

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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:
S19-089229

Date of Accident 10/29/2019	Time of Accident 23:52 Hrs.	County BLACK HAWK - 07	Accident occurred within corporate limits of (city)																
UNIT 1	Driver's Name - Last TINKER					First CAROL					Middle ANN								
	Address 302 EMERY DR					City WAVERLY					State IA	Zip 50677							
	Date of Birth 12/21/1972			Driver's License Number 556XX7495			CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1 DRIVING ON WRONG SIDE OF TWO WAY					Citation Charge 2					
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State IA	Class C	Endorsements		Restrictions		Citation Charge 3					Citation Charge 4					
	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 TINKER					First CAROL					Middle ANN								
	Address 302 EMERY DR					City WAVERLY					State IA	Zip 50677							
	License Plate No. 394ZKT		State IA	Year 2019	VIN: JTHCH96S360007325		Color BLU		Year 2006	Make LEXS	Model AS3		Style SEDAN						
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow # 19003526		Towed To SHEETZ LOT/ EVANSDA			Approx. Cost to Repair or Replace \$10,000.00						
	Insurance Company Name COUNTRY					Insurance Co. Phone Number (319) 626-3514					Insurance Policy Number P005639079								
Initial Travel Direction 03		Veh. Act. 98	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. 1						
Special Veh. Func. 01		Emergency Status 01		Bus Use 99		Driver Condition 99		Vision Obscured 99		Contributing Circumstances Driver (up to two) 13,53			Driver Distractions 99		Speed Limit 65				
Traffic Controls 98		Horizontal Alignment 01		Vertical Alignment 01		SEQUENCE OF EVENTS		First Event 94		Second Event 38		Third Event 44		Fourth Event 98		Most Harmful Event 38			
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		
PERSONNEL	DRIVER OF UNIT 1					Phone Number: (319) 239-1117					<input checked="" type="checkbox"/>	2	03	06	2	01	3	02	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 10/29/2019	Time of Accident 23:52 Hrs.	County BLACK HAWK - 07	Accident occurred within corporate limits of (city)															
UNIT 2	Driver's Name - Last KREMENETSKY					First SERGEI					Middle							
	Address 5175 GOLD POINTE DR					City CLEVELAND					State TN	Zip 37312						
	Date of Birth 06/26/1985			Driver's License Number 101654869			CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1				Citation Charge 2					
	Male <input checked="" type="radio"/> Female <input type="radio"/>		State TN		Class D		Endorsements		Restrictions		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 YERYOMITSEV					First ILYA					Middle							
	Address 7455 SUMMERTOWN CT					City CHATANOOGA					State TN	Zip 37421						
	License Plate No. 4M32E6		State TN	Year 2020	VIN: 1N6BA0EK9CN305033		Color RED		Year 2012	Make NISS	Model TITAN		Style TRUCK					
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow # 19003525		Towed To RAY MOUNT LOT/ WATE			Approx. Cost to Repair or Replace \$10,000.00					
	Insurance Company Name STATE FARM					Insurance Co. Phone Number (423) 892-9610					Insurance Policy Number 4347635D0142							
Initial Travel Direction 01		Veh. Act. 01	Veh. Config. 02	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 94	Second Event 38	Third Event 44	Fourth Event 98	Most Harmful Event 38							
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													
	Trailer Plate:		State	Year	VIN													
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN											
PERSONNEL UNIT 2	DRIVER OF UNIT 2					Phone Number:		3	03	06	2	01	1	03	01			
	Transported to: MERCY ONE WATERLOO					Transported by: EVANSDALE AMBULANCE												
	Name 001 ZEMLYANIVOV STANISLAV		Phone Number			DOB: 7/17/1981 1		M	03	3	03	06	2	01	1	01		
	Address 3910 17TH AVE CHATTANOOGA TN 37407					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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L O C A T I O N	Date of Accident 10/29/2019	Time of Accident 23:52 Hrs.	County BLACK HAWK - 07	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description INTERSTATE 380/I 380				County: 07	Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <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: 566546.812		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4699638
	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; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <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; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <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>				NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>			
Milepost Number		Definable intersection, bridge, or railroad crossing					

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)		Major Contributing Circumstances Environment	01	Roadway	01												
Manner of Crash/Collision	02	01		Type of Roadway Junction/Feature	96	FRA No.													
Light Conditions	4	Surface Conditions	01																
First Harmful Event (Crash)	38	WORKZONE RELATED?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present												

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 C 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
	YERYOMITSEV	ILYA	7455 SUMMERTOWN CT	CHATANOOGA	TN	37421	(423) 463-4165
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	DENYSOV	YURII	2910 S MAIN ST	CEDAR FALLS	IA	50613	(423) 244-4312
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
TINK	JOHSUA	1314 DENVER ST	WATERLOO	IA	50702	(319) 504-5361	
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 10/30/2019	Incident Clearance Date 10/30/2019
Signature of Officer OPPERMAN COLTON	Badge Number O7050	Time Officer Notified of Accident 23:53 Hrs.	Roadway Clearance Time 03:00 Hrs.
Name of Agency BLACK HAWK CNTY SHERIFF'S OFF	Date of Report 10/31/2019	Time Officer Arrived At Scene 00:02 Hrs.	Total Roadway Clearance Time 003:07
Report Reviewed By HINZ, DAVID	Date of Review 11/08/2019	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. _____ Other Technical Investigating Agency _____

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On October 29th, 2019 just before midnight Deputies responded to a motor vehicle accident at mile marker 65 on Interstate I380 several hundred yards south of the mile marker 65 mixmaster. On scene I made contact with driver and passenger of Unit 2 while other personnel made contact and rendered aid to the driver of Unit 1. Occupants of Unit 2 suffered minor injuries. The driver was later transported to Mercy One Waterloo for a fracture to the right foot. The passenger refused treatment.

Also on scene were the driver and passenger of a U-haul truck who witnessed the accident. They were traveling northbound in the inside lane and observed the headlights of Unit 1 which was traveling southbound in the inside lane. The driver made a lane change to the outside lane to avoid being hit and did not make contact with Unit. The driver stated that Unit 2 was directly behind them and hit Unit 1 head on.

Unit 2's driver stated they were traveling northbound in the inside lane following the U-haul truck. When the U-haul truck made the lane change, Unit 2's occupants witnessed the headlights of Unit 1 traveling south bound in the inside lane as both units collided front to front. Occupants of Unit 2 and the Uhaul truck were traveling together from Tennessee to Waterloo. Other witnesses on scene held the same account of what occurred.

After EMS removed the driver of Unit 1 from the vehicle she was air lifted to Mercy One Waterloo for severe injuries. An information exchange report was issued to the registered owner of Unit 2 (the driver of the U-haul truck). The driver of Unit 1 will be cited for traveling the wrong way on a one-way. It is unknown at this time where Unit 1 accessed I380 on the wrong side. There are duplicate wrong way signs posted on the highway and do not enter signs posted at each off ramp visible to a vehicle that would oppose those lanes. The area of I380 from mile marker 70 to mile marker 65 was checked for possible damages to the median, fences, signs, and markers. No damage was found.