

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: 2020022319
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Date of Accident 09/20/2020	Time of Accident 07:10 Hrs.	County CHICKASAW - 19	Accident occurred within corporate limits of (city)																				
UNIT 1	Driver's Name - Last POPPE					First HUNTER					Middle LANCE												
	Address 412 N WALNUT ST					City SHELL ROCK					State IA		Zip 50670										
	Date of Birth 06/16/1999		Driver's License Number 704AJ2643			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 J,1,S,J,I,		Restrictions J,1,S,J,I,		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 POPPE					First LANCE					Middle LARRY												
	Address 21535 BUTLER AVE					City WAVERLY					State IA		Zip 50677										
	License Plate No. BTK480		State IA	Year 2021	VIN: 1FD8X3BT6KEC84663			Color WHI		Year 2019	Make FORD		Model F350 SUPER DU		Style PK								
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 3067634		Towed To WAYNE'S TRUCK SERVI			Approx. Cost to Repair or Replace \$75,000.00									
	Insurance Company Name LE MARS					Insurance Co. Phone Number (319) 234-0500					Insurance Policy Number CLR8885294												
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	Driver Condition 06	Vision Obscured 01		Contributing Circumstances Driver (up to two) 13			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																		
	Trailer Plate:		State	Year	VIN																		
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN																
PERSONNEL	DRIVER OF UNIT 1					Phone Number: (319) 415-9767					Sex 2	Seating Position 02	Injury Status 06	Occupant Protection 2	Airbag Deployment 01	Ejection 1	Ejection Path 02	Trapped/extricated 01	Source of Transport 02	Died at scene/enroute 01			
	Transported to: MAYO- ST. MARY'S					Transported by: MERCYONE AIR																	
	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 TOUTGES				First RICKY				Middle LEE								
	Address 412 4TH ST NW				City BYRON				State MN	Zip 55920							
	Date of Birth 12/21/1961		Driver's License Number Q017170519608		CDL	Citation Charge 1			Citation Charge 2								
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State MN	Class A	Endorsements N,M	Restrictions 2	Yes <input checked="" type="radio"/> No <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 checked="" type="radio"/>								
	Reason for Re-Exam Request:		Owner's Name - Last DAKOTA VALLEY TRUCKING INC.				First			Middle							
	Address 1004 INDUSTRIAL PARK DR				City MILBANK				State SD	Zip 57252							
	License Plate No. PR39718		State SD	Year 2020	VIN: 1XPXD49X7FD285015		Color WHI	Year 2015	Make PTRB	Model 389	Style TRACTOR						
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow # 3067635		Towed To WAYNE'S TRUCK SERVI							
	Approx. Cost to Repair or Replace \$125,000.00		Insurance Company Name GREAT WEST CASUALTY				Insurance Co. Phone Number (800) 228-8040			Insurance Policy Number GWP450110							
Initial Travel Direction 03	Veh. Act. 01	Veh. Config. 13	Cargo Body Type 05		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 01		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 33							
First Event		Second Event		Third Event		Fourth Event		Most Harmful Event 33									
COMMERCIAL	Carrier Name/Lessee DAKOTA VALLEY TRUCKING INC.																
	Street Address 1004 INDUSTRIAL PARK DR						City MILBANK			State SD	Zip Code 57252						
	Number of Axles 5		Gross Vehicle Weight Rating 3 - 26,001 LBS OR MORE				US DOT Number 784763		MC Number		Override/Override 1 - NONE						
	Haz Mat Involvement 02 - NO		Haz Mat Placard		Placard Number		Haz. Mat Released		Haz Mat Class		Haz Mat Name						
	Trailer Plate: 10061P		State SD	Year 2020	VIN 1E1H5Y282GR056696		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
	Trailer Plate: PR39718		State SD	Year 2020	VIN 1XPXD49X7FD285015												
	Converter Dolly 2 - NO DOLLY USED		Dolly Plate:		State	Plate Year											VIN
	DRIVER OF UNIT 2						Phone Number: (507) 951-3568		<input checked="" type="checkbox"/>	3	03	01	1	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:								
Name						Phone Number			DOB:								
Address						Transported to:			Transported by:								

PERSONNEL

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L O C A T I O N	Date of Accident 09/20/2020	Time of Accident 07:10 Hrs.	County CHICKASAW - 19	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description HWY 63 SB AT 196 EXIT RAMP WITH HWY 18				County: 19	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: 555634.562		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4757626.5
	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 3 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						
	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						

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 09/20/2020	Incident Clearance Date 09/20/2020
Signature of Officer TROOPER B LEWIS	Badge Number 147	Time Officer Notified of Accident 07:14 Hrs.	Roadway Clearance Time 13:12 Hrs.
Name of Agency IOWA STATE PATROL - DIST 08	Date of Report 09/20/2020	Time Officer Arrived At Scene 08:02 Hrs.	Total Roadway Clearance Time 005:58
Report Reviewed By Coe, M	Date of Review 09/30/2020	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. Other Technical Investigating Agency

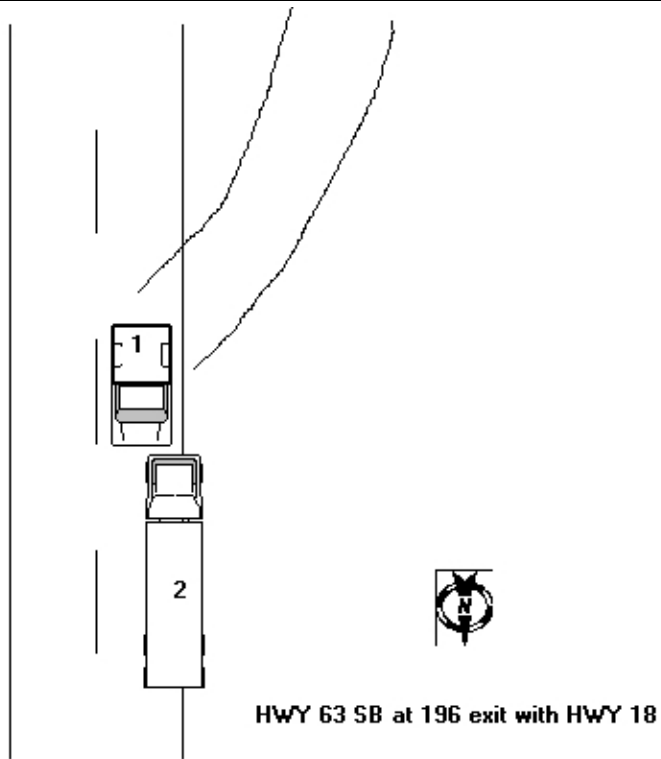
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2020022319

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Unit one was northbound in the southbound lane of HWY 63 at the 196 exit ramp. Unit two was southbound in the right hand lane of southbound HWY 63. Unit one struck Unit two nearly head on in the southbound lane.