

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:
2019016300

Date of Accident 06/16/2019	Time of Accident 21:27 Hrs.	County JOHNSON - 52	Accident occurred within corporate limits of (city)																	
UNIT 1	Driver's Name - Last LUCORE					First STEPHEN					Middle DELOI									
	Address 1115 1/2 E BURLINGTON ST					City IOWA CITY					State IA	Zip 52240-0000								
	Date of Birth 06/10/1987			Driver's License Number 622AH7597			CDL Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Citation Charge 1				Citation Charge 2							
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class 0	Endorsements B		Restrictions B		Citation Charge 3				Citation Charge 4								
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reason for Re-Exam Request:									
	Owner's Name - Last LUCORE					First STEPHEN					Middle DELOI									
	Address 1115 1/2 E BURLINGTON ST					City IOWA CITY					State IA	Zip 52240-0000								
	License Plate No. GXC254		State IA	Year 2019	VIN: KMHEC4A40DA073404			Color BLK		Year 2013	Make HYUN		Model SONATA		Style 4DR					
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 2940940		Towed To BJ'S TOWING			Approx. Cost to Repair or Replace \$15,000.00						
	Insurance Company Name STATE FARM					Insurance Co. Phone Number (319) 545-7075					Insurance Policy Number 2041568C1215A									
Initial Travel Direction 02		Veh. Act. 98	Veh. Config. 01	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 12		Most Damaged Area 12		Extent of Damage 5		Total Occ. in Veh. 01							
Special Veh. Func. 01		Emergency Status 01		Bus Use 02		Driver Condition 01		Vision Obscured 01		Contributing Circumstances Driver (up to two) 08,13			Driver Distractions 97		Speed Limit 70					
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 03		SEQUENCE OF EVENTS		First Event 94		Second Event 33		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) 325-3971					Sex 3	Seating Position 03	Injury Status 06	Occupant Protection 2	Airbag Deployment 01	Ejection 1	Ejection Path 03	Trapped/extricated 01	Source of Transport 03	Died at scene/enroute 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:										

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Date of Accident 06/16/2019	Time of Accident 21:27 Hrs.	County JOHNSON - 52	Accident occurred within corporate limits of (city)																			
UNIT 2	Driver's Name - Last SAWYER					First DAVID					Middle HAROLD											
	Address 1399 CONE FLOWER DR.					City FRISCO					State TX		Zip 75033-0000									
	Date of Birth 03/14/1988		Driver's License Number 25583581			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 TX	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 SAWYER					First DAVID					Middle HAROLD											
	Address 1399 CONEFLOWER					City FRISCO					State TX		Zip 75033-0000									
	License Plate No. GXZ1327		State TX	Year 2020	VIN: 5FN9YF5H59GB030950			Color WHI		Year 2016	Make HOND		Model PILOT		Style SUV							
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 2940943		Towed To BIG 10 TOWING			Approx. Cost to Repair or Replace \$40,000.00								
	Insurance Company Name PROGRESSIVE COUNTY MUTUAL INS CO.					Insurance Co. Phone Number (800) 876-5581					Insurance Policy Number 927632471											
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 04	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 12		Most Damaged Area 12		Extent of Damage 5		Total Occ. in Veh. 5									
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 04		Vertical Alignment		SEQUENCE OF EVENTS	First Event 33	Second Event 52	Third Event 20	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 2					Phone Number: (940) 882-1585					Sex M	Seating Position 03	Injury Status 5	Occupant Protection 03	Airbag Deployment 06	Ejection 2	Ejection Path 01	Trapped/extricated 1	Source of Transport 01	Died at scene/enroute 01		
	Name 001 SAWYER ROBERT H					Phone Number (940) 882-1585					DOB: 2/3/1955 12		M	03	1	03	06	2	01	3	02	04
	Address 792 CLUB LAKE RO NOCONA TX 76255					Transported to: UNIVERSITY OF IOWA HOSPITAL					Transported by: AIRCARE											
	Name 002 CUEVAS-GALLARD LUZ					Phone Number (940) 882-1585					DOB: 1/6/1961 12		F	06	3	03	06	2	01	2	02	01
	Address 1399 CONEFLOWER FRISCO TX 75033					Transported to: UNIVERSITY OF IOWA HOSPITAL					Transported by: AIRCARE											
	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:

2019016300

L O C A T I O N	Date of Accident 06/16/2019	Time of Accident 21:27 Hrs.	County JOHNSON - 52	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description INTERSTATE 80 MEASURING 500 FEET WEST FROM MILE MARKER 234				County: 52	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: 604940.187	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4616653.5	
	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														
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 5	Surface Conditions 01	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	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:															
	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 H R I T C Y U L D A M R G	If Property other than vehicles damaged explain	Object Damaged CABLE BARRIER	Estimate of Damage \$1,000.00
	Owner's Last Name IOWA DOT	First Name	Middle Name

Address 2507 210TH STREET	City WILLIAMSBURG	State IA	Zip Code 52361	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown 1
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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
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W I T N E S S	Last Name RHINER	First Name TREVOR	Address 1214 PRAIRIE ROSE DR. S.W.	City CEDAR RAPIDS	State IA	Zip Code 52404	Phone Number (515) 236-1659
	Last Name RHINER	First Name NICOLE	Address 1214 PRAIRIE ROSE DR. S.W	City CEDAR RAPIDS	State IA	Zip Code 52404	Phone Number (515) 236-1659
	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 06/17/2019	Incident Clearance Date 06/17/2019
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Signature of Officer AARHUS R	Badge Number 058	Time Officer Notified of Accident 21:31 Hrs.	Roadway Clearance Time 00:01 Hrs.	Incident Clearance Time 01:00 Hrs.
Name of Agency IOWA STATE PATROL - DIST 11	Date of Report 06/16/2019	Time Officer Arrived At Scene 21:40 Hrs.	Total Roadway Clearance Time 002:30	Total Incident Clearance Time 003:29
Report Reviewed By Snedden, D	Date of Review 06/25/2019	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. 19-055	Other Technical Investigating Agency IOWA STATE PATROL - DIST 11

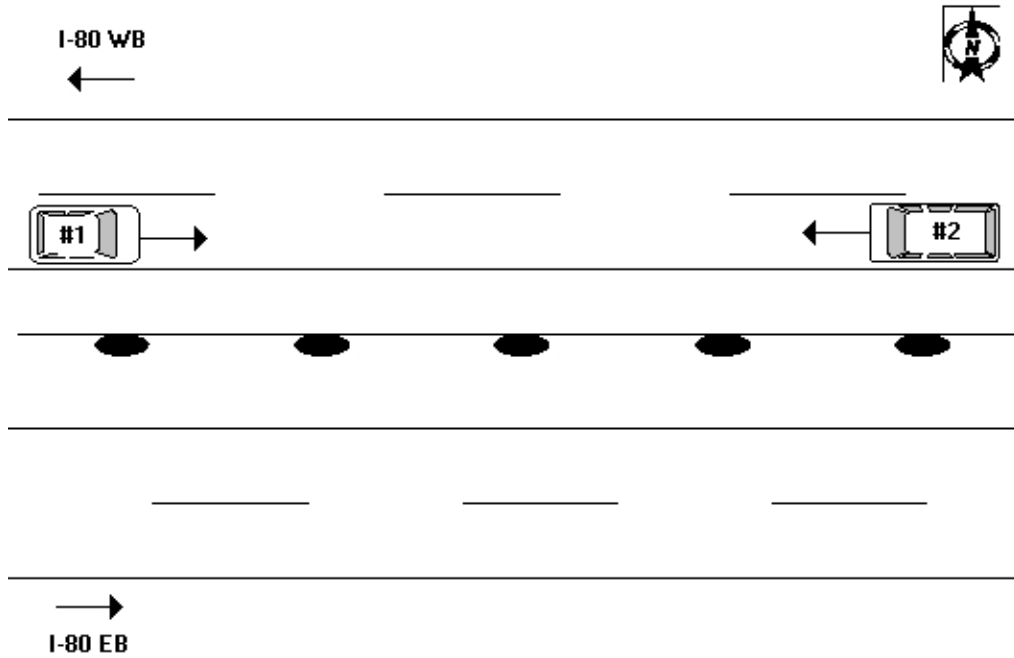
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Law Enforcement Case Numbers:

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VEHICLE #1 WAS TRAVELING THE WRONG WAY (EAST BOUND) ON I-80 NEAR THE 234 MILE MARKER IN THE WEST BOUND TRAVEL LANE 1.

VEHICLE #2 WAS TRAVELING WEST BOUND IN LANE 1 AND COLLIDED HEAD ON WITH VEHICLE #1.

VEHICLE #3 WAS ALSO TRAVELING WEST BOUND I-80 AND STRUCK THE CRASH DEBRIS (ENGINE) IN THE ROADWAY.

* unit #1 Vehicle Action: Traveling the wrong way on I-80

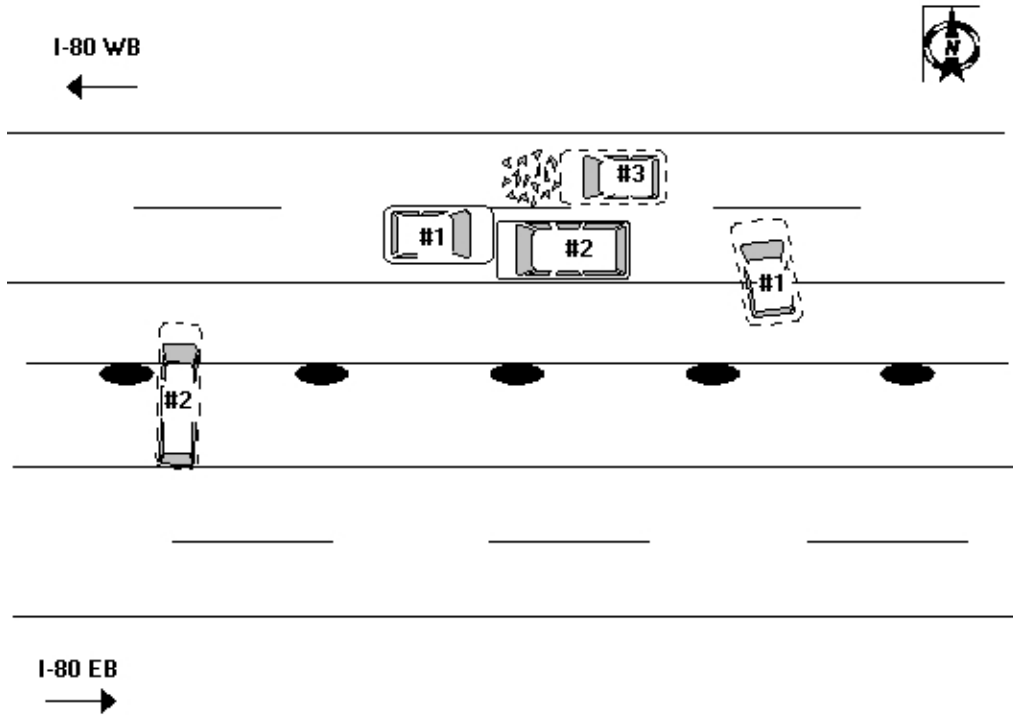
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VEHICLE #1 WAS TRAVELING THE WRONG WAY (EAST BOUND) ON I-80 NEAR THE 234 MILE MARKER IN THE WEST BOUND TRAVEL LANE 1.

VEHICLE #2 WAS TRAVELING WEST BOUND IN LANE 1 AND COLLIDED HEAD ON WITH VEHICLE #1.

VEHICLE #3 WAS ALSO TRAVELING WEST BOUND I-80 AND STRUCK THE CRASH DEBRIS (ENGINE) IN THE ROADWAY.

* unit #1 Vehicle Action: Traveling the wrong way on I-80