INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 5

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 SOLON IΑ 52333 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: .095 2 01 \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 Cargo Body Type Initial Travel Direction 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 Gross Vehicle Weight Rating US DOT Number MC Number Underride/Override Number of Axles 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	ddress 01 E GRACE ST							City TOLEDO								State IA	'							
Т	Date of Birth Driver's License Number CDL Cita 07/20/1967 907AL4459 Cita Cita Cita							tion Ch	narge	e 1					Cit	ation	Charge 2								
3		Ves No							lo Cita	tion Ch	narge	9 3					Cit	ation	Charge	4					
	\odot \bigcirc	● O IA C)	\odot								·									
	Alcohol Test Given: Test Results: Drug Test Given:					est Given:	Test Result: Re-exam: Yes No Reason for Re-Exam Re						Reque												
	Owner's Name RODRIGUEZ	- Last								First RAM	ON								Middle ALFREDO,UBAY						
	Address	ст															State			Zip					
	201 E GRACE License Plate N		State	Year	VIN:					Color	TOLEDO Ye				ear Make				IA Model		52342-0000 Style				
	KAX575		IA	2021	3FAI	DP4EJ2	EM111939		SIL					F	FORD			FIE		нв					
	Trailer Plate No. State Year VIN:									Tow # 3 3176984				owed TADOF	RINS TOWING			Approx. Cost to Repair o \$3,000.00			or Repla	r Replace			
	Insurance Company Name ROOT INSURANCE			· ·						Insurance Co. Phone Nu (866) 980-9431				Numbe	iber Insurance Policy Nu				umber						
	Initial Travel Direct		N Veh. Act. Veh. Co			Config.	onfig. Cargo Body Type Veh. D				Defect Point of Initial Impa								Extent of Damage			Total Occ. in 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	Street Address								City	City							State Zip Code								
M M	Number of Axles Gross Vehicle Weight Rating								US DOT Number MC Number								Underride/Override								
E R							1			acced Llow Mot Close				Haz Mat Name					1 - NONE						
С					Plac	Placard Number Haz. Mat Rele				leased Haz Mat Class			s Ha	naz wat name											
A	Trailer Plate:	State	State Year		VIN											tion				pe	oort	route			
L	Trailer Plate:	iler Plate: State Year VIN										Doeition		atus	Occupant Protection	eployment	Path	Path	/extricated	of Transport	scene/enroute				
	Converter Dolly	,	Dolly	/ Plate:	:	State	Plate Yea	ar VIN						Sex		Seating F	Injury Status	ccupan	Airbag D	Ejection	Ejection	Trapped/	Source o	Died at s	
						Phor	l ne Number:	l l						<u></u>		<u>ه</u> ح					ш 01			01	
P E	DRIVE	R O	F UNIT	Г 3			sported to:											ported	by:						
R S	Name					N/A	Ph	none Nu	ımber			DOE	3:			r	N/A								
о О N _I	Address									Trans	porte	ed to:				7	 rans	ported	by:						
S	Name						Ph	none Nu	ımber			DOE	3:												
I U N N	Address	ddress						Trans	Transported to:				Transported			by:									
J I U T	Name						Pł	none Nu	ımber			DOE	3:												
R E ³	Address							Transported to:					1	ransi	ported	pv.	by:								
D E															14113										
	Name						Ph	one Nu	ımber		DOB:														
	Address								Transported to:						 	ansported by:									
	l									L															

For	m 4433003 (11-13)		INV	ESTIGAT			R'S RE		OF							L	aw E	nforc	emen	She ot Cas	et 4 se Nu	of mber			
	IL REPORTS TO: Iowa	Departme	ent of Transp						Moines	s, Iowa	50306	-9204				2	20210	2594	7						
L	Date of Accident 10/23/2021		Accident Hrs.	County BENTON -		Accident occurred within corporate limits of (city)								Legal Private Property?											
0	Literal Description														County: Route:										
CA	US HWY 30 WB AT 242.12 MM											06													
T	If accident occurred outside of City limits show general vicinity										X Coordinate: 594057.562														
ı	On Road, Street or Highway: At Intersection with:									=	Y Coordinate:														
O N																		4646337.5							
IN		h is completely described above, use the space below to give the exact										f If Divided Highway, Provide Route													
	location from a mile	epost or o				dge, or railroad crossing, using two distances and directions if NW NE E SE S SV								ssary _e NW					way, Provide Route vel Direction						
								N NE E SE S SW W NW								,	NB	,	SB		В	WB	,		
	Milepost Definable intersection,										C)	0	(\mathcal{I}	C)								
	Number	Or	bridge,	or railroad c	crossing										_								_		
	ACCII	DENT EN	IVIRONME	ENT			ROADWA	Y CHAF	RACTE	ERISTI	ICS														
Locat	ion of First Harmful Eve	ent 01	Weather	Conditions (u	up to two)	Major C	ontributing (Circumsta	ances E	nvironn	ment 0	1					ct)				suces				
Mann	er of Crash/Collision	02		01		Roadwa	ay				0	1		Ġ		Φ	impa	ash)		+	rmsta	off	route		
Light	Conditions	5	Surface	Conditions	01	Type of	Roadway J	unction/F	eature		0	1		it No		t Typ	ior to	to cr		neuc	Circ	ansp	ie/en		
						FRA No).							by Ur	Status	otoris	n (pr	(prior	ion	Equip	uting	of T	at scene/enroute		
	Harmful Event (Cra	, ,,,	RKZONE			tivity L	ocation	Туре	٧	Vorker	s Pres	sent	Sex	Struck by Unit No	Injury S	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at		
33	Name 001	KEL	LATED?	\circ		 Ph	one Numb	per			OOB:		Ś	Ó	드	Z	ٽ	Ā	C	S	O	Ø	٥		
N																									
O N M	Address:	ress: Alcohol Test Given Test Results: Drug							Drug	Tes	t Give	en F	Result	ult Charged Yes N			No								
O																	1								
T	Transported by:																								
O R	TINAME IPNONE NUMBER IDOB: I I I I I																								
ı	Address: Alcohol Test Given Test Results: Druc									Tes	t Give	en F	Result	Ch	arged	Yes	No.								
S	, 144, 555.	ALOUGH TEST GIVET TEST RESults. Did							2.49					O			C								
S	Transported to:	ransported to: Transported by:																							
N P	If Property other th		Object D	amaged															Fst	imate	e of D	amar	16		
OR	vehicles damaged		0.0,000.2	amagoa																	J 0. D		,0		
ΝO	Owner's Last Name					First Name					Mide	Middle Name						ne N	umbe	r					
V P F F							City					State Zip Code						Was owner or tenant notified?							
HR											J.a.										Unkno				
IT		an , .	Object D	amaged															Est	imate	e of D	amaç	је		
C Y U	vehicles damaged Owner's Last Name				IF	irst Name	e.				Mide	dle Na	me				Pho	ne N	umbe	r					
L D		-					-																		
A M R G	Address				C	City					Stat	e Z	ip Co	de							nt noti Unkno				
K G	Last Name		First Nan	ne	Addre	ess					City				State	e Z	ip Co			-	Numl				
W	BERTELLI		TORRAN	NCE	4195	MEADE	PL SW				,	/A CIT	Υ		IA		2246		(3	319) (83-44	133			
Ţ	Last Name		First Nan	ne	Addre			DOAD			City		A DID	•	State		ip Co		Р	hone	Numl	oer			
T N	MIXDORF Last Name		TERRY First Nan	ne	Addre		E CREEK	KUAD			City	DAR R	APID	<u> </u>	IA State		2403 ip Co		P	hone	Numl	oer			
E					7.00.						J.i.y				O tatt										
S	Last Name		First Nan	ne	Addre	ess					City				State	Z	ip Co	de	Р	hone	Numl	oer			
5	Last Name First Name Add					288					City State					2 Z	ip Co	de	P	Phone Number					
										Otati	_	p 00	uo												
Is This a Secondary Crash? Type of Primary Incident								Roadway Clearar 10/23/2021					nce Da	ate		Incident Clearance Date 10/23/2021									
_	ature of Officer		1			Number		fficer No	tified c	of Acci	dent	Road	way C		nce Ti	me	Incident Clearance Tim								
TROOPER R AARHUS 058							1113.					23:00 Hrs.						23:00 Hrs. Time Total Incident Clearance Time							
						ate of Report Time Officer Arrived At Scer 20:40 Hrs.					ie	Total Roadway Clearance 002:30						002:30							
	ort Reviewed By	Review	eview Investigation made at scene? T.I. No.							0	Other Technical Investigating Agency														
Kauzlarich, M 01/12/202						2022	Υ 🤇	9	и ()															

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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