

# 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>C20000289</b>

Date of Accident <b>01/21/2020</b>	Time of Accident <b>16:31</b> Hrs.	County <b>JOHNSON - 52</b>	Accident occurred within corporate limits of (city) <b>CORALVILLE - 1557</b>															
UNIT 1	Driver's Name - Last <b>ALLEN</b>				First <b>DAWN</b>		Middle <b>MARIE</b>											
	Address <b>2621 WESTWINDS DR APT 1</b>				City <b>IOWA CITY</b>		State <b>IA</b>	Zip <b>52246-0000</b>										
	Date of Birth <b>04/19/1966</b>		Driver's License Number <b>769YY3992</b>		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1											
	Male <input type="radio"/> Female <input checked="" type="radio"/>		State <b>IA</b>		Class <b>C</b>		Citation Charge 2											
	Endorsements		Restrictions <b>B</b>		Citation Charge 3		Citation Charge 4											
	Alcohol Test Given: <b>1</b>		Test Results:		Drug Test Given: <b>1</b>		Test Result: Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>											
	Reason for Re-Exam Request:		Owner's Name - Last <b>ALLEN</b>		First <b>DAWN</b>		Middle <b>MARIE</b>											
	Address <b>2621 WESTWINDS DR APT 1</b>				City <b>IOWA CITY</b>		State <b>IA</b>	Zip <b>52246-0000</b>										
	License Plate No. <b>EJC791</b>		State <b>IA</b>		Year <b>2020</b>		VIN: <b>2G1WC581369317144</b>											
	Color <b>WHI</b>		Year <b>2006</b>		Make <b>CHEV</b>		Model <b>IMP</b>											
Style <b>4D</b>		Trailer Plate No.		State		Year												
VIN:		Tow <b>2</b>		Tow #		Towed To												
Approx. Cost to Repair or Replace <b>\$3,000.00</b>		Insurance Company Name <b>AMERICAN FAMILY MUTUAL</b>			Insurance Co. Phone Number <b>(319) 466-1088</b>		Insurance Policy Number <b>090691680293FPPAIA</b>											
Initial Travel Direction <b>04</b>		Veh. Act. <b>07</b>		Veh. Config. <b>01</b>		Cargo Body Type <b>01</b>												
Veh. Defect <b>01</b>		Point of Initial Impact <b>05</b>		Most Damaged Area <b>05</b>		Extent of Damage <b>4</b>												
Total Occ. in Veh. <b>1</b>		Special Veh. Func. <b>01</b>		Emergency Status <b>01</b>		Bus Use <b>01</b>												
Driver Condition <b>01</b>		Vision Obscured <b>01</b>		Contributing Circumstances Driver (up to two) <b>47</b>			Driver Distractions <b>15</b>											
Speed Limit <b>65</b>		Traffic Controls <b>01</b>		Horizontal Alignment <b>01</b>		Vertical Alignment <b>01</b>												
SEQUENCE OF EVENTS <b>33</b>		First Event		Second Event		Third Event												
Fourth Event		Most Harmful Event <b>33</b>		Carrier Name/Lessee														
COMMERCIAL	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									
PERSONNEL	DRIVER OF UNIT 1				Phone Number: <b>(319) 351-7099</b>				Sex <b>5</b>	Seating Position <b>03</b>	Injury Status <b>03</b>	Occupant Protection <b>03</b>	Airbag Deployment <b>2</b>	Ejection <b>01</b>	Ejection Path <b>1</b>	Trapped/extricated <b>01</b>	Source of Transport <b>01</b>	Died at scene/enroute <b>01</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:									
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Law Enforcement Case Numbers:  <b>C20000289</b>
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Date of Accident <b>01/21/2020</b>	Time of Accident <b>16:31</b> Hrs.	County <b>JOHNSON - 52</b>	Accident occurred within corporate limits of (city) <b>CORALVILLE - 1557</b>														
UNIT 2	Driver's Name - Last <b>MYERS</b>				First <b>BRIAN</b>				Middle <b>KEITH</b>								
	Address <b>4800 GRAND AVE APT H107</b>				City <b>DAVENPORT</b>				State <b>IA</b>	Zip <b>52807-0000</b>							
	Date of Birth <b>09/20/1978</b>		Driver's License Number <b>735MM8586</b>		CDL Yes <input type="radio"/> No <input type="radio"/>		Citation Charge 1		Citation Charge 2								
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>IA</b>	Class <b>A</b>	Endorsements <b>LTX</b>	Restrictions <b>BJ</b>	Citation Charge 3		Citation Charge 4									
	Alcohol Test Given: <b>1</b>		Test Results:		Drug Test Given: <b>1</b>		Test Result: Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:								
	Owner's Name - Last <b>UNITED PARCEL SERVICE INC</b>				First				Middle								
	Address <b>2055 W ARMY TRAIL RD STE 128</b>				City <b>ADDISON</b>				State <b>IL</b>	Zip <b>60101</b>							
	License Plate No. <b>P774368</b>		State <b>IL</b>	Year <b>2020</b>	VIN: <b>1M1AW01X9DM005727</b>		Color <b>BRO</b>	Year <b>2013</b>	Make <b>MACK</b>	Model	Style <b>TR</b>						
	Trailer Plate No.		State	Year	VIN:		Tow <b>1</b>	Tow #	Towed To		Approx. Cost to Repair or Replace <b>\$3,000.00</b>						
	Insurance Company Name				Insurance Co. Phone Number				Insurance Policy Number								
Initial Travel Direction <b>04</b>		Veh. Act. <b>01</b>	Veh. Config. <b>13</b>	Cargo Body Type <b>01</b>		Veh. Defect <b>01</b>	Point of Initial Impact <b>11</b>		Most Damaged Area <b>11</b>		Extent of Damage <b>2</b>	Total Occ. in Veh. <b>1</b>					
Special Veh. Func. <b>01</b>		Emergency Status <b>01</b>		Bus Use <b>01</b>		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 <b>33</b>		First Event		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												
	Trailer Plate:		State	Year	VIN												
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN										
PERSONNEL	DRIVER OF UNIT 2					Phone Number: <b>(563) 650-4701</b>		Sex <input checked="" type="radio"/>	Seating Position <b>5</b>	Injury Status <b>03</b>	Occupant Protection <b>03</b>	Airbag Deployment <b>2</b>	Ejection <b>01</b>	Ejection Path <b>1</b>	Trapped/extricated <b>01</b>	Source of Transport <b>01</b>	Died at scene/enroute <b>01</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:								
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	Name					Phone Number			DOB:								
Address					Transported to:			Transported by:									

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Law Enforcement Case Numbers:  
**C20000289**

L O C A T I O N	Date of Accident <b>01/21/2020</b>	Time of Accident <b>16:31</b> Hrs.	County <b>JOHNSON - 52</b>	Accident occurred within corporate limits of (city) <b>CORALVILLE - 1557</b>	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description <b>INTERSTATE 80/I 80 AND INTERSTATE 80/NE RAMP CURV</b>				County: <b>52</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>616305.687</b>	
	On Road, Street or Highway:		At Intersection with:		Y Coordinate: <b>4616731.5</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>03</b> <b>01</b>	Roadway <b>01</b>
Light Conditions <b>1</b> Surface Conditions <b>01</b>	Type of Roadway Junction/Feature <b>21</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
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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				
Transported to:	Transported by:																	

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>GLASGOW</b>	<b>ELIZABETH</b>					<b>(319) 470-4915</b>
	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 <b>01/21/2020</b>	Incident Clearance Date <b>01/21/2020</b>	
Signature of Officer <b>ROBERT DUNCAN</b>	Badge Number <b>345</b>	Time Officer Notified of Accident <b>16:31</b> Hrs.	Roadway Clearance Time <b>17:00</b> Hrs.	Incident Clearance Time <b>17:00</b> Hrs.
Name of Agency <b>CORALVILLE POLICE DEPARTMENT</b>	Date of Report <b>01/26/2020</b>	Time Officer Arrived At Scene <b>16:37</b> Hrs.	Total Roadway Clearance Time <b>000:29</b>	Total Incident Clearance Time <b>000:29</b>
Report Reviewed By <b>DUNCAN, ROBERT</b>	Date of Review <b>01/26/2020</b>	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No.	Other Technical Investigating Agency

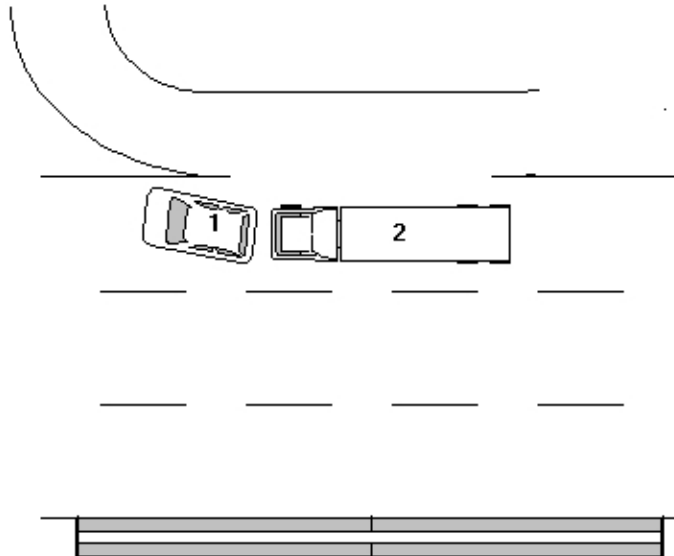
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Law Enforcement Case Numbers:

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Unit 1 drove the wrong way up Exit 240 from Coral Ridge Avenue to 80 WB. Unit 1 realized she was driving the wrong way when she got to the top of the exit ramp and observed oncoming interstate traffic. Unit 1 then attempted to turn the vehicle around and travel WB on interstate 80. Unit 1 failed to yield the right of way to traffic already traveling WB. After nearly being struck by several vehicles Unit 1 entered the outside lane WB. Unit 2 was traveling at interstate speed when Unit 1 entered his lane. Unit 2 struck Unit 1 in the rear end. No injuries were reported. Unit 1 was towed away.