MARS 5/00

MAIL REPORTS TO: lowa Department of Transportation Office of Driver Services P.O. Box 9204 Des Moines, Iowa 50306-9204



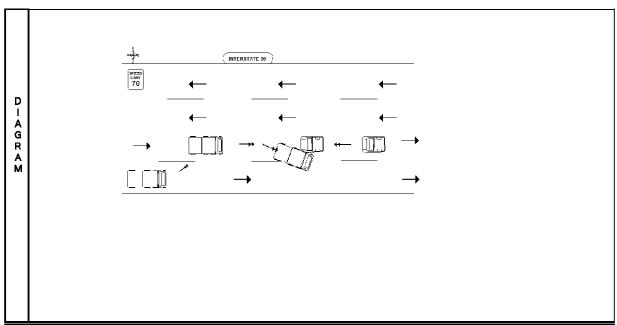
Iowa Department of Transportation INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:							
130886							

	Des Molles	, 10##8 500	300-320-1					IVIO	OR VER					Legal Interventi	on?	Privat Prope	
l ∟	Date of Accident 9/21/2013	Time of A 00:35	ccident Hrs.	County CEDAR	- 16				Accident or	curred with	in corp	orate limits	of (city)	Location I			n
ō	If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A"												IAIL	,0			
CA	On Road, Street, or Highway: "N/A" At Intersection with: "N/A"																
T	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact											Y (C	01	205466			
O N	location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary. Distance Direction Distance Direction												X-Coordinate: 00654665 Y-Coordinate: 04612116				
'`	"N/A"								"N/A"		of			If Divided			de Route
	Milepost Number "N/A"			Or		Deimable ir "N/A"	iterseci	LIOTI, DITA	ge, or railroad	a crossing				(Calulla) Havel	"N/A"	II.
	Driver's Name - Last First EUGENE							Middle FREDERICK					Horne/ (614)	Home/Cell Phone Number (614) 906-1133			
	Address 2602 MEDARY AVE							City COLUMBUS				SI O	ate H	Zip 43 :	202		
	Date of Birth Driver's License Number 10/13/1969 TZ463810							Citation Charge Code 1 Citation					arge 1				
	Gender MALE	State Class Endorsements Restrict OH A NONE NONE											arge 2				
	Alcohol Test	Drug Test				INONE	Citation Charge Code 3 Citation Charge 3										
	Given? 1 - NONE	Test Res		Given? 1 - NONI	.	Test Resu	ilts:	Citation	Charge Coo	le 4		Citation Ch	arge 4				
U	Seating Position	01 Inju	ıry Status	5 Occ	cupant F	Protection	2 Ai	rbag Dep	loyment 5	Airbag S	witch S	Status 9	Ejection	1 Ejectio	n Path	1 Tra	apped 1
N T 001	Transported to:							Transported by:									
	Owner's Name - I	Last		First				Middl	e		Suffix Owner Comp			npany Name	pany Name		
	Address 1515 GOSTLIN	N ST					O H	ity IAMMO	ND			St IN	ate I	Zip 46327			
	Insurance Co. Na PROTECTIVE		NCE				lr IL	surance	Policy # 103234					License F 209406		State IN	Year 2014
	VIN No. 4V4NC9TJ49N28	31245	Year 200 9		.vo - ¹	VOLV	•	Model S				EPER	Tow#		pproxima Repair		
	Initial Travel	Vehicle Action C	- 1	Speed	Poir	nt of	99	Most D	amaged	Extent o	of .	Unde	erride/	Private?		eplace 310,000	100
	Total	Traffic		Vehicle	10	Cargo B		Area Ve	nicle	Driver		Visior Obsc	1	Contribut Driver (up	ing Circu	ımstance	es,
	Occupants 2 SEQUENCE OF	Control		Config. Everit 21	10	Type Second B		De	Third Even	Condition		h Everit		Driver (up			
	Commercial Trail License Plate #		ached to wer Unit:	T2820	17	Si IL		Year 2014	Attached to Trailer Unit		90	S II	tate Year V 201 4	Emerg Vehicle			mergency tatus 3
	Carrier Name FEDEX GROU	IND PAC	CKAGE	SYSTER	/ INC			OSTLI	N ST.			City			State IN	Zip 4632	77
	US DOT # 265752		/IC#		Nu	mber Axles 3		Gros	s Vehicle aht Rating			Placard#				Materials	
	Driver's Name - L	.ast		Fir	st				Middle				Suffix	Home	Cell Pho	ne Numl	ber
	Address 1848 W 6TH S	т		W				L ity				(563) 209-3602 State Zip IA 52802					
	Date of Birth	Driver's L		lumber				Citation Charge Code 1				Citation Charge 1			SUZ	-	
	06/11/1943 Gender	584YY7 State	Class	Endo	rsemen	nts Restric	tions	Citation Charge Code 3				Citation Charge 2					
		IA (с Т	NON		NONE	<u> </u>	Citation Charge Code 3 Citation Charge					arge 3				
	Alcohol Test Given? 1 - NONE	Test Res	sults:	Drug Test Given? 1 - NONI		Test Resu	ılts:	ts: Citation Charge Code 4				Citation Charge 4					
lυ	Seating Position	01 Inju	ıry Status			Protection	2 Ai	rbag Dep	loyment 9	Airbag S	Witch 9	Status 9	Ejection	1 Ejectio	n Path	1 Tra	apped 1
Ņ	Transported to UNIVERSITY OF IOWA HOSPITAL								Transported by:								
	Owner's Name - Last First							Middle Sutto									
١٠٠٠	## Address 1848 W 6TH ST							City DAVENDORT				St	ate	Zip	302		
"	Insurance Co. Name							DÄVENPORT					License F 965NNL	Plate #	State	Year 2014	
	VIN No. Year Make							10478248-0 ´ Model				Style			A		ate Cost
	1FTZF17WXWK0	Vohiclo	1998	Speed	Poir	nt of			amaned	Extent o			erride/	YES Private?		Replace	
	Direction 4 Total	Action C		imit 70 Vehicle		al Impact Cargo B	08 08	Area Ve	08	Damage Driver		Over Visior	1	Contribut	ing Circu	5,000.0 umstance	9S,
	Occupants 1	cupants 1 Controls 99 Config. 02 QUENCE OF EVENTS First Event 21				Type Second t		De	Defect 01 Condition					Driver (up to two) 06 st Harmful Event (by vehicle) 21			
	Commercial Trailer Attached to State							Year Attached to State Year					Emerg	ency	Er	mergency	
	License Plate # Power Unit Carrier Name Addr							Trailer Unit: Ses City					Vehicle Type 1 Status 3 State Zip				
1						rriber			Gross Vehicle			Placard#			Hazardous Materials		
ACC	DENT ENVIRONM	1ENT			of A	Axles			ght Rating RACTERIST	ICS	1840	DK70NE I	RELATED?	Rel SEQUEN	eased?	EVENTO	
	ion of First Harmfu		1 w	eather Co	nditions	N	1ajor C	ontributir ironmen	ig Circumstai	1005 1005: 1		RKZONE I N (ation	D				
Mann	er of Crash/Collision		7 (u	p to two)		01	Roa	adway		01	Тур	е	· · · · · · · · · · · · · · · · · · ·	First Hari (use cod			ash 21
	Conditions		6 St	urface Cor	ullions	1 I⊺	VDE 01	r vadWa	/ Junction/Fe	ature 01	 VVOI 	rkers Prese	ant?				

130886

Form #:



NARRATIVE

Describe what happened (refer to vehicles by number)

UNIT 1 WAS TRAVELING EAST ON INTERSTATE 80. UNIT 1 WAS FOLLOWING ANOTHER TRACTOR/TRAILER IN THE SOUTH (EB) LANE. DRIVER OF UNIT 1 MERGED TO THE NORTH (EB) LANE BECAUSE THE OTHER TRACTOR TRAILER WAS SIGNALING HE WAS PULLING TO THE SOUTH (EB) SHOULDER. ONCE UNIT 1 PASSED THE OTHER TRACTOR/TRAILER, HE NOTICED UNIT 2 TRAVELING WEST IN THE NORTH (EB) LANE. TRYING TO AVOID UNIT 2, UNIT 1 TURNED SHARPLY TO GET INTO THE SOUTH (EB) LANE. UNIT 2 STRUCK THE SIDE OF UNIT 1'S FIRST AND SECOND TRAILER. UNIT 2 CAME TO REST ON THE NORTH (EB) SHOULDER, PARTIALLY IN THE ROADWAY. UNIT 1 WAS ABLE TO KEEP CONTROL OF HIS TRACTOR/TRAILER AND MERGE ONTO THE SOUTH (EB) SHOULDER.

LOCATION WAS APPROX. 265-265.5 MM EAST BOUND.

Officer FIELDS MATT	Badge No. 16-35	Time Officer 00:38	Notified of Acci	dent Hrs.	Time Officer Arrive 00:52	ed At Scene Hrs.	
Name of Agency CEDAR COUNTY SHERIFF'S OFFICE	Date of Report 09/22/2013	Investiga made at		T.I.#			
Report Reviewed By: POWERS, VICKIE	Date Reviewed 01/22/2014	Agency : 130886		Other Technical I			

130886