Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT

Sheet 1 of 5

OF MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers: MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2021025947 Date of Accident Time of Accident Accident occurred within corporate limits of (city) 10/23/2021 20:25 **BENTON - 06** Driver's Name - Last First Middle VIET JULIE ANN Ν Address City State Zip 312 EAST 5TH ST 52333 SOLON IΑ T Date of Birth Citation Charge 1 Driver's License Number CDI Citation Charge 2 05/19/1978 773AK7584 1 Yes No Class Endorsements Citation Charge 3 Male Female State Restrictions Citation Charge 4 0 \odot Alcohol Test Given: Test Results: Drug Test Given: Test Result: Re-exam: Yes No Reason for Re-Exam Request: 2 \odot Owner's Name - Last First Middle JULIE ANN Address City State Zip 312 EAST 5TH ST SOLON IΑ 52333 License Plate No. VIN: Make State Year Color Year Model Style JRF094 2022 5YFBURHE7HP657803 GRY 2017 TOYT **COROLLA** 4DR Trailer Plate No. State VIN: Tow # Towed To 3176982 **TEGELERS TOWING** \$20,000.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number **FARM BUREAU MUTUAL** (319) 519-6885 7322832 Initial Travel Direction Cargo Body Type Veh. Act. Veh Defect Point of Initial Impact Most Damaged Area Extent of Damage Total Occ. in Veh. Veh. Config. 01 01 01 01 12 Special Veh. Func Emergency Status Bus Use Driver Condition Vision Obscured Contributing Circumstances Driver (up to two) Driver Distractions Speed Limit 13 01 98 01 10 65 Traffic Controls Horizontal Alignment Vertical Alignment First Event Second Event Third Event Fourth Event Most Harmful Event SEQUENCE 07 01 01 OF EVENTS 94 33 33 Carrier Name/Lessee C Street Address Citv State Zip Code O М М Number of Axles Gross Vehicle Weight Rating US DOT Number MC Number Underride/Override Ε 1 - NONE R Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name C I Trailer Plate: State VIN Year Α Source of Transport L Trailer Plate: State Year VIN Seating Position Status Converter Dolly Dolly Plate: State Plate Year VIN Phone Number: (720) 329-7764 03 06 01 03 01 Transported to: Transported by: DRIVER OF UNIT 1 Ε ST. LUKES HOSPITAL AREA AMBULANCE Name **002** Phone Number DOB: S F 01 01 04 09 04 2 03 PRESSLER (720) 329-7764 12/29/2013 **JOSIE AUSTIN** 0 Address Transported to: Transported by N 312 EAST 5TH STRE SOLON 52333 ST LUKES IΑ AREA AMBULANCE S N Name **003** Phone Number DOB: F 03 01 2 03 01 **PRESSLER** (720) 329-7764 11/19/2008 **ELLA** RAE Address Transported to: Transported by: ΝN 312 EAST 5TH STRE SOLON 52333 IA ST.LUKES AREA AMBULANCE Name **004** Phone Number DOB: F 06 3 03 05 2 01 2 03 01 SAUER **KATHERINE** (501) 952-3735 ROSE 2/26/2009 1 Address Transported to: Transported by: Ε 1842 PINEBROOK C SOLON IΑ 52333 ST. LUKES AREA AMBLUANCE Name Phone Number DOB: Address Transported to: Transported by:

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT

2 of Sheet Law Enforcement Case Numbers: 2021025947 Middle JAY State Zip IΑ 50314 Citation Charge 2 Citation Charge 4 Middle JAY Zip State IΑ 50314 Model Style AVENGER 2 DR approx. Cost to Repair or Replace \$10,000.00 Extent of Damage Total Occ. in Veh. Speed Limit 02 65 Fourth Event Most Harmful Event 33 State Zip Code Underride/Override 1 - NONE Source of Transport 03 04 01 02 01 01 01 03 04 03

OF MOTOR VEHICLE ACCIDENT MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 Date of Accident Time of Accident Accident occurred within corporate limits of (city) 10/23/2021 20:25 **BENTON - 06** Driver's Name - Last DEVORE **KEAGAN** Ν Address City 1427 4TH STREET **DES MOINES** T Date of Birth Driver's License Number CDI Citation Charge 1 12/29/2001 967AL1848 2 Yes No Male Female Class Endorsements Citation Charge 3 State Restrictions 0 Alcohol Test Given: Test Results: Drug Test Given: Test Result: Re-exam: Yes No Reason for Re-Exam Request: \odot Owner's Name - Last First DEVORE **KEAGAN** Address City 1427 4TH STREET **DES MOINES** License Plate No. VIN: Make State Year Color Year 1B3CC5FD3AN205667 KHZ091 2021 BLK 2010 DODG Trailer Plate No. State VIN: Tow # Towed To 3176983 **TEGELERS TOWING** Insurance Company Name Insurance Co. Phone Number Insurance Policy Number STATE FARM (515) 280-9000 2009260D1815D Initial Travel Direction Cargo Body Type Veh Defect Point of Initial Impact Veh. Act. Veh. Config. Most Damaged Area 01 01 01 01 12 Special Veh. Func Emergency Status Bus Use Driver Condition Vision Obscured Contributing Circumstances Driver (up to two) Driver Distractions 88 01 01 Traffic Controls Horizontal Alignment Vertical Alignment First Event Second Event Third Event SEQUENCE 01 01 01 OF EVENTS 33 Carrier Name/Lessee C Street Address City O М М Gross Vehicle Weight Rating US DOT Number MC Number Number of Axles Ε R Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name C I Trailer Plate: State VIN Year Α L Trailer Plate: State Year VIN Seating Position Injury Status Converter Dolly Dolly Plate: State Plate Year VIN Phone Number: Transported to: Transported by: DRIVER OF UNIT 2 Ε UNIVERSITY IOWA HOSPITAL **UI AIR AMBULANCE** Name **001** Phone Number DOB: S F 03 **PURKEYPILE** (515) 867-0214 4/5/2003 12 **BROOKLYN** JO 0 Address Transported to: Transported by: N 420 BELL AVE **DESMOINES** IΑ 50315 ST.LUKES AREA AMBULANCE S N Name Phone Number DOB: Address Transported to: Transported by: ΝN Name Phone Number DOB: 2 Address Transported to: Transported by: Ε D Name Phone Number DOB: Address Transported to: Transported by:

Form 4433003 (11-13)

Sheet 3 of 5

Law Enforcement Case Numbers:

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

MAI	L REPORTS TO: Id	owa De	partment	of Trans	sportat	ion, Offic	ce of Driver S	ervices, I	P.O. Box	9204, D	es M	oines, lo	wa 503	806-920	4				20210	2594	7			
		me of 0:25	Acciden Hrs		unty	N - 06				Accid	lent	occurre	d with	in corp	orate	e limits	of (c	ity)						
10/20	Driver's Name -		1113	.	11101	• 00				First									Middle	;				
U	RODRIGUEZ									RAMON								ALFREDO,UBAY						
N I	Address 201 E GRACE ST								City TOLEDO							State IA	'							
Т	Date of Birth 07/20/1967						Cita	tion Charge 1 Citation								Charge 2								
3		Vec No						lo Cita	ation Charge 3 Citation								ation	Charge	4					
	\odot \bigcirc	○ IA C ○ ●			ullet	-																		
	Alcohol Test Given: Test Results: Drug Test Given: Test Result:								Re-exam: Yes No Reason for Re-						r Re-Ex									
	Owner's Name RODRIGUEZ	vner's Name - Last DDRIGUEZ						First RAMON									Middle ALFREDO,UBAY							
	Address	dress					City									State Zip IA 52342-0000								
	201 E GRACE License Plate N		State	Year	VIN:	<u></u>				TOLEDO Color Ye				Year	ear Make				Model S2342-00			Style		
	KAX575				DP4EJ2	P4EJ2EM111939				SIL			2014 FC		ORD			FIE			нв			
	Trailer Plate No).	State	Year	VIN:					Tow # 3176984					owed TADOF		TOWI	**			to Repair or Replace			
	Insurance Company Name ROOT INSURANCE							Insurance Co. Phone Nu (866) 980-9431				Numbe	r Insurance Policy Nu KLQDT7				umber							
	Initial Travel Dir	rection	Veh. <i>A</i>		/eh. C	Config.	Cargo Bod	у Туре	Veh. [nt of Ini	tial Im		Most	Dama	iged /	Area	Extent	of Da	mage	Total 01	Occ. ii	n Veh.
	Special Veh. Fu	ınc E	_	cy Stat	us E	Bus Use	Driver Co	ndition	Vision 01	Obscui		Contrib 88	uting	Circum	stan	nces D	river (up to	two) D		Distrac		Speed 65	d Limit
	Traffic Controls		lorizonta	l Align	ment	Vertice	al Alignmer		QUENC			vent	Se	cond E	vent	Thir	d Eve	ent	Fourth		nt M	ost Ha		Event
	Carrier Name/L					10.		10.		- 0														
C O											City							State Zip Code						
M M	Number of Axles Gross Vehicle Weight Rating								US DOT Number MC Number							Underride/Override								
E R							1												1 - NONE					
С	Haz Mat Involvement Haz Mat Placard					Plac	Placard Number Haz. Mat Rele				eased Haz Mat Class			s Ha	Haz Mat Name									
A	Trailer Plate:	State Year		VIN												tion	ent			pe	Sort	route		
L	Trailer Plate:	State Year		VIN									Position	Injury Status Occupant Protection		eployment		Path	/extricated	of Transport	scene/enroute			
	Converter Dolly	,	Dolly	/ Plate:	:	State	Plate Yea	ar VIN						XeX		Seating F	Injury Status	ccupan	Airbag D	Ejection	Ejection	Trapped/	Source o	Died at s
						Phor	l ne Number:	l l						<u></u>		<u>σ</u>					ш 01			01
P E	DIAIVER OF OTHER						Transported to:									Transported N/A				by:				
R S	Name						Ph	one Nu	ımber		DOB:				r	N/A								
о О N _I	Address								Trans	Transported to:					7	 rans	ported	by:						
S	Name Phone Number								DOB:															
I U N N	Address							Trans	Transported to:					7	rans	ported	by:							
J I U T	Name					none Nu		DOB:																
R E ³	Address							Transported to:					1	Transported by:										
D E		· 							•							14113		Jy.						
	Name	ne Phone Number					ımber		DOB:															
	Address	dress						Transported to:						Transported by:										
	l									L														

INVESTIGATING OFFICER'S REPORT OF Sheet 4 of 5 Form 4433003 (11-13) MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers: 2021025947 MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 Time of Accident County Date of Accident Accident occurred within corporate limits of (city) Private I egal BENTON - 06 10/23/2021 20:25 Intervention? Property? 0 Literal Description County: Route: C **US HWY 30 WB AT 242.12 MM** 06 NE E SE S SW W NW
O O O O O of nearest city Α X Coordinate: If accident occurred outside of Т city limits show general vicinity 594057.562 ı On Road, Street or Highway: Y Coordinate: 0 4646337.5 N 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 neccessaryof If Divided Highway, Provide Route (Cardinal) Travel Direction N NE E SE S SW W NW N NE E SE S SW W NW WB NB SB FB ()Milepost Definable intersection, Number bridge, or railroad crossing Or 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 01 to crash) Struck by Unit No Light Conditions Surface Conditions 01 Safety Equipmen Type of Roadway Junction/Feature 01 Non-Motorist (prior 1 FRA No Source of Action (First Harmful Event (Crash) No Activity Location Workers Present Yes Туре WORKZONE Sex RELATED? (Name **001** DOB: Phone Number 0 Address: Alcohol Test Given Test Results: Drug Test Given Result Charged Yes No N M 0 Transported to: Transported by: Т 0 Name Phone Number DOB: R ı Address: Alcohol Test Given Test Results: Drug Test Given Result Charged Yes No S Т Transported to: Transported by: S NΡ Object Damaged Estimate of Damage If Property other than vehicles damaged explain O R Owner's Last Name First Name Middle Name Phone Number N O V P ΕE Address City State Zip Code Was owner or tenant notified? H_R = Yes 2 = No 9 = Unknown Estimate of Damage I T Object Damaged If Property other than Υ vehicles damaged explain Middle Name Owner's Last Name First Name Phone Number L D A M Address City State Zip Code Was owner or tenant notified? R G 1 = Yes 2 = No 9 = Unknown Zip Code Last Name First Name City Phone Number Address State **BERTELLI** TORRANCE 4195 MEADE PL SW **IOWA CITY** (319) 683-4433 W 52246 IA Last Name City State Zip Code Phone Number First Name Address MIXDORF 979 WANATEE CREEK ROAD CEDAR RAPIDS 52403 T TERRY Ν Last Name First Name Address City State Zip Code Phone Number Ε S State Last Name First Name Address Zip Code Phone Number City S State Last Name First Name Address City Zip Code Phone Number

Roadway Clearance Date

Roadway Clearance Time

Total Roadway Clearance Time

10/23/2021

23:00

002:30

T.I. No.

Time Officer Notified of Accident

Time Officer Arrived At Scene

Investigation made at scene?

N (

20:40

Y ()

Incident Clearance Date

Incident Clearance Time

Total Incident Clearance Time

10/23/2021

23:00

002:30

Other Technical Investigating Agency

Is This a Secondary Crash?

Signature of Officer

Report Reviewed By

Name of Agency

Snedden, D

TROOPER R AARHUS

N ()

IOWA STATE PATROL - DIST 11

Type of Primary Incident

Badge Number

Date of Report

Date of Review

10/23/2021

11/01/2021

058

Sheet 5 of 5

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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

D I A G	Hwy 30 WB
R A M	#1 #2 #2
	Hwy 30 EB —▶
N A R	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.
R A T I V E	**** 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
	Vehicle debris in roadway after collision