US DOT#

MC#

ACCIDENT NUMBER: 5242433 PAGE 1 Law Enforcement Case Number: P12-2005005513 Form 420027 05-01 MAIL REPORTS TO: Legal Private Iowa Department of Transportation Intervention? Property? lowa Department of Transportation Office of Driver Services INVESTIGATING OFFICERS REPORT Location Literal Description Park Fair Mall, 100 Euclid Avenue P.O. Box 9204 OF MOTOR VEHICLE ACCIDENT Des Moines, lowa 50306-9204 **WB INTERSTATE 80** MEASURING .6 MILES Date of Accident Time of Accident County Accident occurred within corporate limits of (city) 09/18/2005 16:50 HRS 16 - CEDAR EAST FROM MILEPOST 255 O If accident occurred outside of of nearest city "N/A" C city limits show general vicinity: "N/A" A At Intersection with: Т On Road, Street, or Highway: "N/A" "N/A" O Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a N milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary. 00639239 X-Coordinate: 04613847 Distance Direction Distance Direction Y-Coordinate: of and "N/A" "N/A" "N/A" "N/A" If Divided Highway, Provide Route (Cardinal) Travel Milepost Number Definable intersection, bridge, or railroad crossing Direction D. "N/A" "N/A" "N/A" Driver's Name - Last First Middle Suffix BALERIO GRACE \mathbf{L} City Address State Zip 1510 LEE DR #171 BELLEVUE NE 68005 Date of Birth Driver's License Number Citation Charge Code Number 1 Citation Charge 1 05/04/1962 H12865895 321.288 FAILURE TO MAINTAIN CONTROL Gender State Class Endorsements Restrictions Citation Charge Code Number 2 Citation Charge 2 u FEMALE NF: Λ NONE NONE Ν Alcohol Test Drug Test Citation Charge Code Number 3 Citation Charge 3 T Test Results: Test Results: Citation Charge Code Number 4 Citation Charge 4 001 1-NONE 1-NONE Owner's Name - Last First Middle Suffix Owner Company Name BALERIO GRACE L Address City State Zio 68005 1510 LEE DR #171 BELLEVUE NE Insurance Co. Name Insurance Policy # License Plate # State Year GEICO 4025-65-02-11 **OTP167** NE 2006 YIN No. Make Model Year Style Tow# 1G2JB14T6N757721 1992 Pontiac - PONT SUNBIRD Initial Travel Point of Most Damaged Extent of Vehicle Speed Underride/ Approximate Cost to Repair Limit 70 or Replace Direction nitial Impact Area Damage Override Private? х ሰ5 01 5 \$1,000 01 Total Traffic Vehide Cargo Body Vehicle Drive Vision Contributing Circumstances, Defect Occupants Config. Condition Obscured Driver (up to two) Controls Гуре qq 05 01 01 01 99 06 08 SEQUENCE OF EVENTS 04 Most Harmful Event (by vehicle) 22 First Event Second Event 22 Third Event Fourth Event Commercial Trailer State Attached to State Year Emergency License Plate # Power Unit: Trailer Unit: Vehicle Type Status 3 Carrier Name Address City State Ζip

> Gross Vehicle Weight Rating

of Axies

Placard #

Hazardous Materiais

Released?

Form 420028 05-01

ACCIDENT DATE: 09/18/2005 ACCIDENT TIME: 16:50 ACCIDENT NUMBER: 5242433 PAGE 2 OF 6

															Suffix				
	Driver's Name - Last KEIMIG				DANA	First			A	Mid	lale				Sumi	(
	Address 552 36		City EAS	ST MC	LINE		State IL					Zip 61244							
	Date of Birth 08/22/1959		cense Num -1615-				Citat	ion Charge Co	de Number 1				Citation Ch	arge 1					
U N	Gender MALE	nts Restr	ictions E	Citat	fion Charge Code Number 2 Citation Charge 2														
I T	Alcohol Test Given? Test Results: Drug Test Given? Test Results: 1-NONE 1-NONE						Citation Charge Code Number 3							Citation Charge 3					
02							Citat	ion Charge Co	de Number 4				Citation Charge 4						
	Owner's Name - Last First DANA						1	Middle A			Su	rffix	Owner Com						
	Address 552 36TH A	AVE					ity E AST	MOLINE				State	IL	^{2ip} 61244					
	Insurance Co. Name USAA CASUA	Insurance Co. Name Insurance Co.						Insurance Policy # 003406524C7103						License Plate # S98518				Year 2006	
	VIN No. Year Make 2C4GP54L73R366270 2003 Chrysl						CHRY		Model VAN					Style			Tow#		
	Initial Travel Direction 2	Direction 2 Action 01 Limit 70 Initial Total Traffic Vehicle				nt of al Impact	06	Most Dam Area	oged Extent Damag		nt of U		Underride/ Override 1	demide/ Approxima erride 1 or Replace			Private	?	
						Carge Bo Type 01		Vehicle Drive Cond			iver Visondition 1				ing Circumstan p to two)	8			
	SEQUENCE OF EV	- I	it Event	06	d Event 2	22	Third E	Event		Fou	ırth Even	1	Most I	Harmful Event (by vehic	:le) 22	2		
	Commercial Trailer Attached to License Plate # Power Unit:						Year	Attached Trailer Un					State Yea	ar	Emergency Vehicle Typ	^e 1	Emen Status	gency 3	
	Carrier Name				-			Address					City		State	>	_	Zip	
	US DOT# or MC#								Gross Vehicle Weight Rating				Placard #			Hazardous Materials Released?			

Form 420028 05-01

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

	Driver's Name - Last					First					Mic	idie				Suffix	ί			
	HARRIGAN TIM						ИОТНУ Ј													
	Address 5242 2 107TH ST						OAK	LAWI	1		Sta I]					zip 60453				
	Date of Birth 11/30/1985			Citatio	n Charge Coo	le Number 1				Citation Ch.	arge 1									
U N	IMALE III III KANE INA						s	Citatio	on Charge Code Number 2 Citation Charge 2											
I T	Alcohol Test Given?	Drug ts: Giver		Tes	st Results:			n Charge Coo	harge Code Number 3				Citation Ch	arge 3						
03	1-NONE 1-NONE Owner's Name - Last First TIMOTHY						Citation Charge Code Number 4							Citation Charge 4						
						7	j	Middle Suffix Owner C						Owner Comp	pany Name					
	Address 5242 2 107TH ST						City State OAK LAWN IL						"	^{Zip} 60453						
	Insurance Co. Name STATE FARM							869-8791-B21-131						Ucense Plate # 5541798			State IL	1	ear 2006	
	VIN No. 1GKDT13S23	· · · · · · · · · · · · · · · · · · ·					Motors - GMC ENVOY					-			Style			Tow#		
	Initial Travel Direction 2					act	08	Most Dama Area	oged 08	Extent of Damage 4			Underride/ Approxima Override 9 or Replace		ete Cost to Repair • \$19,000		Private?	x		
	Total Occupants 04						o Body Vehicle Driver Condition									uting Circumstances, up to two) 28				
	SEQUENCE OF EVE	- 1	rst Event	06	Se	econd Ever	_{nt} 22		Third E	vent		Fourth I	Event		Most H	iarmful Event (by vehic	_{cle)} 22		
	Commercial Trailer Attached to Stat License Plate # Power Unit:							State Year Attached to Trailer Unit:					State Year			Emergency Vehicle Type 1		Emerge Status	incy 3	
	Carrier Name					U			Address					City		State	•	Z	ĬΡ	
	US DOT#	or M	IC#			Numb of Axi				Gross Vehicle Weight Reting				Placard #			Hazardous Materials Released?			

	ACCIDE	NT D	ATE: 09/18	3/2005	ACCIDENT	TIME:	16:50	ACCIDENT	NUMBER:	5242	433	PAG	E 4	OF	6	
lf	Property other t	han	Object Damage	ed				Estimate of Damage)	Was	or remwo	tenant n	otified			
	ehicles damage		n													
0	wner's Name -	_ast		First			Middle	•	Suffix	Comp	Company Owner Name					
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8	treet or RFD			(City				State			Zip Cod	ð		-	
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A	CCIDENT ENV	RONM	ENT			ROADWA	Y CHARA	CTERISTICS	WORKZON	IE RELATE	ED?	SEQUE	EQUENCE OF EVENTS			
1	ocation of First I		1	eather Conditions	3	Major Con	tributing C	ircumstances:	1							
1	lanner of Crash.	'Collisio	7	(up to two)	01		ironment	1					mful Event		22	
L	ight Conditions		1 ^{Si}	urface Conditions	1		dway	01		_		(use cod	codes 11-42 only)			
						Type of Ro	badway Ju	nction/Feature 01	Workers Pr	esent?						
D	Unit No.	Name -	Last		First				Phone #		- 4					
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Ιï	Sex		Seating	Injury	Occupant	Airbag		Airbag	Ejection		jection					
٧	FEMALE	Position 01	Status 4	Protection	2 Deploy ment	- 6	Switch Status	3	1 P	ath	1		1			
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R			OF IA HOS	SPITAL				JOHNSON C	E	INCE						
D	Unit No. 002	Name	· Last IMIG		First DAN	Δ			Phone # (309) 7	755-65°	15					
Ŗ			Seating	Intun				TAI-bas		Ejection Ejection			on Trapped			
¦	Sex MALE		Position 01	Injury Status 5	Occupant Protection	Airbag 2 Deploy	- 5	Airbag Switch	9 Ejection		jecuon ath	1	Irappeo	1		
E	Transported t			<u> </u>		ment		Status ransported by					<u></u>			
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╙		LON		Т	D.1 (= :		I	16:56	Hrs.			Τ/	. 10	Hrs.		
	ame of Agency FOWA STA'	re e	ATROL - DI	ST 12	Date of Report 09/18		Investiga 	tion made at scene? UNK	T.I.#							
_	port Reviewed		1/1		Date Reviewed		Barad C	iven to All Drivers?	Other Task	ajaal lawast	ination 1	ann.				
	KASZINSK	•	AVE		09/20		Uchoir G	UNK	Other Tech	ncar myesi	ryauun A	nyency				

Fort 1-01	n 420037 ACCTDE	ENT_DATE:	09/1	8/2005	AC	CIDENT	TIME: 16:	:50	ACCIDENT 1	NUMBE	R: 52	42433 P	AGE 5 OF 6					
D	Unit No.	Name - Last		· · · · · · · · · · · · · · · · · · ·			First				Phone #							
R I V	003 Sex MALE	HARRIGA Seating Position	01	Injury Status		Ccupant rotection	Airbag Deploy- ment 5		Airbag Switch Status 9	Ejectio) 422-2364 Ejection Path	Trapped					
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D R	Unit No.	Name - Last				First			<u>-</u>									
I V	Sex Transporter	Seating Position		Injury Status		Protection	Airbag Deploy- ment		Airbag Switch Status	Ejectio	on	Ejection Path	Trapped					
E R	,								Transported by									
D R	Unit No.	Name - Last					First .				Phone a	# ·						
I V	Sex	Seating Position		Injury Status		occupant Protection	Airbag Deploy- ment		Airbag Switch Status	Ejection	on .	Ejection Path	Trapped					
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D R	Unit No.	Name - Last					First				Phone :	#						
I V	Sex	Seating Position		Injury Status		Occupant Protection	Airbag Deploy- ment		Airbag Switch Status	Ejection	on	Ejection Path	Trapped					
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D R	Unit No.	Name - Last		1.			First				Phone :							
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ACCIDENT DATE: 09/18/2005 ACCIDENT TIME: 16:50 ACCIDENT NUMBER: 5242433 PAGE 6 OF 6 Form 420032 2-01

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P		Name - Last MARTINEZ	;			First	JESSIC	 A			Middle				Suffix			
R	}	Address 1510 LEE	DR #1	.71					Ci B	ity SELLEV	UE			State NE	Zip	Code		
ON	N	Date of Birth 01/01/1990	Sex FEMAL	E Unit No.	Seatin Positio	g on 04	Injury Status	4 Occupa		2 Airb Dep	loy- 6	Airbag Switch Status	3	Ejection 1	Ejeci Path		Trapped 1	
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	E D	NON-MOTORIS	т	Туре	Location		Action	Conditio	n		fety uipment		Contribut Circumst			Unit No. Vehicle		
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R S O		Address 552 36TH	AVE					···	Çi	ity :AST M	OLINE State			State IL	Zip	Code 612	14	
N	N	Date of Birth 11/06/1992		E Unit No.	Seatin Positio	9 on 03	Injury Status	4 Occupa	ion	mer	loy-5 nt	Airbag Switch Status		Ejection 1	Eject Path		Trapped 1	
	U R	Transported to UNIVE		Transported by JOHNSON COUNTY AMBULANCE														
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R S O		Address ST AMBRO	SE UNI				C	ity AVENP	ORT			State IA	Zip Code					
N	I N	Date of Birth	Sex MALE	Unit No. 003	Seatin Positio	g on 06	Injury Status	4 Occupa	ent ion	2 Airb Dep	loy- 5	Airbag Switch Status	9 .	Ejection 1	Eject		Trapped 1	
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RSO	- 1	Address							ity	•			State	Ziţ	Code			
Ň	N	Date of Birth	Sex	Unit No.	Seatin Positio		Injury Status	Occup Protec		Airb Dep mer	loy-	Airbag Switch Status		Ejection	Ejec Path		Trapped	
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R		Address				<u> </u>			С	ity	<u>I</u>		State	Zij	Code			
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