

**INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT**

Form 4433003 (11-13)

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

Law Enforcement Case Numbers:

2016011314

Date of Accident 05/05/2016		Time of Accident 00:15 Hrs.		County POLK - 77		Accident occurred within corporate limits of (city)														
U N I T 1	Driver's Name - Last SYED					First AMEENUDDIN					Middle									
	Address 313 NE 51ST ST					City ANKENY					State IA	Zip 50021-0000								
	Date of Birth 05/01/1984		Driver's License Number 564AG8750			CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1 IMPROPER USE OF MEDIAN, CURB, OR A			Citation Charge 2 RECKLESS DRIVING										
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class C	Endorsements NONE		Restriction B	Citation Charge 3			Citation Charge 4										
	Alcohol Test Given: 3		Test Results: .156		Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:											
	Owner's Name - Last SYED					First AMEENUDDIN					Middle									
	Address 313 NE 51ST ST					City ANKENY					State IA	Zip 50021-0000								
	License Plate No. CRH029		State IA	Year 2016	VIN: 4T1BF3EK9BU123757		Color SIL	Year 2011	Make TOYO	Model CAMRY/SE/LE/X	Style 4D									
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow # 2610341	Towed To RICKS TOWING		Approx. Cost to Repair or Replace \$5,000.00									
	Insurance Company Name COUNTRY					Insurance Co. Phone Number (515) 251-8891			Insurance Policy Number P14A5553789											
Initial Travel Direction 02		Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 12	Most Damaged Area 11	Extent of Damage 5	Total Occ. in Veh. 1											
Special Veh. Func 01	Emergency Status 01		Bus Use	Driver Condition 06	Vision Obscured 01	Contributing Circumstances Driver (up to two) 08,13		Driver Distractions 02	Speed Limit 65											
Traffic Controls 11	Horizontal Alignment 01		Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 98	Second Event 36	Third Event	Fourth Event	Most Harmful Event 36											
C O M M E R C I A L	Carrier Name/Lessee																			
	Street Address					City					State	Zip Code								
	Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number		Override/Override 3 - UNDERRIDE, NO										
	Haz Mat Involvement		Haz Mat Placard	Placard Number	Haz. Mat Released		Haz Mat Class	Haz Mat Name												
	Trailer Plate:		State	Year	VIN		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute				
	Trailer Plate:		State	Year	VIN															
Converter Dolly		Dolly Plate:	Stat	Plate Yea	VIN		4	03	04	2	01	1	03	01						
P E R S O N S I N J U R E D	DRIVER OF UNIT 1					Phone Number: (571) 354-9180														
	Transported to: MERCY					Transported by: URBANDALE EMS														
	Name					Phone Number					DOB:									
	Address					Transported to:					Transported by:									
	Name					Phone Number					DOB:									
	Address					Transported to:					Transported by:									
	Name					Phone Number					DOB:									
	Address					Transported to:					Transported by:									
	Name					Phone Number					DOB:									
	Address					Transported to:					Transported by:									

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Date of Accident 05/05/2016		Time of Accident 00:15 Hrs.		County POLK - 77			Accident occurred within corporate limits of (city)												
UNIT 2	Driver's Name - Last						First			Middle									
	Address						City			State	Zip								
	Date of Birth		Driver's License Number			CDL	Citation Charge 1			Citation Charge 2									
	Male <input type="radio"/>	Female <input type="radio"/>	State	Class	Endorsements NONE	Restriction NONE	Yes <input type="radio"/>	No <input type="radio"/>	Citation Charge 3			Citation Charge 4							
	Alcohol Test Given:		Test Results:		Drug Test Given:		Test Result:		Re-exam: Yes <input type="radio"/>		No <input type="radio"/>	Reason for Re-Exam Request:							
	Owner's Name - Last JENSEN CONSTRUCTION COMPANY						First			Middle									
	Address 5550 NE 22ND						City DES MOINES			State IA	Zip 50313								
	License Plate No.		State	Year	VIN: KMTPC243C02450039			Color YEL	Year 2008	Make KOMA	Model PC210LC10	Style BACKHOE							
	Trailer Plate No.		State	Year	VIN:			Tow 1	Tow #		Towed To	Approx. Cost to Repair or Replace \$100.00							
	Insurance Company Name ARCH INSURANCE						Insurance Co. Phone Number (515) 240-3775			Insurance Policy Number									
Initial Travel Direction 04		Veh. Act. 12	Veh. Config. 35	Cargo Body Type 98		Veh. Defect 01	Point of Initial Impact 06		Most Damaged Area 06	Extent of Damage 2	Total Occ. in Veh.								
Special Veh. Func. 01		Emergency Status 01		Bus Use	Driver Condition	Vision Obscured		Contributing Circumstances Driver (up to two) 88			Driver Distractions 01	Speed Limit 60							
Traffic Controls 11		Horizontal Alignment 01		Vertical Alignment 01		SEQUENCE OF EVENTS	First Event 35	Second Event 33	Third Event	Fourth Event	Most Harmful Event 33								
COMMERCIAL	Carrier Name/Lessee																		
	Street Address						City			State	Zip Code								
	Number of Axles		Gross Vehicle Weight Rating				US DOT Number		MC Number		Override/Override 5 - OVERRIDE, MOVING VEHICLE								
	Haz Mat Involvement		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class				Haz Mat Name							
	Trailer Plate:		State	Year	VIN			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute		
	Trailer Plate:		State	Year	VIN														
Converter Dolly		Dolly Plate:		Stat	Plate Yea	VIN													
PERSONS INJURED	DRIVER OF UNIT 2						Phone Number: (515) 240-3775												
							Transported to:												
	Name						Phone Number			DOB:									
	Address						Transported to:												
	Name						Phone Number			DOB:									
	Address						Transported to:												
	Name						Phone Number			DOB:									
	Address						Transported to:												
Name						Phone Number			DOB:										
Address						Transported to:													

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Law Enforcement Case Numbers:	
2016011314	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: 77	Route: _____
X Coordinate: 437053.94	
Y Coordinate: 4611373.85	
If Divided Highway, Provide Route (Cardinal) Travel Direction	
NB	SB
EB	WB
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

LOCATION	Date of Accident 05/05/2016	Time of Accident 00:15 Hrs.	County POLK - 77	Accident occurred within corporate limits of (city)
	Literal Description INTERSTATE 35 AND 100TH ST			
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWN </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city			
	On Road, Street or Highway:		At Intersection with:	
	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. of			
	<div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWN </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWN </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>			
Milepost Number	Definable intersection, bridge, or railroad crossing			

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS				Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute
Location of First Harmful Event	01	Weather Conditions (up to two)		Major Contributing Circumstances Environment	01													
Manner of Crash/Collision	03	01		Roadway	05													
Light Conditions	5	Surface Conditions		Type of Roadway Junction/Feature	01													
FRA No.																		

First Harmful Event (Crash)	36	WORKZONE RELATED?	<input checked="" type="radio"/>	Yes	<input type="radio"/>	No	Activity	01	Location	04	Type	03	Workers Present	05													
NONMOTORISTS	Name 001								Phone Number				DOB:														
	Address:								Alcohol Test Given				Test Results:		Drug Test Given		Result		Charged		Yes		No				
	Transported to:								Transported by:																		
DRIVERS	Name								Phone Number				DOB:														
	Address:								Alcohol Test Given				Test Results:		Drug Test Given		Result		Charged		Yes		No				
	Transported to:								Transported by:																		

PROPERTY	If Property other than vehicles damaged explain	Object Damaged															Estimate of Damage
	Owner's Last Name	First Name				Middle Name				Phone Number							
	Address				City				State		Zip Code		Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown				
	If Property other than vehicles damaged explain	Object Damaged															Estimate of Damage
PROPERTY	Owner's Last Name	First Name				Middle Name				Phone Number							
	Address				City				State		Zip Code		Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown				

WITNESSES	Last Name	First Name	Address				City		State	Zip Code	Phone Number
	Last Name	First Name	Address				City		State	Zip Code	Phone Number
	Last Name	First Name	Address				City		State	Zip Code	Phone Number
	Last Name	First Name	Address				City		State	Zip Code	Phone Number
	Last Name	First Name	Address				City		State	Zip Code	Phone Number

Signature of Officer BOGDANSKI S				Badge Number 061		Time Officer Notified of Accident 00:15 Hrs.		Time Officer Arrived At Scene 00:18 Hrs.	
Name of Agency IOWA STATE PATROL - DIST 01				Date of Report 05/05/2016		Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>		T.I. No.	
Report Reviewed By Halverson, D				Date of Review 06/09/2016		Report given to all Drivers? Y <input checked="" type="radio"/> N <input type="radio"/>		Other Technical Investigating Agency	

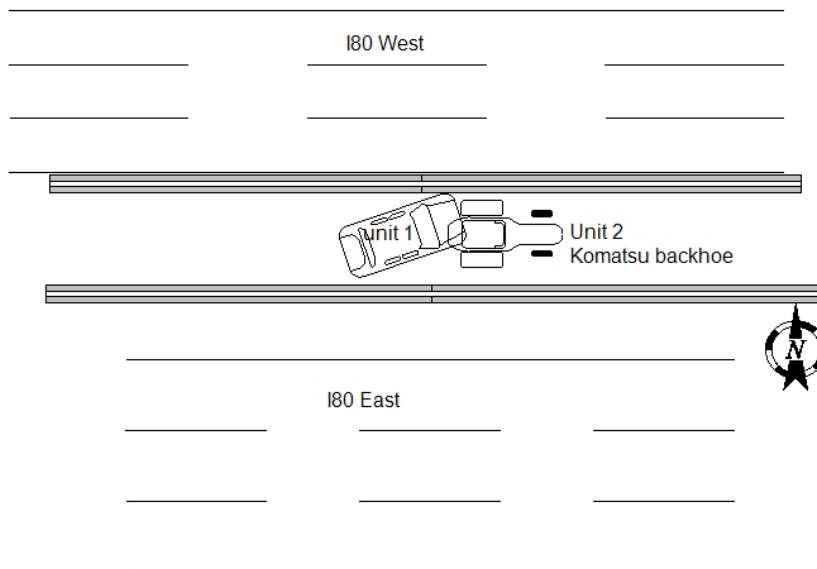
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THERE WAS A BROADCAST FROM WESTCOM RADIO IN REFERENCE TO A MOTOR VEHICLE TRAVELING NORTHBOUND IN THE SOUTHBOUND LANES OF INTERSTATE 35 FROM THE 70 MM OF INTERSTATE 35. UNIT 1 CONTINUED TO TRAVEL NORTHBOUND IN THE SOUTHBOUND LANES WHEN IT ENTERED THE CONSTRUCTION ZONE AT THE 128 MM OF INTERSTATE 80. UNIT 1 PASSED BETWEEN THE CONCRETE BARRIERS IN THE CONSTRUCTION ZONE AND STRUCK A LEGALLY PARKED BACKHOE WITHIN THE CONSTRUCTION AREA. UNIT 1 PASSED UNDER THE BACKHOE AND CAME TO REST WITH THE DRIVER IN THE VEHICLE. DRIVER OF UNIT 1 WAS TRANSPORTED TO MERCY HOSPITAL WHERE HE WAS THEN PROCESSED FOR OPERATION OF A MOTOR VEHICLE WHILE INTOXICATED. CHARGES ARE STILL PENDING.