

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 5

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:
2021025947

Date of Accident 10/23/2021	Time of Accident 20:25 Hrs.	County BENTON - 06	Accident occurred within corporate limits of (city)																																																																									
UNIT 1 Driver's Name - Last VIET Address 312 EAST 5TH ST Date of Birth 05/19/1978 Driver's License Number 773AK7584 CDL Yes <input type="radio"/> No <input checked="" type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> State IA Class C Endorsements Restrictions B Alcohol Test Given: 2 Test Results: Drug Test Given: 2 Test Result: Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/> Reason for Re-Exam Request: Owner's Name - Last VIET Address 312 EAST 5TH ST License Plate No. JRF094 State IA Year 2022 VIN: 5YFBURHE7HP657803 Color GRY Year 2017 Make TOYT Model COROLLA Style 4DR Trailer Plate No. State Year VIN: Tow 3 Tow # 3176982 Towed To TEGELERS TOWING Approx. Cost to Repair or Replace \$20,000.00 Insurance Company Name FARM BUREAU MUTUAL Insurance Co. Phone Number (319) 519-6885 Insurance Policy Number 7322832 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 12 Extent of Damage 5 Total Occ. in Veh. 4 Special Veh. Func. 01 Emergency Status 01 Bus Use Driver Condition 98 Vision Obscured 01 Contributing Circumstances Driver (up to two) 13 Driver Distractions 10 Speed Limit 65 Traffic Controls 07 Horizontal Alignment 01 Vertical Alignment 01 SEQUENCE OF EVENTS 94 First Event 33 Second Event Third Event Fourth Event Most Harmful Event 33		Citation Charge 1		Citation Charge 2																																																																								
		Citation Charge 3		Citation Charge 4																																																																								
		City OLON		State IA	Zip 52333																																																																							
		Middle ANN																																																																										
COMMERCIAL Carrier Name/Lessee Street Address City State Zip Code Number of Axles Gross Vehicle Weight Rating US DOT Number MC Number Underride/Override 1 - NONE Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name Trailer Plate: State Year VIN Trailer Plate: State Year VIN Converter Dolly Dolly Plate: State Plate Year VIN Sex Seating Position Injury Status Occupant Protection Airbag Deployment Ejection Ejection Path Trapped/extricated Source of Transport Died at scene/enroute																																																																												
PERSONS INVOLVED <table border="1"> <tr> <td colspan="2">DRIVER OF UNIT 1</td> <td colspan="2">Phone Number: (720) 329-7764</td> <td colspan="2">Transported to: ST. LUKES HOSPITAL</td> <td colspan="2">Transported by: AREA AMBULANCE</td> </tr> <tr> <td>Name 002 PRESSLER JOSIE AUSTIN</td> <td>Phone Number (720) 329-7764</td> <td>DOB: 12/29/2013</td> <td>F</td> <td>04</td> <td>3</td> <td>09</td> <td>04</td> </tr> <tr> <td colspan="2">Address 312 EAST 5TH STRE SOLON IA 52333</td> <td colspan="2">Transported to: ST LUKES</td> <td colspan="4">Transported by: AREA AMBULANCE</td> </tr> <tr> <td>Name 003 PRESSLER ELLA RAE</td> <td>Phone Number (720) 329-7764</td> <td>DOB: 11/19/2008</td> <td>F</td> <td>03</td> <td>3</td> <td>03</td> <td>05</td> </tr> <tr> <td colspan="2">Address 312 EAST 5TH STRE SOLON IA 52333</td> <td colspan="2">Transported to: ST.LUKES</td> <td colspan="4">Transported by: AREA AMBULANCE</td> </tr> <tr> <td>Name 004 SAUER KATHERINE ROSE</td> <td>Phone Number (501) 952-3735</td> <td>DOB: 2/26/2009</td> <td>F</td> <td>06</td> <td>3</td> <td>03</td> <td>05</td> </tr> <tr> <td colspan="2">Address 1842 PINEBROOK C SOLON IA 52333</td> <td colspan="2">Transported to: ST. LUKES</td> <td colspan="4">Transported by: AREA AMBLUANCE</td> </tr> <tr> <td colspan="2">Name</td> <td>Phone Number</td> <td>DOB:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Address</td> <td colspan="2">Transported to:</td> <td colspan="4">Transported by:</td> </tr> </table>					DRIVER OF UNIT 1		Phone Number: (720) 329-7764		Transported to: ST. LUKES HOSPITAL		Transported by: AREA AMBULANCE		Name 002 PRESSLER JOSIE AUSTIN	Phone Number (720) 329-7764	DOB: 12/29/2013	F	04	3	09	04	Address 312 EAST 5TH STRE SOLON IA 52333		Transported to: ST LUKES		Transported by: AREA AMBULANCE				Name 003 PRESSLER ELLA RAE	Phone Number (720) 329-7764	DOB: 11/19/2008	F	03	3	03	05	Address 312 EAST 5TH STRE SOLON IA 52333		Transported to: ST.LUKES		Transported by: AREA AMBULANCE				Name 004 SAUER KATHERINE ROSE	Phone Number (501) 952-3735	DOB: 2/26/2009	F	06	3	03	05	Address 1842 PINEBROOK C SOLON IA 52333		Transported to: ST. LUKES		Transported by: AREA AMBLUANCE				Name		Phone Number	DOB:					Address		Transported to:		Transported by:			
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Sheet 2 of 5

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:

2021025947

Date of Accident 10/23/2021		Time of Accident 20:25 Hrs.		County BENTON - 06		Accident occurred within corporate limits of (city)													
UNIT 2	Driver's Name - Last DEVORE					First KEAGAN					Middle JAY								
	Address 1427 4TH STREET					City DES MOINES					State IA		Zip 50314						
	Date of Birth 12/29/2001		Driver's License Number 967AL1848			CDL Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 1			Citation Charge 2								
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	Citation Charge 3			Citation Charge 4									
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:								
	Owner's Name - Last DEVORE					First KEAGAN					Middle JAY								
	Address 1427 4TH STREET					City DES MOINES					State IA		Zip 50314						
	License Plate No. KHZ091		State IA	Year 2021	VIN: 1B3CC5FD3AN205667		Color BLK		Year 2010	Make DODG		Model AVENGER		Style 2 DR					
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow # 3176983		Towed To TEGELERS TOWING		Approx. Cost to Repair or Replace \$10,000.00							
	Insurance Company Name STATE FARM					Insurance Co. Phone Number (515) 280-9000			Insurance Policy Number 2009260D1815D										
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 12		Most Damaged Area 12		Extent of Damage 5		Total Occ. in Veh. 2							
Special Veh. Func. 01		Emergency Status 01		Bus Use	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 88			Driver Distractions 02		Speed Limit 65							
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 01	SEQUENCE OF EVENTS		First Event 33	Second Event	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		Underride/Override 1 - NONE								
	Haz Mat Involvement		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class		Haz Mat Name									
	Trailer Plate:		State	Year	VIN			Sex MALE	Seating Position 2	Injury Status 03	Occupant Protection 04	Airbag Deployment 2	Ejection 01	Ejection Path 3	Trapped/extricated 02	Source of Transport 01	Died at scene/enroute		
	Trailer Plate:		State	Year	VIN														
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN												
PERSONS INVOLVED	DRIVER OF UNIT 2				Phone Number:				2		03	04	2	01	3	02	01		
					Transported to: UNIVERSITY IOWA HOSPITAL				Transported by: UI AIR AMBULANCE										
	Name 001 PURKEYPILE		BROOKLYN		JO	Phone Number (515) 867-0214		DOB: 4/5/2003 12		F	03	3	03	04	2	01	2	03	01
	Address 420 BELL AVE				DESMOINES	IA	50315		Transported to: ST.LUKES				Transported by: AREA AMBULANCE						
	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:											

Law Enforcement Case Numbers:

2021025947

Date of Accident 10/23/2021		Time of Accident 20:25 Hrs.		County BENTON - 06		Accident occurred within corporate limits of (city)												
UNIT 3	Driver's Name - Last RODRIGUEZ					First RAMON					Middle ALFREDO,UBAY							
	Address 201 E GRACE ST					City TOLEDO					State IA		Zip 52342-0000					
	Date of Birth 07/20/1967		Driver's License Number 907AL4459		CDL	Citation Charge 1				Citation Charge 2								
	Male	Female	State IA	Class C	Endorsements		Restrictions	Yes	No	Citation Charge 3				Citation Charge 4				
	Alcohol Test Given: 1	Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes		No	Reason for Re-Exam Request:							
	Owner's Name - Last RODRIGUEZ					First RAMON					Middle ALFREDO,UBAY							
	Address 201 E GRACE ST					City TOLEDO					State IA		Zip 52342-0000					
License Plate No. KAX575		State IA	Year 2021	VIN: 3FADP4EJ2EM111939			Color SIL		Year 2014	Make FORD		Model FIE		Style HB				
Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 3176984		Towed To MADORINS TOWING			Approx. Cost to Repair or Replace \$3,000.00					
Insurance Company Name ROOT INSURANCE					Insurance Co. Phone Number (866) 980-9431			Insurance Policy Number KLQDT7										
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 11		Most Damaged Area 11		Extent of Damage 4		Total Occ. in Veh. 01					
Special Veh. Func 01		Emergency Status 01		Bus Use	Driver Condition 01		Vision Obscured 01		Contributing Circumstances Driver (up to two) 88			Driver Distractions 02		Speed Limit 65				
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 01		SEQUENCE OF EVENTS		First Event 96	Second Event	Third Event	Fourth Event	Most Harmful Event 96						
COMMERCIAL	Carrier Name/Lessee																	
	Street Address					City					State	Zip Code						
	Number of Axles		Gross Vehicle Weight Rating				US DOT Number			MC Number		Underride/Override 1 - NONE						
	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:		State	Plate Year		VIN											
PERSONS INVOLVED	DRIVER OF UNIT 3			Phone Number:					5	03	03	2	01	1	01	01		
				Transported to: N/A													Transported by: N/A	
	Name			Phone Number			DOB:											
	Address					Transported to:					Transported by:							
	Name			Phone Number			DOB:											
	Address					Transported to:					Transported by:							
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	Address					Transported to:					Transported by:							

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 4 of 5

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:

2021025947

L O C A T I O N	Date of Accident 10/23/2021	Time of Accident 20:25 Hrs.	County BENTON - 06	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description US HWY 30 WB AT 242.12 MM					County: 06	Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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					X Coordinate: 594057.562	
	On Road, Street or Highway:			At Intersection with:		Y Coordinate: 4646337.5	
	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					If Divided Highway, Provide Route (Cardinal) Travel Direction	
<div style="display: flex; justify-content: space-around;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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>					<div style="display: flex; justify-content: space-around;"> NBSBEBWB </div> <div style="display: flex; justify-content: space-around;"> <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			
Location of First Harmful Event 01 Weather Conditions (up to two) _____				Major Contributing Circumstances Environment 01			
Manner of Crash/Collision 02 01				Roadway 01			
Light Conditions 5 Surface Conditions 01				Type of Roadway Junction/Feature 01			
FRA No. _____							
First Harmful Event (Crash)	WORKZONE RELATED?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present	
33							
N O N M O T O R I S T S	Name 001			Phone Number		DOB:	
	Address:			Alcohol Test Given		Test Results:	
	Transported to:			Drug Test Given		Result	
	Name			Phone Number		DOB:	
	Address:			Alcohol Test Given		Test Results:	
Transported to:			Drug Test Given		Result		
Name			Phone Number		DOB:		
Address:			Alcohol Test Given		Test Results:		
Transported to:			Drug Test Given		Result		
Name			Phone Number		DOB:		
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Transported to:			Drug Test Given		Result		
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INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Sheet 5 of 5

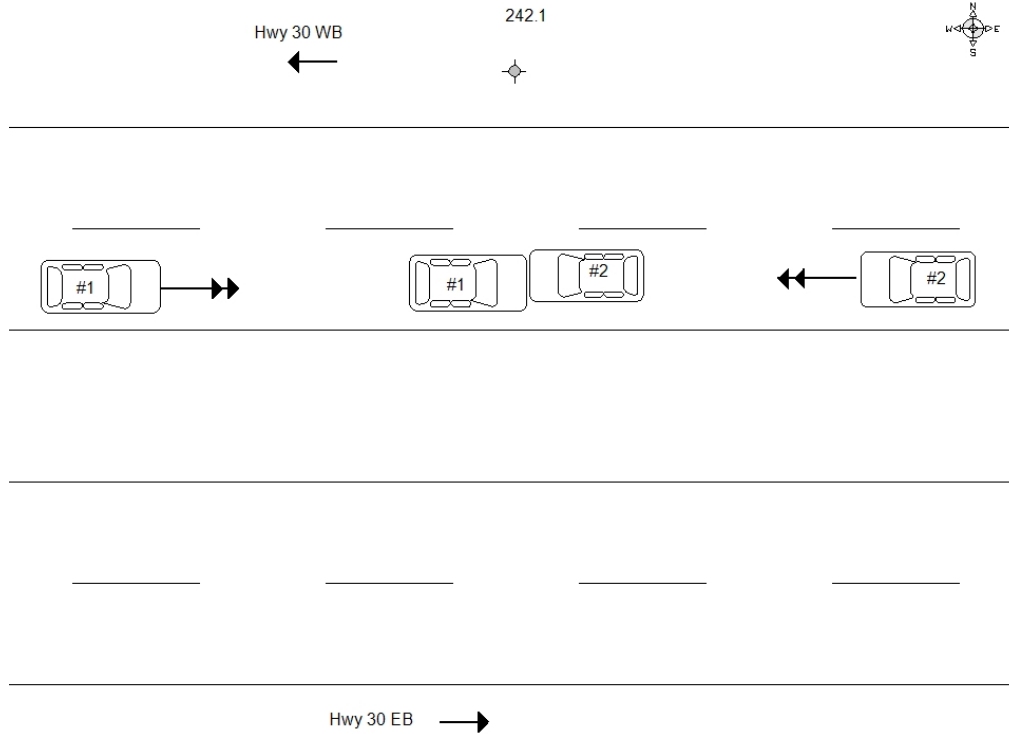
Form 4433003 (11-13)

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

Law Enforcement Case Numbers:

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Vehicle #1 was traveling the wrong way (east bound) in lane 1 of the west bound travel lanes of Hwy 30 near the 242.12 mile marker. Vehicle #2 was traveling west bound in lane 1 of Hwy 30. Vehicle #1 struck vehicle #2 head on.

Vehicle #3 struck vehicle debris in the roadway from vehicle #1 and vehicle #2.

**** Explain Driver Conditions for Unit #1: 98- Other
Confused, Odd Behavior, Lack Of Concern

**** Explain First Event for Unit 3: 96- Other Non-fixed Objects
Vehicle debris in roadway after collision

**** Explain Most Harmful Event for Unit 3: 96- Other Non-Fixed Objects
Vehicle debris in roadway after collision