

ACCIDENT NUMBER: 5242433

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Law Enforcement Case Number: P12-2005005513	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
Location Literal Description WB INTERSTATE 80 MEASURING .6 MILES EAST FROM MILEPOST 255	
X-Coordinate:	00639239
Y-Coordinate:	04613847
If Divided Highway, Provide Route (Cardinal) Travel Direction "N/A"	

Form 420027
05-01

MAIL REPORTS TO:
Iowa Department of Transportation
Office of Driver Services
Park Fair Mall, 100 Euclid Avenue
P.O. Box 9204
Des Moines, Iowa 50306-9204



**Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT
OF MOTOR VEHICLE ACCIDENT**

L O C A T I O N	Date of Accident 09/18/2005	Time of Accident 16:50 HRS	County 16 - CEDAR	Accident occurred within corporate limits of (city)	
	If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A"				
	On Road, Street, or Highway: "N/A"		At Intersection with: "N/A"		
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.				
	Distance "N/A"	Direction "N/A"	and	Distance "N/A"	Direction "N/A"
Milepost Number "N/A"	Or	Definable intersection, bridge, or railroad crossing "N/A"			

U N I T 001	Driver's Name - Last BALERIO			First GRACE	Middle L	Suffix
	Address 1510 LEE DR #171		City BELLEVUE	State NE	Zip 68005	
	Date of Birth 05/04/1962	Driver's License Number H12865895		Citation Charge Code Number 1 321.288	Citation Charge 1 FAILURE TO MAINTAIN CONTROL	
	Gender FEMALE	State NE	Class 0	Endorsements NONE	Restrictions NONE	Citation Charge Code Number 2
	Alcohol Test Given? 1-NONE	Test Results:	Drug Test Given? 1-NONE	Test Results:	Citation Charge Code Number 3	Citation Charge 3
	Owner's Name - Last BALERIO			First GRACE	Middle L	Suffix
	Address 1510 LEE DR #171		City BELLEVUE	State NE	Zip 68005	
	Insurance Co. Name GEICO	Insurance Policy # 4025-65-02-11		License Plate # OTP167	State NE	Year 2006
	VIN No. 1G2JB14T6N757721	Year 1992	Make Pontiac - PONT	Model SUNBIRD	Style	Tow #
	Initial Travel Direction 4	Vehicle Action 05	Speed Limit 70	Point of Initial Impact 01	Most Damaged Area 01	Extent of Damage 5
	Total Occupants 05	Traffic Controls 01	Vehicle Config. 01	Cargo Body Type 01	Vehicle Defect 99	Driver Condition 1
	SEQUENCE OF EVENTS		First Event 04	Second Event 22	Third Event	Fourth Event
	Commercial Trailer License Plate #	Attached to Power Unit:	State	Year	Attached to Trailer Unit:	State
	Carrier Name	Address		City	State	Zip
	US DOT#	or MC#	Number of Axles	Gross Vehicle Weight Rating	Placard #	Hazardous Materials Released?

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UNIT 02	Driver's Name - Last KEIMIG		First DANA		Middle A		Suffix			
	Address 552 36TH AVE			City EAST MOLINE		State IL		Zip 61244		
	Date of Birth 08/22/1959		Driver's License Number K520-1615-9239			Citation Charge Code Number 1		Citation Charge 1		
	Gender MALE		State IL	Class D	Endorsements NONE	Restrictions NONE	Citation Charge Code Number 2		Citation Charge 2	
	Alcohol Test Given? 1-NONE	Test Results:		Drug Test Given? 1-NONE	Test Results:		Citation Charge Code Number 3		Citation Charge 3	
							Citation Charge Code Number 4		Citation Charge 4	
	Owner's Name - Last KEIMIG			First DANA		Middle A		Suffix	Owner Company Name	
	Address 552 36TH AVE			City EAST MOLINE		State IL		Zip 61244		
	Insurance Co. Name USAA CASUALTY			Insurance Policy # 003406524C7103			License Plate # S98518		State IL	Year 2006
	VIN No. 2C4GP54L73R366270		Year 2003	Make Chrysler - CHRY			Model VAN		Style	Tow #
Initial Travel Direction 2	Vehicle Action 01	Speed Limit 70	Point of Initial Impact 06	Most Damaged Area 06	Extent of Damage 2	Underride/Override 1	Approximate Cost to Repair or Replace \$2,000	Private? <input type="checkbox"/>		
Total Occupants 02		Traffic Controls 01	Vehicle Config. 04	Cargo Body Type 01	Vehicle Defect 01	Driver Condition 1	Vision Obscured 01	Contributing Circumstances, Driver (up to two) 28		
SEQUENCE OF EVENTS		First Event 06	Second Event 22		Third Event		Fourth Event		Most Harmful Event (by vehicle) 22	
Commercial Trailer License Plate #	Attached to Power Unit:	State		Year	Attached to Trailer Unit:	State		Year	Emergency Vehicle Type 1	Emergency Status 3
Carrier Name				Address		City		State	Zip	
US DOT#		or	MC#	Number of Axles		Gross Vehicle Weight Rating		Placard #	Hazardous Materials Released?	

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ACCIDENT DATE: 09/18/2005 ACCIDENT TIME: 16:50 ACCIDENT NUMBER: 5242433 PAGE 3 OF 6

UNIT 03	Driver's Name - Last HARRIGAN		First TIMOTHY		Middle J		Suffix				
	Address 5242 2 107TH ST			City OAK LAWN		State IL		Zip 60453			
	Date of Birth 11/30/1985		Driver's License Number H625-8108-5340			Citation Charge Code Number 1		Citation Charge 1			
	Gender MALE		State IL	Class D	Endorsements NONE	Restrictions NONE	Citation Charge Code Number 2		Citation Charge 2		
	Alcohol Test Given? 1-NONE	Test Results:		Drug Test Given? 1-NONE	Test Results:		Citation Charge Code Number 3		Citation Charge 3		
							Citation Charge Code Number 4		Citation Charge 4		
	Owner's Name - Last HARRIGAN			First TIMOTHY		Middle J		Suffix	Owner Company Name		
	Address 5242 2 107TH ST			City OAK LAWN		State IL		Zip 60453			
	Insurance Co. Name STATE FARM MUTUAL			Insurance Policy # 869-8791-B21-131			License Plate # 5541798		State IL	Year 2006	
	VIN No. 1GKDT13S232414549		Year 2000	Make General Motors - GMC			Model ENVOY		Style	Tow #	
Initial Travel Direction 2	Vehicle Action 01	Speed Limit 70	Point of Initial Impact 08	Most Damaged Area 08	Extent of Damage 4	Underride/Override 9	Approximate Cost to Repair or Replace \$19,000	Private? <input checked="" type="checkbox"/>			
Total Occupants 04	Traffic Controls 01	Vehicle Config. 03	Cargo Body Type 01	Vehicle Defect 01	Driver Condition 1	Vision Obscured 01	Contributing Circumstances, Driver (up to two) 28				
SEQUENCE OF EVENTS		First Event 06	Second Event 22		Third Event		Fourth Event		Most Harmful Event (by vehicle) 22		
Commercial Trailer License Plate #	Attached to Power Unit:	State		Year		Attached to Trailer Unit:	State		Year	Emergency Vehicle Type 1	Emergency Status 3
Carrier Name				Address		City		State		Zip	
US DOT#		or	MC#	Number of Axles		Gross Vehicle Weight Rating		Placard #		Hazardous Materials Released?	

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If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage	Was owner or tenant notified
Owner's Name - Last	First	Middle	Suffix
Company Owner Name			
Street or RFD	City	State	Zip Code

ACCIDENT ENVIRONMENT	ROADWAY CHARACTERISTICS	WORKZONE RELATED?	SEQUENCE OF EVENTS
Location of First Harmful Event 1	Major Contributing Circumstances:	Location	First Harmful Event of Crash 22
Manner of Crash/Collision 7	Environment 1	Type	(use codes 11-42 only)
Light Conditions 1	Roadway 01	Workers Present?	
	Type of Roadway Junction/Feature 01		

D R I V E R	Unit No. 001	Name - Last BALERIO	First GRACE	Phone # (402) 714-4202
	Sex FEMALE	Seating Position 01	Injury Status 4	Occupant Protection 2
		Airbag Deployment 6	Airbag Switch Status 3	Ejection 1
		Ejection Path 1	Trapped 1	
Transported to: UNIVERSITY OF IA HOSPITAL			Transported by: JOHNSON CO AMBULANCE	

D R I V E R	Unit No. 002	Name - Last KEIMIG	First DANA	Phone # (309) 755-6515
	Sex MALE	Seating Position 01	Injury Status 5	Occupant Protection 2
		Airbag Deployment 5	Airbag Switch Status 9	Ejection 1
		Ejection Path 1	Trapped 1	
Transported to			Transported by	

NARRATIVE
(Describe what happened (refer to vehicle by number))

UNIT #1 WAS WEST ON I-80 PASSING A SEMI WHEN IT WENT OFF ON THE INSIDE SHOULDER, LOST CONTROL AND WENT THROUGH THE MEDIAN STRIKING UNIT #2 WHICH WAS EAST BOUND. UNIT #1 THEN BOUNCED, SPUN OFF UNIT #2 STRIKING UNIT #3 WHICH WAS EAST BOUND BEHIND UNIT #2. UNIT #3 WAS PUSHED INTO THE SOUTH DITCH AND ROLLED TWICE BEFORE COMING TO REST ON ITS TIRES.

Officer DAVE HELTON	Badge No. 203	Time Officer Notified of Accident 16:56 Hrs.	Time Officer Arrived At Scene 17:10 Hrs.
Name of Agency IOWA STATE PATROL - DIST 12	Date of Report 09/18/2005	Investigation made at scene? UNK	T.I.#
Report Reviewed By KASZINSKI, DAVE	Date Reviewed 09/20/2005	Report Given to All Drivers? UNK	Other Technical Investigation Agency

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D R I V E R	Unit No.	Name - Last					First		Phone #	
	003	HARRIGAN					TIMOTHY		(708) 422-2364	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	MALE	01	5	2	5	9	1	1	1	
Transported to					Transported by					
D R I V E R	Unit No.	Name - Last					First		Phone #	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to					Transported by				
D R I V E R	Unit No.	Name - Last					First		Phone #	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to					Transported by				
D R I V E R	Unit No.	Name - Last					First		Phone #	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to					Transported by				
D R I V E R	Unit No.	Name - Last					First		Phone #	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to					Transported by				
D R I V E R	Unit No.	Name - Last					First		Phone #	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to					Transported by				
D R I V E R	Unit No.	Name - Last					First		Phone #	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to					Transported by				
D R I V E R	Unit No.	Name - Last					First		Phone #	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to					Transported by				
D R I V E R	Unit No.	Name - Last					First		Phone #	
	Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to					Transported by				

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PERSON INJURED	Name - Last MARTINEZ		First JESSICA			Middle			Suffix		
	Address 1510 LEE DR #171					City BELLEVUE			State NE	Zip Code	
	Date of Birth 01/01/1990	Sex FEMALE	Unit No. 001	Seating Position 04	Injury Status 4	Occupant Protection 2	Airbag Deployment 6	Airbag Switch Status 3	Ejection 1	Ejection Path 1	Trapped 1
	Transported to UNIVERSITY OF IA HOSPITAL					Transported by JOHNSON COUNTY AMBULANCE					
	NON-MOTORIST	Type	Location	Action	Condition	Safety Equipment	Contributing Circumstances	Unit No. of Vehicle Striking			
PERSON INJURED	Name - Last KEIMIG		First JILLANNE			Middle			Suffix		
	Address 552 36TH AVE					City EAST MOLINE			State IL	Zip Code 61244	
	Date of Birth 11/06/1992	Sex FEMALE	Unit No. 002	Seating Position 03	Injury Status 4	Occupant Protection 2	Airbag Deployment 5	Airbag Switch Status 9	Ejection 1	Ejection Path 1	Trapped 1
	Transported to UNIVERSITY OF IA HOSPITAL					Transported by JOHNSON COUNTY AMBULANCE					
	NON-MOTORIST	Type	Location	Action	Condition	Safety Equipment	Contributing Circumstances	Unit No. of Vehicle Striking			
PERSON INJURED	Name - Last MERTEL		First BOB			Middle			Suffix		
	Address ST AMBROSE UNIVERSITY					City DAVENPORT			State IA	Zip Code	
	Date of Birth	Sex MALE	Unit No. 003	Seating Position 06	Injury Status 4	Occupant Protection 2	Airbag Deployment 5	Airbag Switch Status 9	Ejection 1	Ejection Path 1	Trapped 1
	Transported to UNIVERSITY OF IA HOSPITAL					Transported by WEST LIBERTY AMBULANCE					
	NON-MOTORIST	Type	Location	Action	Condition	Safety Equipment	Contributing Circumstances	Unit No. of Vehicle Striking			
PERSON INJURED	Name - Last		First			Middle			Suffix		
	Address					City			State	Zip Code	
	Date of Birth	Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
	Transported to					Transported by					
	NON-MOTORIST	Type	Location	Action	Condition	Safety Equipment	Contributing Circumstances	Unit No. of Vehicle Striking			
PERSON INJURED	Name - Last		First			Middle			Suffix		
	Address					City			State	Zip Code	
	Date of Birth	Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
	Transported to					Transported by					
	NON-MOTORIST	Type	Location	Action	Condition	Safety Equipment	Contributing Circumstances	Unit No. of Vehicle Striking			
PERSON INJURED	Name - Last		First			Middle			Suffix		
	Address					City			State	Zip Code	
	Date of Birth	Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
	Transported to					Transported by					
	NON-MOTORIST	Type	Location	Action	Condition	Safety Equipment	Contributing Circumstances	Unit No. of Vehicle Striking			