

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:
2019030873

Date of Accident 11/15/2019	Time of Accident 18:36 Hrs.	County CERRO GORDO - 17	Accident occurred within corporate limits of (city)															
UNIT 1	Driver's Name - Last WESTCOTT					First RICHARD					Middle RAY							
	Address 106 MARS HILL DR					City CLEAR LAKE					State IA		Zip 50428					
	Date of Birth 10/08/1939			Driver's License Number 323AE7203			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		Citation Charge 3				Citation Charge 4			
	Alcohol Test Given: 2		Test Results:		Drug Test Given: 2		Test Result:		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:							
	Owner's Name - Last WESTCOTT					First RICHARD					Middle RAY							
	Address 106 MARS HILL DR					City CLEAR LAKE					State IA		Zip 50428					
	License Plate No. GEV875		State IA	Year 2091	VIN: 2D8GP44L85R205781			Color SIL		Year 2005	Make DODG		Model CARAVAN		Style VAN			
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 2987358		Towed To LAKE TOWING			Approx. Cost to Repair or Replace \$5,000.00				
	Insurance Company Name					Insurance Co. Phone Number					Insurance Policy Number							
Initial Travel Direction 02		Veh. Act. 01	Veh. Config. 04	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 10		Most Damaged Area 10		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 02		Speed Limit 55					
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											
PERSONNEL UNIT 1	DRIVER OF UNIT 1					Phone Number:					1	02	04	1	01	3	07	02
	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 11/15/2019	Time of Accident 18:36 Hrs.	County CERRO GORDO - 17	Accident occurred within corporate limits of (city)														
UNIT 2	Driver's Name - Last STOHR					First TRAVIS					Middle GARRY						
	Address 2950 BIRCH AVE					City WODEN					State IA		Zip 50484				
	Date of Birth 09/09/1968			Driver's License Number 079BB0509			CDL Yes <input type="radio"/> No <input type="radio"/>		Citation Charge 1			Citation Charge 2					
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class A	Endorsements N-L		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 STOHR CONSTRUCTION LLC					First					Middle						
	Address 2950 BIRCH AVE					City WODEN					State IA		Zip 50484				
	License Plate No. 827XDI		State IA	Year 2019	VIN: 1FTEX15N8MKA84042			Color SIL		Year 1991	Make FORD		Model F150		Style PU		
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 2987356		Towed To LAKE TOWING		Approx. Cost to Repair or Replace \$5,000.00				
	Insurance Company Name					Insurance Co. Phone Number					Insurance Policy Number						
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 02	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 10		Most Damaged Area 10		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 55					
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										
PERSONNEL UNIT 2	DRIVER OF UNIT 2					Phone Number:		2	03	01	2	01	2	03	01		
	Transported to: MERCY NORTH, MASON CITY					Transported by: EMS											
	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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Law Enforcement Case Numbers:

2019030873

L O C A T I O N	Date of Accident 11/15/2019	Time of Accident 18:36 Hrs.	County CERRO GORDO - 17	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description HWY 122, 1/4 MILE EAST OF AIRPORT ENTERENCE				County: 17	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: 472934.593	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4777314.5	
	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	

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

N P O R N O V P E E 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	

W I T N E S S	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
	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 11/15/2019	Incident Clearance Date 11/15/2019
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Signature of Officer ANDERSON M	Badge Number 379	Time Officer Notified of Accident 19:01 Hrs.	Roadway Clearance Time 21:00 Hrs.	Incident Clearance Time 21:00 Hrs.
Name of Agency IOWA STATE PATROL - DIST 07	Date of Report 11/15/2019	Time Officer Arrived At Scene 19:36 Hrs.	Total Roadway Clearance Time 001:59	Total Incident Clearance Time 001:59
Report Reviewed By Niles, W	Date of Review 11/18/2019	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. 19-	Other Technical Investigating Agency

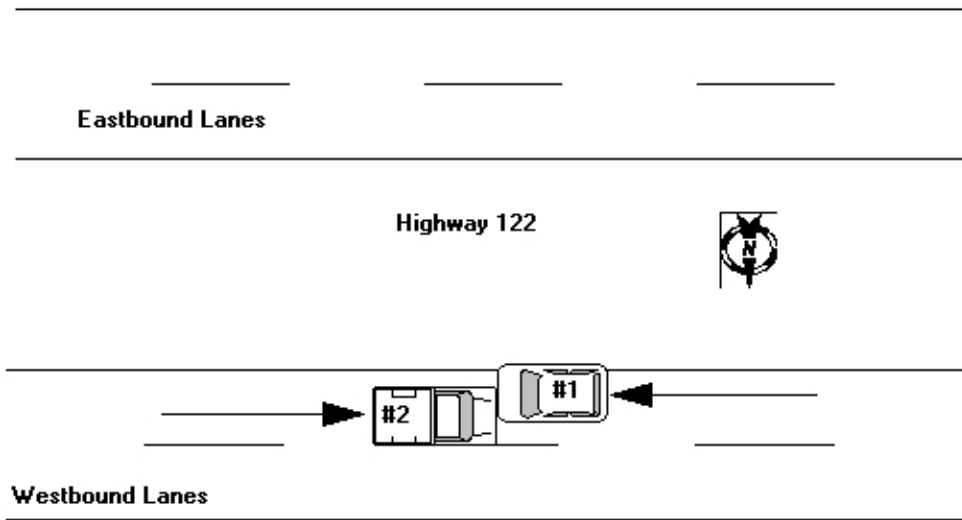
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Vehicle #1 was eastbound in the westbound lanes of Highway 122. Vehicle #2 was westbound on Highway 122. Vehicle #1 struck vehicle #2 in the left hand lane of westbound Highway 122.