

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: 2019033011
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Date of Accident 12/11/2019	Time of Accident 09:49 Hrs.	County CERRO GORDO - 17	Accident occurred within corporate limits of (city)															
UNIT 1	Driver's Name - Last ROBINSON					First HENRY					Middle DUBY CURTIS							
	Address 7 BRIANDWOOD DR					City NEWMAN					State GA		Zip 30265-6238					
	Date of Birth 03/19/1989		Driver's License Number 051732211			CDL Yes No		Citation Charge 1			Citation Charge 2							
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State GA	Class A	Endorsements B		Restrictions B		Yes No <input type="radio"/> <input checked="" type="radio"/>			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 ROBINSON					First HENRY					Middle DUBY CURTIS							
	Address 7 BRIANDWOOD DR					City NEWMAN					State GA		Zip 30265-6238					
	License Plate No. CKB9872		State GA	Year 2020	VIN: 1N6BF0LYXJN810035			Color WHI		Year 2018	Make NISS		Model NV 2500 S 2500		Style VAN			
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 1N6BF0LY		Towed To TONYS TOWING			Approx. Cost to Repair or Replace \$30,000.00				
	Insurance Company Name PROGRESSIVE					Insurance Co. Phone Number (800) 444-4487					Insurance Policy Number 084494340							
Initial Travel Direction 03		Veh. Act. 01	Veh. Config. 06		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	Driver Condition 99		Vision Obscured 01		Contributing Circumstances Driver (up to two) 13			Driver Distractions 99		Speed Limit 70				
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 INVOLVED	DRIVER OF UNIT 1					Phone Number:					1	03	04	1	01	3	01	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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UNIT 2	Driver's Name - Last HENDRICKS					First BRYON					Middle KYLE								
	Address 413 31ST ST					City WEST DES MOINES					State IA	Zip 50265							
	Date of Birth 09/15/1967			Driver's License Number 907ZZ0685			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 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 HENDRICKS					First BRYON					Middle KYLE								
	Address 413 31ST ST					City WEST DES MOINES					State IA	Zip 50265							
	License Plate No. FBX223		State IA	Year 2020	VIN: 1FTEW1EP7HKE15087		Color BRO		Year 2017	Make FORD		Model F150 SUPERCR		Style PK					
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow # 2994412		Towed To TONYS TOWING			Approx. Cost to Repair or Replace \$35,000.00						
	Insurance Company Name					Insurance Co. Phone Number					Insurance Policy Number								
Initial Travel Direction 01		Veh. Act. 01	Veh. Config. 02	Cargo Body Type 01		Veh. Defect 01	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 99		Driver Condition 01		Vision Obscured 01		Contributing Circumstances Driver (up to two) 88			Driver Distractions 02		Speed Limit 70				
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	Name DRIVER OF UNIT 2					Phone Number:					<input checked="" type="checkbox"/>	1	03	04	2	01	3	01	02
	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 12/11/2019	Time of Accident 09:49 Hrs.	County CERRO GORDO - 17	Accident occurred within corporate limits of (city)																		
UNIT 3	Driver's Name - Last RICHARDSON					First CLIFFTON					Middle HOWARD										
	Address 8601 WESTOWN PKWY UNIT 1					City WEST DES MOINES					State IA	Zip 50266-0000									
	Date of Birth 10/01/1969			Driver's License Number 506AG6280			CDL Yes No		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: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes No		Reason for Re-Exam Request:										
	Owner's Name - Last RICHARDSON					First CLIFFTON					Middle HOWARD										
	Address 8601 WESTOWN PKWY UNIT 1					City WEST DES MOINES					State IA	Zip 50266-0000									
	License Plate No. EKM864		State IA	Year 2020	VIN: 5TDBK3EHXBS064324			Color MAR		Year 2011	Make TOYO		Model HIGHLANDER/S		Style SUV						
	Trailer Plate No. GU8490		State IA	Year 2020	VIN: 4G44S08111A000085			Tow 1	Tow #		Towed To			Approx. Cost to Repair or Replace \$5,000.00							
	Insurance Company Name PROGRESSIVE					Insurance Co. Phone Number (402) 334-3913					Insurance Policy Number 046860360275FPPAIA										
Initial Travel Direction 01		Veh. Act. 01	Veh. Config. 03		Cargo Body Type 13		Veh. Defect 01	Point of Initial Impact 11		Most Damaged Area 11		Extent of Damage 2		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 70						
Traffic Controls 01		Horizontal Alignment		Vertical Alignment 01		SEQUENCE OF EVENTS		First Event 33		Second Event 06		Third Event		Fourth Event 33		Most Harmful Event					
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	DRIVER OF UNIT 3					Phone Number: (515) 423-8844					Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
	Transported to:					Transported by:					5	03	03	2	01	1	01	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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Law Enforcement Case Numbers:

2019033011

L O C A T I O N	Date of Accident 12/11/2019	Time of Accident 09:49 Hrs.	County CERRO GORDO - 17	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description INTERSTATE I35 NB 196.5 MM				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: 471029.25	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4780933.5	
	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; 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)											
Manner of Crash/Collision 02												
Light Conditions 1	Surface Conditions 01											
Major Contributing Circumstances Environment 01												
Roadway												
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 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
	RICKEL	AARON	6005 COTTAGE DR	DES MOINES	IA	50311	(515) 771-5608
	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 12/11/2019	Incident Clearance Date 12/11/2019
Signature of Officer TROOPER E OCHOA	Badge Number 249	Time Officer Notified of Accident 09:49 Hrs.	Roadway Clearance Time 12:33 Hrs.
Name of Agency IOWA STATE PATROL - DIST 08	Date of Report 12/11/2019	Time Officer Arrived At Scene 09:49 Hrs.	Incident Clearance Time 15:00 Hrs.
Report Reviewed By Knutson, D	Date of Review 12/12/2019	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	Total Roadway Clearance Time 002:44
		T.I. No.	Total Incident Clearance Time 005:11
		Other Technical Investigating Agency	

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OF MOTOR VEHICLE ACCIDENT**

Law Enforcement Case Numbers:

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**D
I
A
G
R
A
M**

Diagram 1

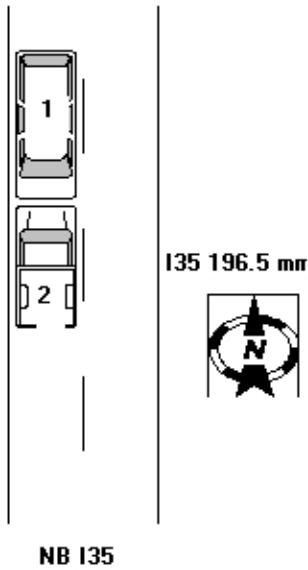
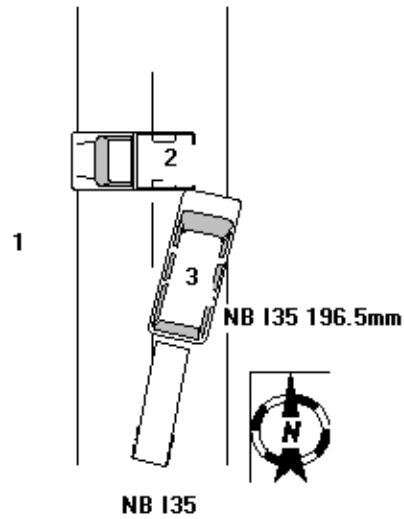


Diagram 2



**N
A
R
R
A
T
I
V
E**

Unit 1 was traveling SB in the NB inside lane on I35 near the 196.5mm. Unit 1 hit vehicle 2 head on in the inside northbound lane. As a result of the crash Unit 2's rear end lifted up and spun around. Unit 3 struck Unit 2 as it was still moving. Unit 3 attempted to avoid a crash and took the east ditch. Unit 3 had minor front driver side damage from striking Unit 2. Unit 3 was pulling a trailer hauling a motorcycle. No damage was reported to Unit 3's trailer and one small paint chip was located on the motorcycle gas tank.

Driver of Unit 1- deceased, Unit 1 totaled

Driver of Unit 2- deceased, Unit 2 totaled

Driver of unit 3- no injuries reported, Unit 3 front passenger side damage, driven away from scene. Driver of Unit 3 estimated he was traveling approximately 6 lengths behind Unit 2 at the time of the initial crash.

Diagram 1 is the initial crash impact

Diagram 2 is Unit 3's involvement with the crash after the initial impact occurred.

DOT MVE- T375 was parked at the rest stop and witness to the crash

Aaron Rickel- was a motorist witness traveling in front of the brown truck NB on I35. Rickel saw the van SB in the inside NB lane just prior to the crash.