INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of

Law Enforcement Case Numbers: MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 C20000289 Date of Accident Time of Accident Accident occurred within corporate limits of (city) 01/21/2020 16:31 JOHNSON - 52 **CORALVILLE - 1557** Driver's Name - Last First Middle ALLEN DAWN MARIE Ν Address City State Zip 2621 WESTWINDS DR APT 1 IOWA CITY 52246-0000 IΑ T Date of Birth Driver's License Number CDI Citation Charge 1 Citation Charge 2 04/19/1966 769YY3992 1 Yes No Male Female Class Endorsements Citation Charge 3 State Restrictions Citation Charge 4 0 \odot Alcohol Test Given: Test Results: Drug Test Given: Test Result: Re-exam: Yes No Reason for Re-Exam Request: \odot Owner's Name - Last First Middle MARIE ALLEN DAWN Address State City 2621 WESTWINDS DR APT 1 **IOWA CITY** IΑ 52246-0000 License Plate No. VIN: Make State Year Color Year Model Style 2G1WC581369317144 EJC791 2020 wні 2006 CHEV IMP 4D Trailer Plate No. State VIN: Tow # Towed To Approx. Cost to Repair or Replace \$3,000.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number **AMERICAN FAMILY MUTUAL** (319) 466-1088 090691680293FPPAIA Initial Travel Direction Cargo Body Type Veh Defect Point of Initial Impact Most Damaged Area Extent of Damage Total Occ. in Veh. Veh. Act. Veh. Config. 07 05 01 01 01 05 Special Veh. Func Emergency Status Bus Use Driver Condition Vision Obscured Contributing Circumstances Driver (up to two) Driver Distractions Speed Limit 47 01 01 01 15 65 Traffic Controls Horizontal Alignment Vertical Alignment First Event Second Event Third Event Fourth Event Most Harmful Event SEQUENCE 01 01 01 OF EVENTS 33 33 Carrier Name/Lessee C 0 Street Address City State Zip Code М М Number of Axles US DOT Number MC Number Underride/Override Gross Vehicle Weight Rating Ε 1 - NONE R Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name C I Trailer Plate: State Year VIN Α Source of Transport L Trailer Plate: State Year VIN Seating Position Path Injury Status Converter Dolly Dolly Plate: State Plate Year VIN Sex Phone Number: (319) 351-7099 03 03 01 01 Transported to: Transported by: DRIVER OF UNIT 1 Ε R Name Phone Number DOB: S 0 Address Transported to: Transported by: Νı SN Name Phone Number DOB: Address Transported to: Transported by: NΝ JΙ Name Phone Number DOB: Address Transported to: Transported by: Ε D Name Phone Number DOB: Address Transported to: Transported by:

Address

Form 4433003 (11-13) INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT											Sheet 2 of 4 Law Enforcement Case Numbers:																
MAIL REPORTS TO: lowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204												C20000289															
Date of Accident									occurred wit	hin co	rpora	te limit	s of (city)	1												
01/21/2020 16:31 Hrs. JOHNSON - 52							CORALVILLE - 1557																				
١	Driver's Name - Last										First									Middle							
U	MYERS										BRIAN								KEITH								
N	Address 4800 GRAND AVE APT H107										City					State Zip											
ΙĖ							oor CDI Citat					DAVENPORT							IA 52807-0000								
	09/20/1978		Driver's License Number 735MM8586					CDL	ation Charge 1							itation	Charge 2										
2	Male Femal	a Stat						trictions	Yes N	lo Cita	ation Charge 3				Citation				Chargo 4								
	(i) (i) IA			A LTX			BJ	tilotionis	(e)	20011 01	iaig	0 0				Citation Charge 4											
	Alcohol Test					Drua	\sim		Test R	esult:	Re-exam: Yes No Reason for Re-					or Re-E	-Exam Request:										
	1					1	,						\bigcirc \bigcirc					·									
	Owner's Nar	ne - La	st			1			1		First								Middl	e							
	UNITED PA	RCEL S	SERVICE	INC																							
	Address										City					State Zip											
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	License Plat	e No.	State IL							Colo			Year		Make			Mode	el	Style							
		P774368					1X9D	M00572	7	BRO			2013	13 MA						TR							
	Trailer Plate	Trailer Plate No.			ar VIN	l:					Tow	Т	Tow#			Towed	То						or Repla	r Replace			
											Insurance Co. Phone Nur			NI		r Insurance Policy N				\$3	,000.00						
	Insurance Company Name									insur	ance	e Co. Priorie	INUITIL	bei	insurar	ice P	Olicy IN	umber									
	Initial Travel	Initial Travel Direction Ve			Veh.	Config	nfig. Cargo Body Type Ve			Veh. [Defect Point		int of Initial Ir	npact	Мо	st Dam	aged	Area	Extent	of Damage		Total Occ. in Veh		Veh.			
	04	04		01 13			01 01				11				11				2			1					
	Special Veh. Func Emergency			ncy S								Obscured Contributing (ircumstances [(up to	two) Driver Distract			tions	ons Speed Limit				
	01 Traffic Contr	ole	01	tal Ali	Alignment Vert			rtical Alignment SEQUEN						acand	nd Event Third Event				Fourt		nt M	oct Ha	rmful l	Event			
	01				vnt Vertical Alignment SEQUENC 01 OF EVENT				/L			LVGI					II LVC	33									
С	Carrier Name/Lessee																										
O M	Street Address										City						State Zip Code										
M	Number of Axles Gross Vehicle Wei					Weight	ght Rating				US DOT Number M				/C N	umber			Underride/Override 1 - NONE								
R	Haz Mat Involvement Haz Mat Placard					rd Pl:	Placard Number Haz. Mat Rel				leased Haz Mat Class			ss F	Haz Mat Name					I. NONE							
С	raz mat m						aca. a									iai i iai											
I A	Trailer Plate	Trailer Plate: Sta			Year	VII	VIN				·							<u>c</u>						ute			
Ĺ	T " DI .	llate:			Year VIN											uc		Occupant Protection	Airbag Deployment			Trapped/extricated	Source of Transport	Died at scene/enroute			
	Trailer Plate:	iler Plate: Stat			real		VIIN									Seating Position	tus	Prof	ploy		ath	extric	Trar	ene/			
	Converter D	nverter Dolly		lly Pla	ate:	Sta	State Plate		ar VIN							ng P	, Sta	pant	g De	uoj	Ejection Path)/pəc	Se of	at sc			
	000.10. 2	Jony 1													Sex	Seati	Injury Status	nooC	\irba	Ejection	ject	rapi	Sour	Died			
	Phone Numb DRIVER OF UNIT 2 Transported							Number:	(563) (650-470)1	1			"	<i>"</i> /	5	03	_	2	01	1	01	01			
Р									(,								Trans	sported									
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E R S O N S N	Name							Pł	none Nu	ımber		DOB:															
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UT R E ² D												, 5110							~,.	-,-							
1	Name	lame Phone Number									DOB:																

Transported to:

Transported by:

For	INVESTIGATING OFFICER'S REPORT OF Form 4433003 (11-13) MOTOR VEHICLE ACCIDENT													Lav	Sheet 3 of 4 Law Enforcement Case Numbers:										
	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														C20000289										
L	Date of Accident 01/21/2020	Time of Accident County 16:31 Hrs. JOHNSO				,	Accident occurred within corporate limits of (city) CORALVILLE - 1557									Legal Private Property?									
0	Literal Description											County: Route:													
C	INTERSTATE 80/I			ATE 80/NE F			SE S S	SW W	NW								X Coordinate:								
Ţ	If accident occurred outside of city limits show general vicinity O O O O nearest city												616305.687												
0	On Road, Street or Highway: At Intersection with:												Y Coordinate: 4616731.5												
N				h is completely described above, use the space below to give the exact ge, or railroad crossing, using two distances and directions if neccessaryof										f If C	If Divided Highway, Provide Route										
	N NE E SE S SW W NW N NE E SE S SW W NW											W	(Ca		al) T		el Direction EB			3					
	Milepost Definable intersection,													0	(\circ)	C)					
	Number Or bridge, or railroad crossing ACCIDENT ENVIRONMENT ROADWAY CHARACTERISTICS													4											
Locat	ACCII ion of First Harmful Eve			EIN I Conditions (u	p to two)		contributing					1									ses				
Manr	er of Crash/Collision	03		01		Roadwa	ay				0	01					mpact	crash)			nstan	Ę	onte		
Light Conditions 1 Surface Conditions 01 Type of Roadway Junction,									ction/Feature 21							ed i she	ior to i	to cra		oment	Circui	anspo	scene/enroute		
						FRA No		T						Struck by Unit No	Injury Status	adki ishoronisi isho	Location (prior to impact)	Action (prior to		Safety Equipment	Contributing Circumstances	Source of Transport	ce of Tr		
33	Harmful Event (Cra	, ,,,	RKZONE LATED?	Yes No	_	tivity L	ocation	Туре	V	Vorker	s Pres	sent	Sex	Struck	Injury		Locat	Action	Condition	Safet	Contr	Source	Died		
N	Name 001		Phone Number D					OOB:	:																
O N M	Address: Alcohol Test Given Test Results: Dru										Drug	Test Given Result Charged						Yes	No						
O	Transported to: Transported by:																								
O R	Name	Phone Number								DOB:															
S	Address:		Alcohol Test (t Give	n Te	Test C	est Given Resu				arged	Yes	No								
T S	Transported to:								Transported by:														/		
N P	If Property other th		Object D	amaged													Estimate of Damage								
O R N O	vehicles damaged Owner's Last Name	F	First Name					Mid	Middle Name						Phone Number										
V P	Address		City Sta						<u> </u>	ip Co	de		Was owner or tenant notified?												
ΗR			,										1 = Yes 2 = No 9 = Unknown Estimate of Damage												
I T C Y	If Property other th vehicles damaged													Esti	mate	of Da	amag	је							
U L D	Owner's Last Name	F	First Name					Middle Name						Phone Number											
	Address	C	City					State Zip Code						Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown											
w	Last Name GLASGOW	Addre	Address					City	y State					Zip Code				Phone Number (319) 470-4915							
ı	Last Name		First Nan	Addre	ess		(State			Cod	le	(319) 470-4915 Phone Number							
N E	Last Name		First Nan	ne	Addre	ess					City				State	Zip	Cod	ode P		Phone Numb		 oer			
S	Last Name		First Nan	ne	Addre	ess					City	City			State	Zip	Zip Code			Phone Number					
	Last Name	Addre	ddress				City	City State					Zip Code				Phone Number								
Is Th	is a Secondary Cra	dent							Roadway Clearance Date						Incident Clearand				ate						
_	ature of Officer		dge Number Time Officer Notified of Acc					dent Roadway Clearance Time						47.00											
ROBERT DUNCAN 345 Name of Agency Date						16:31 ate of Report Time Officer Arrived					Hrs. 17:00 ved At Scene Total Roadway Cle					e Tim	ne 1	Total	Incide	Hrs. cident Clearance Time					
						01/26/2020 16:37 Date of Review Investigation				Hrs.				000:29					29 nvest	igatin	ης Ασι	encv			
· · · · · · · · · · · · · · · · · · ·						2020	Y	Investigation made at scene? Y N				T.I. No. Oth					er Technical Investigating Agency								

Sheet 4 of 4

Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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

C20000289

Law Enforcement Case Numbers:

D ı G R Α М 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 Ν 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. Α R R Α T ٧ Ε