

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:
20-29989

Date of Accident 09/22/2020	Time of Accident 21:16 Hrs.	County DES MOINES - 29	Accident occurred within corporate limits of (city)																
UNIT 1	Driver's Name - Last HILL					First KYIAH					Middle GRACE								
	Address 213 W VAN WEISS BLVD					City WEST BURLINGTON					State IA	Zip 52655							
	Date of Birth 02/25/2005		Driver's License Number 364AR6036			CDL Yes <input type="radio"/> No <input type="radio"/>		Citation Charge 1 DRIVING WRONG SIDE OF A TWO WAY RO			Citation Charge 2								
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State IA	Class C	Endorsements B,7		Restrictions B,7			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: DRIVING WRONG WAY ON DIVIDED HIGHWAY.								
	Owner's Name - Last THOMANN					First KELLY					Middle JO								
	Address 213 W VAN WEISS BLVD					City WEST BURLINGTON					State IA	Zip 52655							
	License Plate No. EPG582		State IA	Year 2021	VIN: 1G1AK55F667771161			Color WHI		Year 2006	Make CHEV		Model COBALT LS LEV		Style PC				
	Trailer Plate No.		State	Year	VIN:			Tow 2	Tow #		Towed To			Approx. Cost to Repair or Replace \$2,500.00					
	Insurance Company Name EMC					Insurance Co. Phone Number (888) 362-2255			Insurance Policy Number 8E70688										
Initial Travel Direction 02		Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 11		Most Damaged Area 10		Extent of Damage 5		Total Occ. in Veh. 1						
Special Veh. Func. 01		Emergency Status 01		Bus Use 02		Driver Condition 01		Vision Obscured 01		Contributing Circumstances Driver (up to two) 13			Driver Distractions 99		Speed Limit 65				
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 01		SEQUENCE OF EVENTS 33		First Event 94		Second Event		Third Event		Fourth Event 94		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			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) 850-2272				Sex	Seating Position	Injury Status 3	Occupant Protection 99	Airbag Deployment 04	Ejection 2	Ejection Path 01	Trapped/extricated 2	Source of Transport 03	Died at scene/enroute 01	
	Transported to: GRMC								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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Date of Accident 09/22/2020	Time of Accident 21:16 Hrs.	County DES MOINES - 29	Accident occurred within corporate limits of (city)														
UNIT 2	Driver's Name - Last MALONE					First DILLAN					Middle NICHOLAS						
	Address 2361 BLACKHAWK LN					City MOUNT PLEASANT					State IA		Zip 52641				
	Date of Birth 08/10/2002		Driver's License Number 135AM2693			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: 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 MALONE					First JARROD					Middle BRIAN						
	Address 2361 BLACKHAWK LN					City MOUNT PLEASANT					State IA		Zip 52641				
	License Plate No. IZN230		State IA	Year 2021	VIN: 5NPDH4AE3FH608201			Color WHI		Year 2015	Make HYUN		Model ELANTRA SE/SP		Style PC		
	Trailer Plate No.		State	Year	VIN:			Tow 2	Tow #		Towed To			Approx. Cost to Repair or Replace \$2,500.00			
	Insurance Company Name PROGRESSIVE					Insurance Co. Phone Number (800) 876-5581					Insurance Policy Number 38274415						
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 10		Most Damaged Area 10		Extent of Damage 4		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		Vertical Alignment		SEQUENCE OF EVENTS	First Event 33		Second Event 94	Third Event	Fourth Event	Most Harmful Event 94					
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	99	06	2	01	2	03	01		
	Transported to: GRMC					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:

20-29989

L O C A T I O N	Date of Accident 09/22/2020	Time of Accident 21:16 Hrs.	County DES MOINES - 29	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description X031/DANVILLE RD AND US 34 MEASURING 3666 FEET WEST FROM US 34					County: 29	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: 642107.562		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4521770.5	
	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	01											
Light Conditions 5	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="checkbox"/>	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
	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 09/22/2020	Incident Clearance Date 09/22/2020
Signature of Officer DEPUTY KOLTON ATKINS	Badge Number C081	Time Officer Notified of Accident 21:17 Hrs.	Roadway Clearance Time 22:18 Hrs.
Name of Agency DES MOINES CNTY SHERIFF'S OFF	Date of Report 09/22/2020	Time Officer Arrived At Scene 21:20 Hrs.	Total Roadway Clearance Time 001:01
Report Reviewed By MCCUNE, CHAD	Date of Review 09/24/2020	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	Total Incident Clearance Time 001:02
		T.I. No.	Other Technical Investigating Agency

**INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT**

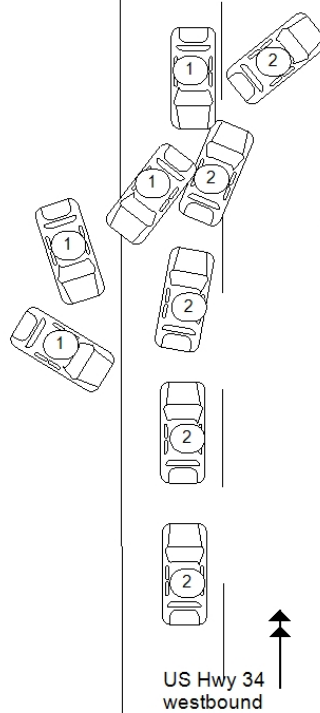
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Law Enforcement Case Numbers:

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US Hwy 34
eastbound



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**** ReExam Reason: DRIVING WRONG WAY ON DIVIDED HIGHWAY.

Unit 1 was traveling eastbound in the westbound lane. It should be noted dispatch had receive multiple calls about Unit 1 traveling eastbound in the westbound lanes from New London.
 Unit 1 collided with Unit 2 just west of the intersection of US Hwy 34 and DMC Hwy 34. It should be noted Unit 2 was traveling westbound on US Hwy 34.
 On scene I spoke with the driver of Unit 2, in which he advised he was traveling west bound on US Hwy 34, in the inside line. He stated he observe headlights coming towards him but he believed they were in the eastbound lanes. As the lights approached he determined they were in the westbound lanes. At this point in time he advised he swerved to the right to avoid the collision with Unit 1.
 It should be noted I was unable to speak with the driver of Unit, due to EMS tending to her injuries. She was complaining of back pain and having trouble moving her legs. The driver of Unit 2 sustained a leg injury and was bleeding from multiple cuts on his head.
 Both drivers were transported to GRMC by EMS crews.
 I observed both vehicles tho have heavy damage to the front drivers sides. This damage continued down both drivers sides of the vehicles. The front and curtain airbags were deployed on both vehicles. The damage to the vehicles were consistent with the information provided by the driver of Unit 2.
 Both vehicle were towed from he scene by Campbells Towing.