

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

22-009062

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

Date of Accident 10/15/2022	Time of Accident 23:14 Hrs.	County BENTON - 06	Accident occurred within corporate limits of (city)												
U N I T 1	Driver's Name - Last BOONE		First BRAYDEN		Middle JOHN										
	Address 416 PLEASANT HILL DR		City ATKINS		State IA Zip 52206-0000										
	Date of Birth 04/10/2006	Driver's License Number 525AT4635	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 Y	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:									
C O M M E R C I A L	Owner's Name - Last BOONE		First KACEY		Middle DEE										
	Address 416 PLEASANT HILL DR		City ATKINS		State IA Zip 52206-8203										
	License Plate No. LTG794	State IA	Year 2023	VIN: 1G1ZK57B794113299	Color SIL	Year 2009	Make CHEV	Model MAL	Style 4D						
	Trailer Plate No.	State	Year	VIN:	Tow 3	Tow # 9062-1	Towed To TEGELERS	Approx. Cost to Repair or Replace \$5,000.00							
	Insurance Company Name PROGRESSIVE			Insurance Co. Phone Number		Insurance Policy Number 931211043									
	Initial Travel Direction 02	Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01	Veh. Defect 99	Point of Initial Impact 12	Most Damaged Area 12	Extent of Damage 5	Total Occ. in Veh. 1						
	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						
	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												
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
P E R S O N S I N J U R E D	DRIVER OF UNIT 1		Phone Number:		3		03	04	2	01	1	01	01		
	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 10/15/2022	Time of Accident 23:14 Hrs.	County BENTON - 06	Accident occurred within corporate limits of (city)		
U N I T 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	Restrictions
	Yes No <input type="radio"/> <input 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 type="radio"/>	Reason for Re-Exam Request:
Owner's Name - Last GUSTA		First GARRETT		Middle TAD	
Address 1332 RAINBOW BLVD		City HIAWATHA		State IA Zip 52233	
License Plate No. JCE300	State IA	Year 2022	VIN: 1G1ZC5E04CF393001	Color BLK	Year 2012 Make CHEV Model MALIBU Style 4D
Trailer Plate No.	State	Year	VIN:	Tow 3 Tow # 9062-2	Towed To TEGELERS Approx. Cost to Repair or Replace \$5,000.00
Insurance Company Name UNKNOWN			Insurance Co. Phone Number	Insurance Policy Number	
Initial Travel Direction 04	Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01	Veh. Defect 99	Point of Initial Impact 11 Most Damaged Area 11 Extent of Damage 5 Total Occ. in Veh. 1
Special Veh. Func. 01	Emergency Status 01	Bus Use	Driver Condition 99	Vision Obscured 01	Contributing Circumstances Driver (up to two) 13 Driver Distractions 99 Speed Limit 65
Traffic Controls 01	Horizontal Alignment	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 94	Second Event 33 Third Event 72 Fourth Event 72 Most Harmful Event 72
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 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	
DRIVER OF UNIT 2			Phone Number:	/	/
			Transported to:	/	/
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:	
P E R S O N S R E Q U I R E D					
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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MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Number:
22-009062

L O C A T I O N	Date of Accident 10/15/2022	Time of Accident 23:14 Hrs.	County BENTON - 06	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description US 30 E MEASURING 1412 FEET WEST FROM 32 AVE					County: 06	Route:	
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city					X Coordinate: 592989.625		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4646302.5	
	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		
N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and					N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
Milepost Number		Definable intersection, bridge, or railroad crossing			NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>			

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)											
Manner of Crash/Collision 02	01											
Light Conditions 5	Surface Conditions 01											
Major Contributing Circumstances Environment 01												
Roadway 01												
Type of Roadway Junction/Feature 01												
FRA No.												

First Harmful Event (Crash) 33	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present
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N O N M O T O R I S T S	Name 001	Phone Number	DOB:										
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No				
	Transported to:		Transported by:										
	Name	Phone Number	DOB:										
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No				
Transported to:		Transported by:											

N P O R N O V P E E H R I T Y U L D A M R G	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			
	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	

W I T N E S S	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	GORKOW	ANGELA	2900 HUDSON RD	CEDAR FALLS	IA	50613	(319) 350-8271
	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

Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 10/16/2022	Incident Clearance Date 10/16/2022
Signature of Officer SERGEANT JOSH KARSTEN	Badge Number 6-5	Time Officer Notified of Accident 23:15 Hrs.	Roadway Clearance Time 00:27 Hrs.
Name of Agency BENTON COUNTY SHERIFF'S OFFICE	Date of Report 10/15/2022	Time Officer Arrived At Scene 23:19 Hrs.	Incident Clearance Time 00:40 Hrs.
Report Reviewed By JOHN LINDAMAN	Date of Review 10/18/2022	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	Total Roadway Clearance Time 001:12
		T.I. No.	Other Technical Investigating Agency

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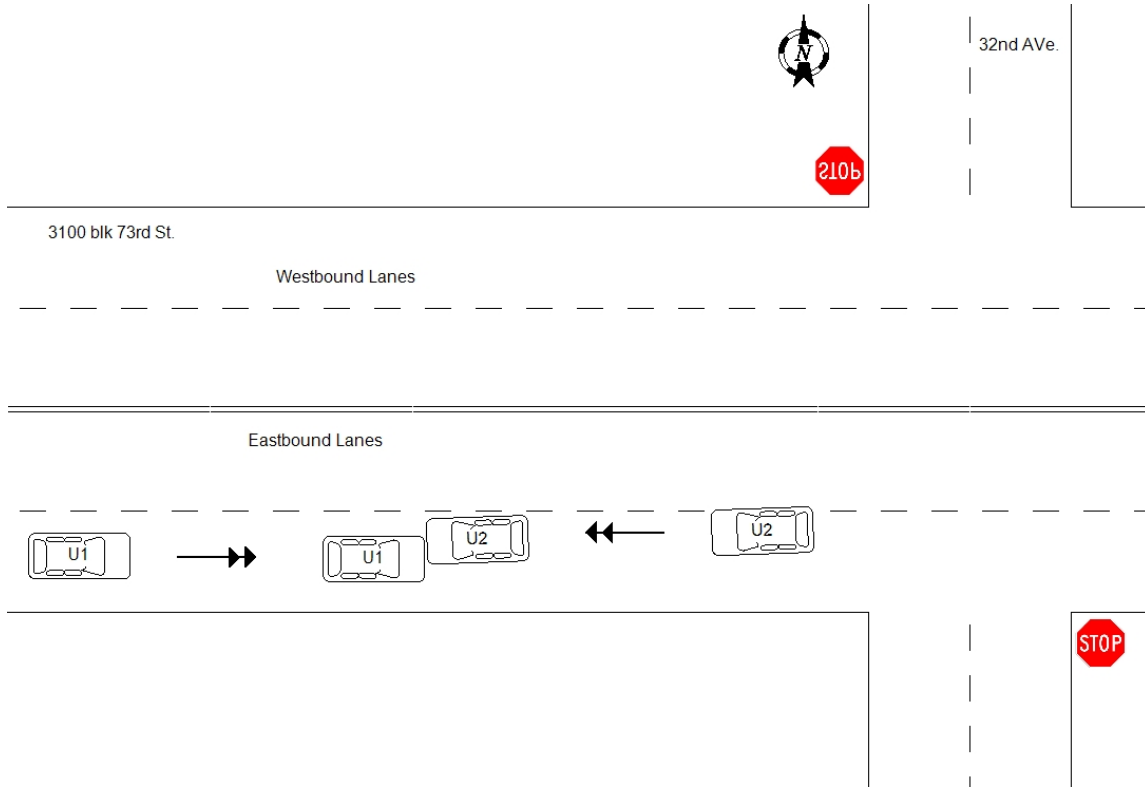
Form 4433003 (11-13)

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Unit 1 was traveling eastbound in the 3100 block of 73rd Street. Unit 1 was traveling in the slow lane of the two eastbound lanes. Unit 2 was traveling westbound in the 3100 block of 73rd Street. Unit 2 was traveling the wrong way, traveling westbound in the eastbound lanes of traffic. Unit 2 struck unit 1 head on. The impact occurred in the slow lane of the eastbound lane of traffic. Both units came to a rest and damages were estimated to be a total loss. A witness, who was traveling behind unit 1, stated that unit 2 was going the wrong way. The driver of unit 1 sustained minor injuries that were treated at the scene. The driver of unit 2 took off on foot to the north after the reporting party stated she was going to call 911. The driver of unit 2 was not able to be located. This accident is considered to be a hit and run. Tegeler's Towing came and removed unit 2 from the roadway. Unit 1 will remain on scene until daylight. Tegeler's Towing will come back to tow unit 1 in the morning. The injury status of the driver of unit 2 is unknown. Unit 2 had open containers of alcohol inside the vehicle. The registered owner of unit 2 is a suspect in this case, and was believed to be intoxicated.