

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					First JULIE					Middle ANN							
	Address 312 EAST 5TH ST					City OLON					State IA		Zip 52333					
	Date of Birth 05/19/1978		Driver's License Number 773AK7584			CDL Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 1				Citation Charge 2						
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State IA	Class C	Endorsements B	Restrictions B	Citation Charge 3				Citation Charge 4							
	Alcohol Test Given: 2		Test Results: .095		Drug Test Given: 2		Test Result: 01		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:							
	Owner's Name - Last VIET					First JULIE					Middle ANN							
	Address 312 EAST 5TH ST					City OLON					State IA		Zip 52333					
	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 98	Driver Condition 01		Vision Obscured 13		Contributing Circumstances Driver (up to two)			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 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 4	Injury Status 03	Occupant Protection 06	Airbag Deployment 2	Ejection 01	Ejection Path 2	Trapped/extricated 03	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 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	2	01	1	03	01	
	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	2	01	2	03	01	
	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	2	01	2	03	01	
	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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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	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 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		Override/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 INJURED	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:											

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Sheet 3 of 5

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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 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 <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements	Restrictions	Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 3		Citation Charge 4						
	Alcohol Test Given: 1		Test Results:		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 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						
	Trailer Plate:		State	Year	VIN						Occupant Protection	Airbag Deployment	Ejection			
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN							Ejection Path	Trapped/extricated	Source of Transport
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:										
	Name		Phone Number			DOB:										
	Address		Transported to:			Transported by:										
	Name		Phone Number			DOB:										
	Address		Transported to:			Transported by:										

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Sheet 4 of 5

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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:		
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Name			Phone Number		DOB:		
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Transported to:			Drug Test Given		Result		
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Transported to:			Drug Test Given		Result		
Name			Phone Number		DOB:		
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Transported to:			Drug Test Given		Result		
Name			Phone Number		DOB:		
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Transported to:			Drug Test Given		Result		
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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:		
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:		
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		

INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT

Sheet 5 of 5

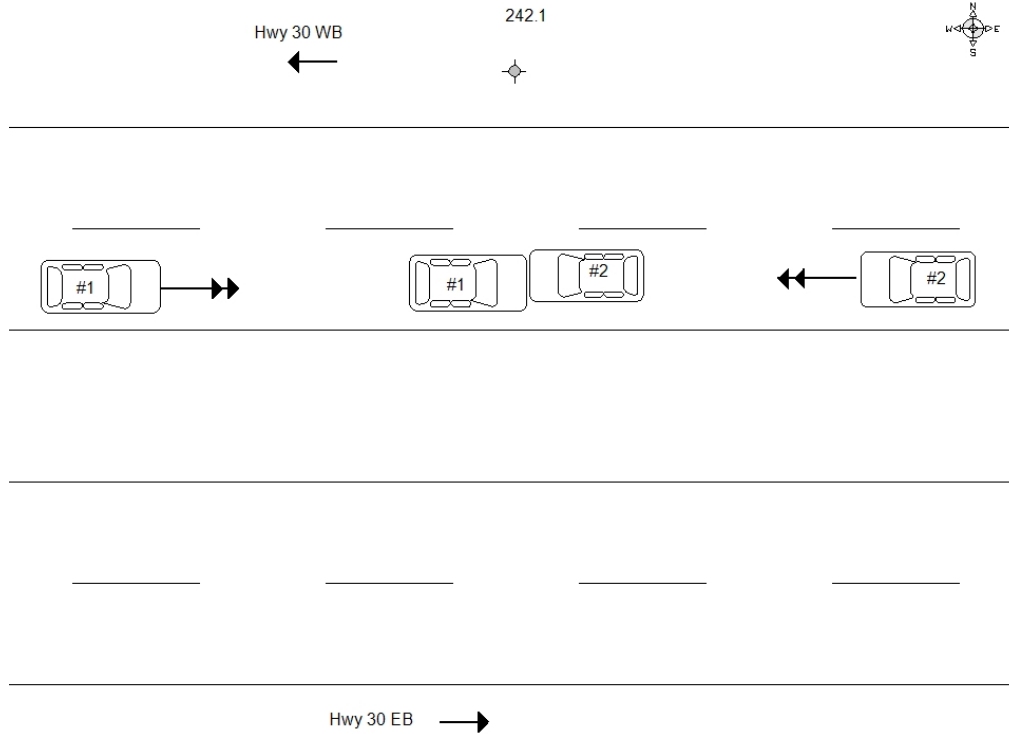
Form 4433003 (11-13)

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