 Pedestrian	21 Truck - 2 Axle/6 Tires	32 Pickup
2 Pedalcycle	22 Truck - 3+ Axle	33 SUV/Crossover
3 Motorcycle	23 Truck With Trailer	34 Cargo Van
4 Moped	24 Bobtail/Tractor - No Trailer	40 Construction Equipment
5 ATV	25 Tractor - 1 Trailer	41 Van - 1 to 8 seats
6 Car	26 Tractor - 2 Trailers	42 Van/Bus - 9 to 15 seats
10 Motor Home	27 Tractor - 3 Trailers	99 Other
11 Snowmobile	28 Train	-U Hit & Run
12 Equestrian	30 Farm Equipment	
15 Bus - 16 or more seats	31 Scooter	

## Unit Use

0 No Specialized Use	10 Bus - Intercity (e.g. Greyhound)
1 Police	11 Bus - Public Transit, Commuter
2 Ambulance	13 Bus - Tour / Charter
3 Driver Training	14 Limousine
4 Government	15 Military
5 Taxi	16 Shuttle
6 Fire	17 Snow Plow
7 Wrecker	9 Other
8 Bus - School	NA Non-Vehicle

## Emergency Use

1 YES: In transit, Emergency Lights Activated	3 YES: STANDING or PARKED, Emergency Lights Activated
2 YES: In transit, Emergency Lights NOT active	4 YES: STANDING or PARKED, Emergency Lights NOT active
	5 NO: NOT on an Emergency Response



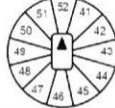
## Attachment

0 None	3 Travel Trailer	9 other
1 Boat Trailer	4 Towed Vehicle	
2 Utility Trailer	5 Mobile Home	

## Unit / Vehicle / Owner

Unit Type <b>06</b>	Unit Use <b>00</b>	Non-Contact Unit <input type="checkbox"/>	Emergency Use <b>NA</b>	License Plate No. <b>8B5847U</b>	State <b>ID</b>	VIN (Vehicle Identification No.) <b>1N4AL11D13C282645</b>
Year <b>2003</b>	Make <b>Nissan</b>	Model <b>Altima</b>	Color <b>Silver</b>	Attachment 1 <b>00</b>	Attachment 2 <b>00</b>	
Owner Last Name <b>Davis</b>		Owner First Name <b>Karen</b>	M.I. <b>A</b>	Insured? <b>Yes</b>	Insurance Company Name Casualty underwriters insurance company	Policy No. <b>CUICD-108117</b>
Owner Address			City <b>Idaho Falls</b>	State <b>ID</b>	Zip <b>83401</b>	

## Damage

Initial Point of Impact <b>12</b>	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact <b>12</b>	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity <b>03</b>	0 No Damage 1 Very Minor 2 Minor 3 Minor-Moderate 4 Moderate 5 Moderate-Severe 6 Severe 7 Very Severe NA Non-Vehicle					
Towed Due to Damage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Towed By <b>Not Towed</b>					

## ↓ Contributing Circumstances (3 possible)

13	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane	
00	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal	
00	2 Speed Too Fast For Conditions	11 Improper Turn	19 Other Vehicle Defect	31 Previous Accident	40 Wrong Side or Wrong Way	
	3 Too Slow for Traffic	12 Failed to Signal	21 Alcohol Impaired	32 Distracted IN or ON Vehicle	41 Brakes	
	4 Improper Overtaking	13 Failed to Yield	22 Inattention	34 Drug Impaired	42 Steering	
	5 Improper Lane Change	14 Failed to Obey Stop Sign	23 Vision Obstruction	35 Improper Use of Turn Lane	43 Truck Coupling, Trailer Hitch, Safety Chains	
	6 Following Too Close	15 Failed to Obey Signal	24 Asleep, Drowsy, Fatigued	36 Animal(s) in Roadway	44 Wipers	
	7 Drove Left of Center	16 Tire Defect	25 Sick	37 Emotional - Depressed, Angry, Disturbed	99 Other	
Distracted By (if # 32 selected)	NA	1 Electronic Communication Device (Cell, CB Radio, Etc.) 2 Other Electronic Device (Navigation device, DVD player, IPODS) 3 Passenger 4 Other Inside the Vehicle 5 Previous vehicle Crash/Ticketing Incident/Abandoned Vehicle 6 Other External Distraction Outside Vehicle NA Not Distracted				
Vision Obstructed By (if # 23 selected)	00	0 None 1 Curve In Road 2 Hill Crest 3 Roadway Slope/Snowbank 4 Tree/Crop/Bush 5 Reflection From Surface 6 Bright Sunlight 7 Bright Headlights 10 Rain/Snow/Ice ON windows 11 Cracked/Dirty Windows 12 Splash/Spray From Other Vehicle 13 Moving Vehicle 14 Parked Vehicle 15 Traffic Sign 16 Billboard/Fence 17 Building 18 Vehicle Stopped on Roadway 19 Contents in Vehicle Interior 20 Signs/Stickers/Decals on Windows 99 Other				

## Commercial Vehicle

Cargo Body	0 None 1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 10 Pickup Bed 11 Belly Dump/Hopper 12 Intermodal Container Chassis 13 Log 14 Pole Trailer 15 Vehicle Towing another Vehicle 9 Other							
GVWR Total	1 10,000 lbs or less 2 10,001 - 26,000 lbs 3 More than 26,000 lbs NA Not Applicable							
Carrier Type	1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck or Bus 9 Other Operation/Not specified							
Carrier Name	Carrier Address			City	State	Zip	Country	
MC / MX No.	DOT No.	Hazardous Materials <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No	Placard No.		
Hazard Class Number	1 Explosives 2 Gases - Compressed, Dissolved or Refrigerated 3 Flammable Liquid 4 Flammable Solids - Combustible, Water Reactive 5 Oxidizing Substances - Organic Peroxides 6 Poisonous (Toxic) and Infectious Substances 7 Radioactive Material 8 Corrosives 9 Miscellaneous Dangerous Goods							

## Driver / Pedestrian / Pedalcyclist

04 Operator Action	Driver			Pedestrian / Pedalcyclist		
	1 Going Straight 2 Turning Right 3 Right Turn on Red 4 Turning Left 5 Left Turn on Red 6 U-Turn 7 Merging 8 Changing Lanes 10 Passing 11 Negotiating Curve	12 Stopped in Traffic 13 Slowing in Traffic 14 Starting in Traffic 15 Parking 18 Backing 20 Avoiding Obstacle 21 Avoiding Vehicle, Pedestrian, Pedalcycle 22 Pursuing Vehicle 23 Fleeing Pursuit	24 Racing 25 Parked Vehicle 26 Driverless Vehicle in Motion 64 Entering/Exiting Parked or Standing Vehicle 65 Entering/Leaving Parking Lot, Driveway, Alley 71 Working on Roadway - Construction/Maintenance 72 Working on Roadway - Incident Responder	30 Crossing at Intersection, Crosswalk 31 Crossing at Intersection, NO Crosswalk 35 Crossing at Mid-block, Crosswalk 36 Crossing at Mid-block, NO Crosswalk 40 Walk/Ride with Traffic in Bike Lane 41 Walk/Ride with Traffic NO Bike Lane 42 Walk/Ride Facing Traffic in Bike Lane 43 Walk/Ride Facing Traffic NO Bike Lane 44 Walk/Ride on Sidewalk 50 Standing ON Roadway	51 Playing ON Roadway 52 Working ON Roadway 60 Enter/Exit School Bus 70 Not ON Roadway 71 Working on Roadway - Construction/Maintenance 72 Working on Roadway - Incident Responder 99 Other	
Hit & Run <input type="checkbox"/>	Last Name <b>Davis</b>	First Name <b>Karen</b>	M.I. <b>A</b>	Home Phone	Work Phone <b>-U</b>	
Address			City <b>Idaho Falls</b>	State <b>ID</b>	Zip <b>83401</b>	
Driver's License No. <b>GB158678D</b>		License State <b>ID</b>	License Class <b>D</b>	<input type="checkbox"/> Commercial License	Sex <b>M</b>	
Endorsements (list all) <b>NA</b>		<input type="checkbox"/> School Bus <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tanker vehicle <input type="checkbox"/> Passenger <input type="checkbox"/> Double / triple trailers <input checked="" type="checkbox"/> Combination of tank vehicle & hazardous materials <input type="checkbox"/> OTHER non commercial license endorsements <b>NA</b> None / Not applicable				
Restrictions (list all) <b>00</b>		00 None <input type="checkbox"/> A Daylight only until 16 <input type="checkbox"/> B Corrective Lenses <input type="checkbox"/> C Mechanical Devices (i.e. Adaptive devices) <input type="checkbox"/> D Prosthetic Aid <input type="checkbox"/> E Automatic Transmission <input type="checkbox"/> F Outside Mirror <input type="checkbox"/> G Limited to Daylight Only <input type="checkbox"/> H Limited to Employment <input type="checkbox"/> I Limited Other <input type="checkbox"/> J Special restrictions <input type="checkbox"/> K Intrastate Only <input type="checkbox"/> L No vehicle equipped with air brakes <input type="checkbox"/> M Except Class A Bus <input type="checkbox"/> N Except Class A & Class B Bus <input type="checkbox"/> O Except Tractor-Trailer <input type="checkbox"/> P Learner's Permit Restrictions <input type="checkbox"/> Q 6 mo - 1 Under 17 Nonrelative <input type="checkbox"/> R 3 - wheel motorcycle only <input type="checkbox"/> S Seasonal CDL <input type="checkbox"/> T Identity Not verified <input type="checkbox"/> U Motorcycle-No passenger <input type="checkbox"/> V Idaho DL in possession <input type="checkbox"/> W Ignition Interlock device <input checked="" type="checkbox"/> X Non-Freeway <input type="checkbox"/> Y Community Work Center <input type="checkbox"/> Z Except Classes A & B School Buses <input type="checkbox"/> 01 Farm Waiver <input type="checkbox"/> 02 Military Vehicles Only <input type="checkbox"/> 99 Other				
(See key at bottom of page for the following fields) →		Protective Device <b>03</b>	Airbag Deployment <b>05</b>	Airbag Location <b>NA</b>	Injury <b>O</b>	
Transported By <b>01</b>		Ejection <b>01</b>	Trapped <b>01</b>	Transported By <b>05</b>		
Idaho Code Number(s) / Violation(s) <b>49-807(2) DRIVING Stop for stop sign</b>		<input type="checkbox"/> Not Cited				
Transported To (if injured) <b>No Medical Care Provider Needed</b>		EMS Provider <b>No EMS Provider Needed</b>				
1 ← Alcohol / Drug Involvement 1 Neither Alcohol nor Drugs Detected 2 Yes, Alcohol		Alcohol Test <b>01</b> BAC Test Results <b>/</b>		1 None Given 3 Blood Test 5 Breath Test 7 Vitreous Fluid 2 Test Refused 4 Urine Test 6 Field Test Drug Test <b>01</b> Drug Test Results <b>NA</b>		

## Passengers (additional passenger information may be added in the Narrative)

Full Name <b>Sullivan</b>	Address (Street; City, State Zip) <b>5</b>	Home Phone	Sex	Date of Birth	Seating	Protective Device	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By
Injured Transported To <b>Sullivan</b>	EMS Provider <b>No EMS Provider Needed</b>				<b>03</b>	<b>03</b>	<b>05</b>	<b>NA</b>	<b>O</b>	<b>01</b>	<b>01</b>	<b>05</b>
<b>No Medical Care Provider Needed</b>												
<b>No EMS Provider Needed</b>												

## Seating

Vehicle Front 1 2 3 4 5 6 7 8 10 ↑ Motorcycle	11 Sleeper Section (Truck Cab) 12 Passenger-Enclosed Non-Trailing Unit 13 Passenger-Unenclosed Non-Trailing Unit 14 Trailing Unit 15 Riding On Exterior Non-Trailing Unit	16 Pedestrian 19 Pedestrian Other 17 Pedalcycle 18 Equestrian 99 Other (e.g. child on lap, gas tank) -U Unknown
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## Protective Device

0 None 1 Shoulder Belt Only 2 Lap Belt Only 3 Shoulder and Lap 5 Helmet Used 6 N/A Non-Motorist 9 Other	12 Child Restraint System - Forward Facing 13 Child Restraint System - Rear Facing 14 Booster Seat 15 No Helmet -U Unknown
---	--

## Airbag Deployment

1 Deployed 2 Deactivated 3 Missing 4 Not Equipped 5 Not Deployed NA Not Applicable -U Unknown
---

## Airbag Location

DEPLOYED: 1 Front 2 Side 3 Combination 4 Curtain 5 Other NA Not Applicable
--

## Injury

A Suspected Serious Injury B Suspected Minor Injury C Possible Injury	K Fatal Injury O No Apparent Injury -U Unknown
---	--

## Ejection

1 Not Ejected 2 Totally Ejected	3 Partially Ejected T Thrown From Cycle/Animal
------------------------------------	---

## Trapped

1 Not Trapped 2 Trapped, extrication unit use 3 Trapped, other extraction method
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## Transported By

1 Ambulance / EMS 2 Police Car 3 Helicopter	4 Private Vehicle 5 Not Transported
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## Unit Information

Case No.: 2024-40239

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Unit No.: 2

\* If turning, select direction before turning

See Events page for a list of event codes →	First Harmful Event <b>59</b>	Most Harmful Event <b>59</b>	General Direction of Travel	Street <input type="checkbox"/> North/South <input checked="" type="checkbox"/> East/West	Unit * <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	On (Street Name) <b>E Iona Rd</b>
First Event Relationship to Junction	<b>01</b>	0 Nonjunction 1 In Intersection 2 Intersection Related 3 At Driveway/Alley/Parking Lot 4 Driveway/Alley/Parking Lot Related 5 On Ramp 6 Ramp Related 7 At Railroad Crossing 8 Railroad Crossing Related 9 Other				

## Unit Type

1 Pedestrian	21 Truck - 2 Axle/6 Tires	32 Pickup
2 Pedalcycle	22 Truck - 3+ Axle	33 SUV/Crossover
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5 ATV	25 Tractor - 1 Trailer	41 Van - 1 to 8 seats
6 Car	26 Tractor - 2 Trailers	42 Van/Bus - 9 to 15 seats
10 Motor Home	27 Tractor - 3 Trailers	99 Other
11 Snowmobile	28 Train	-U Hit & Run
12 Equestrian	30 Farm Equipment	
15 Bus - 16 or more seats	31 Scooter	

## Unit Use

0 No Specialized Use	10 Bus - Intercity (e.g. Greyhound)
1 Police	11 Bus - Public Transit, Commuter
2 Ambulance	13 Bus - Tour / Charter
3 Driver Training	14 Limousine
4 Government	15 Military
5 Taxi	16 Shuttle
6 Fire	17 Snow Plow
7 Wrecker	9 Other
8 Bus - School	NA Non-Vehicle

## Emergency Use

1 YES: In transit, Emergency Lights Activated	3 YES: STANDING or PARKED, Emergency Lights Activated
2 YES: In transit, Emergency Lights NOT active	4 YES: STANDING or PARKED, Emergency Lights NOT active
	5 NO: NOT on an Emergency Response




## Attachment

0 None	3 Travel Trailer	9 other
1 Boat Trailer	4 Towed Vehicle	
2 Utility Trailer	5 Mobile Home	

## Unit / Vehicle / Owner

Unit Type <b>33</b>	Unit Use <b>00</b>	Non-Contact Unit <input type="checkbox"/>	Emergency Use <b>NA</b>	License Plate No. <b>IMJ764U</b>	State <b>ID</b>	VIN (Vehicle Identification No.) <b>KNDERCAA0R7619951</b>	
Year <b>2024</b>	Make <b>Kia</b>	Model <b>Seltos</b>		Color <b>Gray</b>		Attachment 1 <b>00</b>	Attachment 2 <b>00</b>
Owner Last Name <b>Kruade</b>		Owner First Name <b>Abby</b>		M.I. <b>L</b>	Insured? <b>Yes</b>	Insurance Company Name <b>PROGRESSIVE</b>	Policy No. <b>965293211</b>
Owner Address <b>430 W 2nd S</b>				City <b>Rexburg</b>	State <b>ID</b>	Zip <b>83440</b>	

## Damage

Initial Point of Impact <b>01</b>	Auto / Motorcycle / Tractor with Semi Trailer		Trailing Unit #1		Trailing Unit #2	
Principal Point of Impact <b>01</b>	13 Top and Windows 14 Undercarriage		33 Top 34 Undercarriage		53 Top 54 Undercarriage	
Extent of Deformity <b>05</b>	0 No Damage 1 Very Minor 2 Minor 3 Minor-Moderate 4 Moderate 5 Moderate-Severe 6 Severe 7 Very Severe NA Non-Vehicle					
Towed Due to Damage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Towed By <b>Prime towing</b>					

## ↓ Contributing Circumstances (3 possible)

<b>00</b>	0 None	8 Overcorrected	17 Wheel Defect	27 Physical Impairment	38 Failed to Maintain Lane
<b>00</b>	1 Exceeded Posted Speed	10 Improper Backing	18 Light Defect	28 Improperly Parked	39 Foot Slipped Off or Caught On Pedal
<b>00</b>	2 Speed Too Fast For Conditions	11 Improper Turn	19 Other Vehicle Defect	31 Previous Accident	40 Wrong Side or Wrong Way
	3 Too Slow for Traffic	12 Failed to Signal	21 Alcohol Impaired	32 Distracted IN or ON Vehicle	41 Brakes
	4 Improper Overtaking	13 Failed to Yield	22 Inattention	34 Drug Impaired	42 Steering
	5 Improper Lane Change	14 Failed to Obey Stop Sign	23 Vision Obstruction	35 Improper Use of Turn Lane	43 Truck Coupling, Trailer Hitch, Safety Chains
	6 Following Too Close	15 Failed to Obey Signal	24 Asleep, Drowsy, Fatigued	36 Animal(s) in Roadway	44 Wipers
	7 Drove Left of Center	16 Tire Defect	25 Sick	37 Emotional - Depressed, Angry, Disturbed	99 Other
Distracted By (if # 32 selected)	1 Electronic Communication Device (Cell, CB Radio, Etc.) 2 Other Electronic Device (Navigation device, DVD player, IPODS) 3 Passenger 4 Other Inside the Vehicle 5 Previous vehicle Crash/Ticketing Incident/Abandoned Vehicle 6 Other External Distraction Outside Vehicle NA Not Distracted				
Vision Obstructed By (if # 23 selected)	0 None 1 Curve In Road 2 Hill Crest 3 Roadway Slope/Snowbank 4 Tree/Crop/Bush 5 Reflection From Surface 6 Bright Sunlight 7 Bright Headlights 10 Rain/Snow/Ice ON windows 11 Cracked/Dirty Windows 12 Splash/Spray From Other Vehicle 13 Moving Vehicle 14 Parked Vehicle 15 Traffic Sign 16 Billboard/Fence 17 Building 18 Vehicle Stopped on Roadway 19 Contents in Vehicle Interior 20 Signs/Stickers/Decals on Windows 99 Other				

## Commercial Vehicle

Cargo Body	0 None 1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 10 Pickup Bed 11 Belly Dump/Hopper 12 Intermodal Container Chassis 13 Log 14 Pole Trailer 15 Vehicle Towing another Vehicle 9 Other							
GVWR Total	1 10,000 lbs or less 2 10,001 - 26,000 lbs 3 More than 26,000 lbs NA Not Applicable							
Carrier Type	1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck or Bus 9 Other Operation/Not specified							
Carrier Name	Carrier Address		City		State	Zip	Country	
MC / MX No.	DOT No.		Hazardous Materials <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Spilled <input type="checkbox"/> Yes <input type="checkbox"/> No		Placard No.	
Hazard Class Number	1 Explosives 2 Gases - Compressed, Dissolved or Refrigerated 3 Flammable Liquid 4 Flammable Solids - Combustible, Water Reactive 5 Oxidizing Substances - Organic Peroxides 6 Poisonous (Toxic) and Infectious Substances 7 Radioactive Material 8 Corrosives 9 Miscellaneous Dangerous Goods							

## Driver / Pedestrian / Pedalcyclist

01 Operator Action	<b>Driver</b>			<b>Pedestrian / Pedalcyclist</b>				
	1 Going Straight 2 Turning Right 3 Right Turn on Red 4 Turning Left 5 Left Turn on Red 6 U-Turn 7 Merging 8 Changing Lanes 10 Passing 11 Negotiating Curve	12 Stopped in Traffic 13 Slowing in Traffic 14 Starting in Traffic 15 Parking 18 Backing 20 Avoiding Obstacle 21 Avoiding Vehicle, Pedestrian, Pedalcycle 22 Pursuing Vehicle 23 Fleeing Pursuit	24 Racing 25 Parked Vehicle 26 Driverless Vehicle in Motion 64 Entering/Exiting Parked or Standing Vehicle 65 Entering/Leaving Parking Lot, Driveway, Alley 71 Working on Roadway - Construction/Maintenance 72 Working on Roadway - Incident Responder	30 Crossing at Intersection, Crosswalk 31 Crossing at Intersection, NO Crosswalk 35 Crossing at Mid-block, Crosswalk 36 Crossing at Mid-block, NO Crosswalk 40 Walk/Ride with Traffic in Bike Lane 41 Walk/Ride with Traffic NO Bike Lane 42 Walk/Ride Facing Traffic in Bike Lane 43 Walk/Ride Facing Traffic NO Bike Lane 44 Walk/Ride on Sidewalk 50 Standing ON Roadway	51 Playing ON Roadway 52 Working ON Roadway 60 Enter/Exit School Bus 70 Not ON Roadway 71 Working on Roadway - Construction/Maintenance 72 Working on Roadway - Incident Responder 99 Other			
Hit & Run <input type="checkbox"/>	Last Name <b>Kruade</b>	First Name <b>Abby</b>	M.I. <b>L</b>	Home Phone <b>916-704-6870</b>	Work Phone <b>-U</b>			
Address <b>430 W 2nd S</b>			City <b>Rexburg</b>	State <b>ID</b>	Zip <b>83440</b>			
Driver's License No. <b>AD020418H</b>		License State <b>ID</b>	License Class <b>D</b>	<input type="checkbox"/> Commercial License	Sex <b>F</b> Date of Birth <b>7/26/2001</b>			
Endorsements (list all)	<b>NA</b> <input type="checkbox"/> School Bus <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tanker vehicle <input type="checkbox"/> Passenger <input type="checkbox"/> Double / triple trailers <input checked="" type="checkbox"/> Combination of tank vehicle & hazardous materials <input type="checkbox"/> OTHER non commercial license endorsements <b>NA</b> None / Not applicable							
Restrictions (list all)	<b>00</b> <input type="checkbox"/> None <input type="checkbox"/> A Daylight only until 16 <input type="checkbox"/> B Corrective Lenses <input type="checkbox"/> C Mechanical Devices (i.e. Adaptive devices) <input type="checkbox"/> D Prosthetic Aid <input type="checkbox"/> E Automatic Transmission <input type="checkbox"/> F Outside Mirror <input type="checkbox"/> G Limited to Daylight Only <input type="checkbox"/> H Limited to Employment <input type="checkbox"/> I Limited Other <input type="checkbox"/> J Special restrictions <input type="checkbox"/> K Intrastate Only <input type="checkbox"/> L No vehicle equipped with air brakes <input type="checkbox"/> M Except Class A Bus <input type="checkbox"/> N Except Class A & Class B Bus <input type="checkbox"/> O Except Tractor-Trailer <input type="checkbox"/> P Learner's Permit Restrictions <input type="checkbox"/> Q 6 mo - 1 Under 17 Nonrelative <input type="checkbox"/> R 3 - wheel motorcycle only <input type="checkbox"/> S Seasonal CDL <input type="checkbox"/> T Identity Not verified <input type="checkbox"/> U Motorcycle-No passenger <input type="checkbox"/> V Idaho DL in possession <input type="checkbox"/> W Ignition Interlock device <input type="checkbox"/> X Non-Freeway <input type="checkbox"/> Y Community Work Center <input type="checkbox"/> Z Except Classes A & B School Buses <input type="checkbox"/> 01 Farm Waiver <input type="checkbox"/> 02 Military Vehicles Only <input type="checkbox"/> 99 Other							
(See key at bottom of page for the following fields) →	Protective Device <b>03</b>	Airbag Deployment <b>05</b>	Airbag Location <b>NA</b>	Injury <b>O</b>	Ejection <b>01</b>	Trapped <b>01</b>	Transported By <b>05</b>	Idaho Code Number(s) / Violation(s) <input checked="" type="checkbox"/> Not Cited <b>00 Not Cited</b>
Transported To (if injured) <b>No Medical Care Provider Needed</b>								<b>00 Not Cited</b>
EMS Provider <b>No EMS Provider Needed</b>								
1	← Alcohol / Drug Involvement 1 Neither Alcohol nor Drugs Detected 2 Yes, Alcohol		Alcohol Test <b>01</b> BAC Test Results <b>/</b>		← 1 None Given 2 Test Refused 3 Blood Test 4 Urine Test 5 Breath Test 6 Field Test 7 Vitreous Fluid 8 Drug Test <b>01</b>		Drug Test Results <b>NA</b>	

## Passengers (additional passenger information may be added in the Narrative)

Full Name	Address (Street; City, State Zip)	Home Phone	Sex	Date of Birth	Work Phone	Seating	Protective Device	Airbag Deployment	Airbag Location	Injury	Ejection	Trapped	Transported By
Injured Transported To						EMS Provider							

## Seating

Vehicle Front	11 Sleeper Section (Truck Cab)	16 Pedestrian
1 2 3	12 Passenger-Enclosed	19 Pedestrian Other
4 5 6	Non-Trailing Unit	17 Pedalcycle
7 8 10	13 Passenger-Unenclosed	18 Equestrian
↑ Motorcycle	Non-Trailing Unit	99 Other (e.g. child on lap, gas tank)
	14 Trailing Unit	-U Unknown
	15 Riding On Exterior Non-Trailing Unit	

## Protective Device

0 None	12 Child Restraint System - Forward Facing
1 Shoulder Belt Only	13 Child Restraint System - Rear Facing
2 Lap Belt Only	14 Booster Seat
3 Shoulder and Lap	15 No Helmet
5 Helmet Used	-U Unknown
6 N/A Non-Motorist	
9 Other	

## Airbag Deployment Airbag Location

1 Deployed	DEPLOYED:
2 Deactivated	1 Front
3 Missing	2 Side
4 Not Equipped	3 Combination
5 Not Deployed	4 Curtain
NA Not Applicable	5 Other
-U Unknown	NA Not Applicable

## Injury

A Suspected Serious Injury	K Fatal Injury
B Suspected Minor Injury	O No Apparent Injury
C Possible Injury	-U Unknown

## Ejection

1 Not Ejected	3 Partially Ejected
2 Totally Ejected	I Thrown From Cycle/Animal

## Trapped

1 Not Trapped
2 Trapped, extrication unit use
3 Trapped, other extraction method

## Transported By

1 Ambulance / EMS	4 Private Vehicle
2 Police Car	5 Not Transported
3 Helicopter	

### Event

<u>Single Unit Non-Collision</u>	<u>Single Unit Collision With</u>	<u>Multi-Unit Collision</u>
1 Overturn	14 Pedestrian	20 Parked Car - on Private Property
2 Separation of Units	15 Pedalcycle	50 Head-On
3 Cargo Loss/Shift	16 Railroad Train	51 Rear-End
4 Jackknifed	17 Animal - Domestic	60 Backed Into
5 Ran Off Road	18 Animal - Wild	61 Parked Car
6 Down Hill Runaway	19 Other Object Not Fixed	
7 Fire/Explosion	21 Impact Attenuator	52 Sideswiped Same
8 Gas/Inhalation	22 Bridge/Pier/Abutment	53 Sideswiped Opposite
9 Other Non-Collision	23 Bridge/Parapet End	58 Angle
10 Loss of Control	24 Bridge Rail	
11 Fell/Pushed/Jumped	25 Overpass	54 Head-On Turning
12 Non-Collision Injury	26 Guardrail Face	56 Rear-End Turning
13 Immersion	27 Guardrail End	59 Angle Turning
71 Came Back on Road	28 Concrete Traffic Barrier	62 Same Dir Turning
72 Drove Left of Center	30 Traffic Sign Support	
76 Cross Median	39 Other Post, Pole or Support	
82 Vehicle Equipment Failure (Blown Tire/Brake Failure)	40 Delineator Post	
	41 Culvert	
	42 Curb	
	43 Ditch	
	44 Embankment	
	45 Fence	
	46 Mailbox	
	47 Tree	
	48 Building/Wall	
	49 Other Fixed Object	
	74 Cable Barrier	
	77 Struck by Falling/Shifting Cargo or Anything set in motion by a motor vehicle	
	78 Thrown or Falling Object	
	80 Traffic Signal Support	
	81 Utility/Light Support	
		<u>Any Situation</u>
		98 Non-Contact Unit
		99 Other

### Event Location

1 On Roadway	3 Right Shoulder	5 Outside Right-Of-Way	7 Median	A In Parking Lot	P Private Property
2 Left Shoulder	4 Roadside or Sidewalk	6 Off Roadway-Location Unknown	8 Gore	B Parking Lot Access Rd	9 Other

**Events - list events for ALL units in the order they occurred**

[illegible]

### Sketch the Scene



Not to Scale

**Narrative** (additional information / additional passengers - indicate unit no. and all information for additional passengers)

On 10-24-2024 my training officer and I, Deputy Kelly came upon a crash at E Iona Road and Hive Ln while working in Idaho Falls, Idaho in Bonneville County. I observed a grey SUV bearing Idaho license plate (1MJ764U) with moderate front end damage and a silver sedan bearing Idaho license plate (8B5847U) with moderate front end damage.

I spoke to the driver of the silver sedan, Karen Davis, who told me that she was on Hive Ln and pulled out to turn East bound onto E Iona Road. Karen said she didn't see the gray SUV and she ran into it. Karen admitted fault.

Speaking with the driver of the gray SUV, Abby Kraude, she told me that the silver car just pulled out and ran into the front of her car as she was passing Hive Ln. There were no injuries. Abby called a personal tow and had Prime Towing remove her car. Karen was able to drive her car away.

I cited Karen for Idaho code 49-807. Nothing further.

10-25-2024

322 / Deputy Kelly

Investigating Officer's Name and/or Number	Report Date	Approved By	Approval Date
322	10/25/2024	322	10/25/2024

**NOTE: Crash Reports need to be transmitted to Idaho Transportation Department's Office of Highway Safety**