

# 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:  <b>2020020087</b>
--

Date of Accident <b>08/23/2020</b>	Time of Accident <b>19:25</b> Hrs.	County <b>HARDIN - 42</b>	Accident occurred within corporate limits of (city)															
UNIT 1	Driver's Name - Last <b>BULTMAN</b>					First <b>SPENCER</b>					Middle							
	Address <b>23 6TH AVE NW</b>					City <b>HAMPTON</b>					State <b>IA</b>		Zip <b>50441</b>					
	Date of Birth <b>11/03/1994</b>			Driver's License Number <b>309AE1482</b>			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 <b>IA</b>		Class <b>C</b>		Endorsements		Restrictions		Citation Charge 3				Citation Charge 4			
	Alcohol Test Given: <b>2</b>		Test Results:		Drug Test Given: <b>2</b>		Test Result:		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:							
	Owner's Name - Last <b>BULTMAN</b>					First <b>SPENCER</b>					Middle							
	Address <b>23 6TH AVE NW</b>					City <b>HAMPTON</b>					State <b>IA</b>		Zip <b>50441</b>					
	License Plate No. <b>JRA820</b>		State <b>IA</b>	Year <b>2020</b>	VIN: <b>3GNFK12347G125226</b>			Color <b>BLK</b>		Year <b>2007</b>	Make <b>CHEV</b>		Model <b>AVALANCHE</b>		Style <b>PU</b>			
	Trailer Plate No.		State	Year	VIN:			Tow <b>3</b>	Tow # <b>3058622</b>		Towed To <b>TOLLES TOWING</b>			Approx. Cost to Repair or Replace <b>\$10,000.00</b>				
	Insurance Company Name <b>PROGRESSIVE</b>					Insurance Co. Phone Number <b>(641) 456-5521</b>					Insurance Policy Number <b>915319556</b>							
Initial Travel Direction <b>02</b>		Veh. Act. <b>01</b>	Veh. Config. <b>02</b>	Cargo Body Type <b>01</b>		Veh. Defect <b>01</b>	Point of Initial Impact <b>02</b>		Most Damaged Area <b>02</b>		Extent of Damage <b>5</b>		Total Occ. in Veh. <b>1</b>					
Special Veh. Func. <b>01</b>		Emergency Status <b>01</b>		Bus Use	Driver Condition <b>99</b>	Vision Obscured <b>01</b>		Contributing Circumstances Driver (up to two) <b>13</b>			Driver Distractions <b>02</b>		Speed Limit <b>65</b>					
Traffic Controls <b>01</b>		Horizontal Alignment <b>01</b>		Vertical Alignment <b>01</b>		SEQUENCE OF EVENTS	First Event <b>33</b>	Second Event	Third Event	Fourth Event	Most Harmful Event <b>33</b>							
COMMERCIAL	Carrier Name/Lessee																	
	Street Address							City					State		Zip Code			
	Number of Axles		Gross Vehicle Weight Rating				US DOT Number			MC Number		Override/Override <b>1 - NONE</b>						
	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:		Transported to: <b>VAN DIEST MEDICAL CENTER</b>		Transported by: <b>IOWA STATE PATROL</b>								
	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:								

**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:  <b>2020020087</b>
--

Date of Accident <b>08/23/2020</b>	Time of Accident <b>19:25</b> Hrs.	County <b>HARDIN - 42</b>	Accident occurred within corporate limits of (city)													
<b>UNIT 2</b>	Driver's Name - Last <b>GUTIERRES</b>		First <b>CRISTY</b>		Middle											
	Address <b>3841 XIRCUS AVE</b>		City <b>STORY CITY</b>		State <b>IA</b> Zip <b>50248</b>											
	Date of Birth <b>09/08/1975</b>	Driver's License Number <b>931ZZ9364</b>	CDL Yes No <input type="radio"/> <input checked="" type="radio"/>	Citation Charge 1		Citation Charge 2										
	Male <input type="radio"/> Female <input checked="" type="radio"/>	State <b>IA</b>	Class <b>C</b>	Endorsements	Restrictions	Citation Charge 3	Citation Charge 4									
	Alcohol Test Given: <b>2</b>	Test Results:	Drug Test Given: <b>2</b>	Test Result:	Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>	Reason for Re-Exam Request:										
	Owner's Name - Last <b>GUTIERRES</b>		First <b>CRISTY</b>		Middle											
	Address <b>3841 XIRCUS AVE</b>		City <b>STORY CITY</b>		State <b>IA</b> Zip <b>50248</b>											
	License Plate No. <b>AH658</b>	State <b>IA</b>	Year <b>2020</b>	VIN: <b>3GNAXJEV2JL385955</b>	Color <b>BLU</b>	Year <b>2018</b>	Make <b>CHEV</b>	Model <b>EQUINOX</b>	Style <b>SUV</b>							
	Trailer Plate No.	State	Year	VIN:	Tow <b>3</b>	Tow # <b>3058623</b>	Towed To <b>TOLLES TOWING</b>	Approx. Cost to Repair or Replace <b>\$25,000.00</b>								
	Insurance Company Name <b>STATE FARM</b>			Insurance Co. Phone Number <b>(515) 232-0030</b>		Insurance Policy Number <b>3107350A3015</b>										
Initial Travel Direction <b>04</b>	Veh. Act. <b>01</b>	Veh. Config. <b>03</b>	Cargo Body Type <b>01</b>	Veh. Defect <b>01</b>	Point of Initial Impact <b>02</b>	Most Damaged Area <b>02</b>	Extent of Damage <b>5</b>	Total Occ. in Veh. <b>4</b>								
Special Veh. Func. <b>01</b>	Emergency Status <b>01</b>	Bus Use	Driver Condition <b>01</b>	Vision Obscured <b>01</b>	Contributing Circumstances Driver (up to two) <b>88</b>		Driver Distractions <b>02</b>	Speed Limit <b>65</b>								
Traffic Controls <b>01</b>	Horizontal Alignment <b>01</b>	Vertical Alignment <b>01</b>	SEQUENCE OF EVENTS	First Event <b>33</b>	Second Event	Third Event	Fourth Event	Most Harmful Event <b>33</b>								
<b>COMMERCIAL</b>	Carrier Name/Lessee															
	Street Address				City			State	Zip Code							
	Number of Axles	Gross Vehicle Weight Rating			US DOT Number		MC Number	Override/Override <b>1 - NONE</b>								
	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											
<b>PERSONNEL</b>	DRIVER OF UNIT 2		Phone Number:		Sex		Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
	Name <b>001</b> <b>ZUBIA MARIO ADRIAN</b>		Phone Number		DOB: <b>12/2/1982 1</b>	<b>M</b>	<b>03</b>	<b>1</b>	<b>03</b>	<b>04</b>	<b>2</b>	<b>01</b>	<b>3</b>	<b>07</b>	<b>02</b>	
	Address <b>3841 XIRCUS AVE STORY CITY IA 50248</b>		Transported to: <b>STATE OF IOWA MEDICAL EXAMINER</b>		Transported by: <b>WOODLEY FUNERAL HOME</b>											
	Name <b>002</b> <b>GUTIERRES JESSIE ALEXAN</b>		Phone Number		DOB: <b>1/18/2010 1</b>	<b>M</b>	<b>04</b>	<b>1</b>	<b>03</b>	<b>01</b>	<b>2</b>	<b>01</b>	<b>3</b>	<b>07</b>	<b>02</b>	
	Address <b>3841 XIRCUS AVE STORY CITY IA 50248</b>		Transported to: <b>STATE OF IOWA MEDICAL EXAMINER</b>		Transported by: <b>WOODLEY FUNERAL HOME</b>											
	Name <b>003</b> <b>GUTIERRES ISABELLA</b>		Phone Number		DOB: <b>5/19/2014 1</b>	<b>F</b>	<b>06</b>	<b>2</b>	<b>03</b>	<b>01</b>	<b>2</b>	<b>01</b>	<b>2</b>	<b>02</b>	<b>01</b>	
	Address <b>3841 XIRCUS AVE STORY CITY IA 50248</b>		Transported to: <b>MERCY HOSPITAL</b>		Transported by: <b>AIR AMBULANCE</b>											
	Name		Phone Number		DOB:											
	Address		Transported to:		Transported by:											

## 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:

**2020020087**

L O C A T I O N	Date of Accident <b>08/23/2020</b>	Time of Accident <b>19:25</b> Hrs.	County <b>HARDIN - 42</b>	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description <b>HWY 20 162.75MM</b>				County: <b>42</b>	Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </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: <b>468804.718</b>		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: <b>4699565</b>
	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;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </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;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </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
Location of First Harmful Event <b>01</b> Weather Conditions (up to two)	Major Contributing Circumstances Environment <b>01</b>
Manner of Crash/Collision <b>02</b> <b>01</b>	Roadway <b>01</b>
Light Conditions <b>1</b> Surface Conditions <b>01</b>	Type of Roadway Junction/Feature <b>01</b>
	FRA No.

First Harmful Event (Crash) <b>33</b>	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
---------------------------------------	---	---	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	----------------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-----------------------

N O N M O T O R I S T S	Name <b>001</b>	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									

N P O R N O V P E E H 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
	<b>FREEBURY</b>	<b>DAKOTA</b>	<b>18636 COUNTY ROAD D-20</b>	<b>IOWA FALLS</b>	<b>IA</b>	<b>50126</b>	<b>(641) 373-6512</b>
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	<b>EVEN</b>	<b>SETH</b>	<b>423 S 3RD ST</b>	<b>MOVILLE</b>	<b>IA</b>	<b>51039</b>	<b>(712) 899-5676</b>
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
<b>SCHULTZ</b>	<b>CHRISTOPHER</b>	<b>2035 DIXIE DR</b>	<b>WAUKESHA</b>	<b>WI</b>	<b>53189</b>	<b>(262) 933-6805</b>	
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 <b>08/24/2020</b>	Incident Clearance Date <b>08/24/2020</b>
Signature of Officer <b>TROOPER M ANDERSON</b>	Badge Number <b>379</b>	Time Officer Notified of Accident <b>19:40</b> Hrs.	Roadway Clearance Time <b>00:30</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 07</b>	Date of Report <b>08/23/2020</b>	Time Officer Arrived At Scene <b>20:02</b> Hrs.	Total Roadway Clearance Time <b>004:50</b>
Report Reviewed By <b>Morenz, N</b>	Date of Review <b>08/31/2020</b>	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. <b>20-080</b>
		Other Technical Investigating Agency <b>IOWA STATE PATROL - DIST 07</b>	

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

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Numbers:

**2020020087**

**D  
I  
A  
G  
R  
A  
M**



**Highway 20**

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

Vehicle #1 was traveling eastbound on Highway 20 in the westbound lanes. Vehicle #2 was traveling westbound on Highway 20. Vehicle #1 struck vehicle #2 head on. Vehicle #1 came to rest in the median, and vehicle #2 rolled onto its top and passenger side.