INVESTIGATING OFFICER'S REPORT

Sheet 1 of 6

For	Form 4433003 (11-13) 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	Enford	ement	Case	Numb	ers:								
-	IL REPORTS TO	1		artment .cciden	-	sportat unty	ion, Offic	e of Driver	Services, I	P.O. B	ox 92			lowa 503 rred with			ite limi	ts of	(city)	2019016300									
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Ň	Address											City						State Zip											
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·	Male Fema	le Sta		Class 0	Endo	rseme		Restrictions B					rge 3					C	Citation	Charge 4									
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												City IOWA C	VTI							State									
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	Carrier Name/Lessee													•															
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Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 2 of 6 Law Enforcement Case Numbers:

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•		Date of Birth Driver's License Number CDL Citation																		тх		033-00	00							
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INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 3 of 6

	Form 4433003 (11-13) OF MOTOR VEHICLE ACCIDENT MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204																ement	Case	Num	oers:								
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U	Driver's Nan GRIFFIN						-					irst IICHAE	FI				Midd F	le										
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For	Form 4433003 (11-13) 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:											
MA		· ·			e of Dr	river Service	es, P.							inte lin	mite of	. (aita	`	2019016300								
L	Date of Accident 06/16/2019	Time of <i>I</i> 21:27		County JOHNSON	I - 52				Accide	nt oc	currea	within	corpoi	ate III	nits oi	(City	·	_egal nterve	Private Proper							
Ō	Literal Description	21.27	1115.		1 52													Count				Route:				
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	Number Or bridge, or railroad crossing ACCIDENT ENVIRONMENT ROADWAY CHARACTERISTICS																									
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First	Harmful Event (Cra	o A	Activity	Loc	ation	Туре		Worke	rs Pres	sent	l	Struck by Unit No	njury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute					
33		rmful Event (Crash) WORKZONE Ves No RELATED?								_				Sex	Stru	Inju	Nor	Loc	Acti	Cor	Saf	Cor	Sol	Die		
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ΝO	Owner's Last Name	е				First Name								Middle Name						Number						
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EЕ	Address 2507 210TH STRE	FT				City WILLIAMSBURG						Stat IA		Zip Code 52361							r or tenant notified? = No 9 = Unknown					
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INVESTIGATING OFFICER'S REPORT OF

Sheet 4 of 6

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 5 of 6

Law Enforcement Case Numbers: Form 4433003 (11-13) MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2019016300 D I-80 WB L Α G R Α М #2 #1 ≯ I-80 EB VEHICLE #1 WAS TRAVELING THE WRONG WAY (EAST BOUND) ON I-80 NEAR THE 234 MILE MARKER IN THE WEST BOUND TRAVEL LANE 1. Ν VEHICLE #2 WAS TRAVELING WEST BOUND IN LANE 1 AND COLLIDED HEAD ON WITH VEHICLE #1. Α VEHICLE #3 WAS ALSO TRAVELING WEST BOUND I-80 AND STRUCK THE CRASH DEBRIS (ENGINE) IN THE ROADWAY. R R Α * unit #1 Vehicle Action: Traveling the wrong way on I-80 Т L ۷ Е

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 6 of 6

Law Enforcement Case Numbers:

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

2019016300

