

## 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:

**201801537**

Date of Accident <b>01/29/2018</b>	Time of Accident <b>21:10</b> Hrs.	County <b>LINN - 57</b>	Accident occurred within corporate limits of (city) <b>CEDAR RAPIDS - 1187</b>						
<b>U N I T 1</b>		Driver's Name - Last <b>NORTON</b>		First <b>ROBERT</b>		Middle <b>JR</b>			
		Address <b>4288 TURKEY CREEK RD NE</b>		City <b>IOWA CITY</b>		State <b>IA</b>	Zip <b>52240</b>		
Date of Birth <b>10/14/1948</b>		Driver's License Number <b>783ZZ5310</b>		CDL	Citation Charge 1		Citation Charge 2		
Male <input checked="" type="radio"/> Female <input type="radio"/>		State <b>IA</b>	Class <b>C</b>	Endorsements <b>L</b>	Restrictions	Yes No <input type="radio"/> <input checked="" type="radio"/>			
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:		
<b>C O M M E R C I A L</b>		Owner's Name - Last <b>NORTON</b>		First <b>ROBERT</b>		Middle <b>JR</b>			
		Address <b>4288 TURKEY CREEK RD NE</b>		City <b>IOWA CITY</b>		State <b>IA</b>	Zip <b>52240</b>		
License Plate No. <b>314XJL</b>		State <b>IA</b>	Year <b>2018</b>	VIN: <b>JTDKKB20U973217444</b>		Color <b>GRY</b>	Year <b>2007</b>		
Trailer Plate No.		State	Year	VIN:		Tow <b>3</b>	Tow # <b>1801537</b>		
Insurance Company Name <b>IOWA MUTUAL</b>		Insurance Co. Phone Number <b>(800) 456-5257</b>		Insurance Policy Number <b>W271953NN</b>					
Initial Travel Direction <b>03</b>	Veh. Act. <b>01</b>	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>	Veh. Defect <b>01</b>	Point of Initial Impact <b>12</b>	Most Damaged Area <b>12</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>99</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>	
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			
Trailer Plate:		State	Year	VIN					
Trailer Plate:		State	Year	VIN					
Converter Dolly		Dolly Plate:		State	Plate Year	VIN			
<b>P E R S O N N E L</b>		Phone Number:							
		DRIVER OF UNIT 1			Transported to:				
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:

**201801537**

Date of Accident <b>01/29/2018</b>	Time of Accident <b>21:10</b> Hrs.	County <b>LINN - 57</b>	Accident occurred within corporate limits of (city) <b>CEDAR RAPIDS - 1187</b>													
<b>U N I T 2</b>	Driver's Name - Last <b>KOENIGHAIN</b>				First <b>JENNIFER</b>				Middle <b>RAE</b>							
	Address <b>1431 26TH ST NW</b>				City <b>CEDAR RAPIDS</b>				State <b>IA</b>	Zip <b>52405</b>						
	Date of Birth <b>10/16/1989</b>		Driver's License Number <b>900AA4575</b>		CDL	Citation Charge 1			Citation Charge 2							
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State <b>IA</b>	Class <b>C</b>	Endorsements <b>B</b>	Restrictions <b>B</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 3								
	Alcohol Test Given: <b>2</b>		Test Results: <b>.000</b>		Drug Test Given: <b>2</b>		Test Result: <b>01</b>		Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>							
	Reason for Re-Exam Request:															
	Owner's Name - Last <b>KOENIGHAIN</b>				First <b>JENNIFER</b>				Middle <b>RAE</b>							
	Address <b>1431 26TH ST NW</b>				City <b>CEDAR RAPIDS</b>				State <b>IA</b>	Zip <b>52405</b>						
	License Plate No. <b>BGR632</b>	State <b>IA</b>	Year <b>2018</b>	VIN: <b>YV1MS382882381089</b>		Color <b>GRY</b>	Year <b>2008</b>	Make <b>VOLV</b>	Model <b>S40 2.4I</b>	Style <b>4D</b>						
	Trailer Plate No.	State	Year	VIN:		Tow <b>3</b>	Tow # <b>1801537</b>	Towed To <b>DARRAHS</b>		Approx. Cost to Repair or Replace <b>\$15,000.00</b>						
Insurance Company Name				Insurance Co. Phone Number			Insurance Policy Number									
Initial Travel Direction <b>01</b>	Veh. Act. <b>01</b>	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>	Veh. Defect <b>01</b>	Point of Initial Impact <b>12</b>	Most Damaged Area <b>12</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>01</b>	Vision Obscured <b>01</b>	Contributing Circumstances Driver (up to two) <b>88</b>		Driver Distractions <b>04</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 <b>33</b>	Third Event <b>01</b>	Fourth Event	Most Harmful Event <b>33</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>C O M M E R C I A L</b>	DRIVER OF UNIT 2						Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Phone Number:						<b>1</b>	<b>03</b>	<b>04</b>	<b>2</b>	<b>01</b>	<b>3</b>	<b>03</b>	<b>02</b>		
	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:								
<b>P E R S O N S  I N J U R E D</b>	DRIVER OF UNIT 2						Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Phone Number:						<b>1</b>	<b>03</b>	<b>04</b>	<b>2</b>	<b>01</b>	<b>3</b>	<b>03</b>	<b>02</b>		
	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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Law Enforcement Case Numbers:

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Date of Accident <b>01/29/2018</b>	Time of Accident <b>21:10</b> Hrs.	County <b>LINN - 57</b>	Accident occurred within corporate limits of (city) <b>CEDAR RAPIDS - 1187</b>																		
<b>U N I T 3</b>	Driver's Name - Last <b>DRUSCHEL</b>					First <b>DESI</b>					Middle <b>JOE</b>										
	Address <b>3414 SHASTA DR NE</b>					City <b>CEDAR RAPIDS</b>					State <b>IA</b>		Zip <b>52402</b>								
	Date of Birth <b>06/19/1975</b>			Driver's License Number <b>566XX1398</b>			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 <b>IA</b>	Class <b>C</b>	Endorsements		Restrictions			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>BRAD DEERY MOTORS INC</b>					First					Middle										
	Address <b>112 N 2ND ST</b>					City <b>MAQUOKETA</b>					State <b>IA</b>		Zip <b>50602-2220</b>								
	License Plate No. <b>D23074</b>		State <b>IA</b>	Year <b>2018</b>	VIN: <b>1GNKVGKD8GJ347784</b>		Color <b>WHI</b>		Year <b>2016</b>	Make <b>CHEV</b>		Model <b>TRAVERSE</b>		Style <b>AWD</b>							
	Trailer Plate No.		State	Year	VIN:		Tow <b>3</b>	Tow # <b>1801530</b>		Towed To <b>DARRAHS</b>		Approx. Cost to Repair or Replace <b>\$20,000.00</b>									
	Insurance Company Name <b>PROGRESSIVE</b>					Insurance Co. Phone Number <b>(800) 776-4737</b>			Insurance Policy Number <b>45328973</b>												
Initial Travel Direction <b>01</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>12</b>		Most Damaged Area <b>12</b>		Extent of Damage <b>5</b>		Total Occ. in Veh. <b>2</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 <b>01</b>	Third Event	Fourth Event	Most Harmful Event <b>33</b>										
<b>C O M M E R C I A L</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		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															
<b>P E R S O N S  I N J U R E D</b>	<b>DRIVER OF UNIT 3</b>					Phone Number: <b>(319) 213-5223</b>						<b>4</b>	<b>03</b>	<b>06</b>	<b>2</b>	<b>01</b>	<b>1</b>	<b>03</b>	<b>01</b>		
						Transported to: <b>U OF I HOSPITALS</b>					Transported by: <b>AREA AMBULANCE</b>										
	Name <b>001</b> <b>CHILD/JUV</b>					Phone Number				DOB:		<b>M</b>	<b>03</b>	<b>4</b>	<b>03</b>	<b>06</b>	<b>2</b>	<b>01</b>	<b>1</b>	<b>03</b>	<b>01</b>
	Address					Transported to: <b>U OF I HOSPITALS</b>					Transported by: <b>AREA AMBULANCE</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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MOTOR VEHICLE ACCIDENT**

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

Law Enforcement Case Numbers:

**201801537**

L O C A T I O N	Date of Accident <b>01/29/2018</b>	Time of Accident <b>21:10</b> Hrs.	County <b>LINN - 57</b>	Accident occurred within corporate limits of (city) <b>CEDAR RAPIDS - 1187</b>	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description <b>7600 BLOCK NB LANES I380 SW</b>				County:	Route:	
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city				X Coordinate: <b>610153.62</b>		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: <b>4639883.76</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		
N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				NB <input type="radio"/>	SB <input type="radio"/>		
Milepost Number _____ Or Definable intersection, bridge, or railroad crossing _____				EB <input type="radio"/>	WB <input type="radio"/>		

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>5</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
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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 R O P E R 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>MEHAFFY</b>	<b>TONY</b>	<b>1301 E HAYNES CT APT 107</b>	<b>MT. PLEASANT</b>	<b>IA</b>		<b>(319) 750-0269</b>
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	<b>JACKSON</b>	<b>ANGELA</b>	<b>5853 DIX RD</b>	<b>COGGON</b>	<b>IA</b>		<b>(319) 310-8446</b>
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
<b>JACKSON</b>	<b>KEVIN</b>	<b>5853 DIX RD APT A</b>	<b>COGGON</b>	<b>IA</b>		<b>(319) 550-2583</b>	
Last Name	First Name	Address	City	State	Zip Code	Phone Number	
<b>SCHLOTTERBECK</b>	<b>DANIELLE</b>	<b>580 TELLURIDE TRL</b>	<b>MARION</b>	<b>IA</b>	<b>52302</b>	<b>(319) 360-2217</b>	
Last Name	First Name	Address	City	State	Zip Code	Phone Number	
<b>MEADE</b>	<b>MCCALL</b>	<b>601 24TH ST NW</b>	<b>CEDAR RAPIDS</b>	<b>IA</b>	<b>52405</b>	<b>(319) 330-9793</b>	

Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date <b>01/29/2018</b>	Incident Clearance Date <b>01/29/2018</b>
Signature of Officer <b>IDLE GARRY</b>	Badge Number <b>0749</b>	Time Officer Notified of Accident <b>21:10</b> Hrs.	Roadway Clearance Time <b>23:45</b> Hrs.
Name of Agency <b>CEDAR RAPIDS POLICE DEPARTMENT</b>	Date of Report <b>01/29/2018</b>	Time Officer Arrived At Scene <b>21:10</b> Hrs.	Total Roadway Clearance Time <b>002:35</b>
Report Reviewed By <b>OMAR, MICHELLE</b>	Date of Review <b>11/14/2018</b>	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. _____ Other Technical Investigating Agency _____

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Law Enforcement Case Numbers:  <b>201801537</b>
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NON-MOTORISTS	Name		Phone Number	DOB:	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	
	NON-MOTORISTS	Name		Phone Number	DOB:											
Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No								
Transported to:		Transported by:														
Name		Phone Number	DOB:													
NON-MOTORISTS	Name		Phone Number	DOB:												
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No							
	Transported to:		Transported by:													
	Name		Phone Number	DOB:												
NON-MOTORISTS	Name		Phone Number	DOB:												
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No							
	Transported to:		Transported by:													
	Name		Phone Number	DOB:												
PROPERTY DAMAGE	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							
	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							
	WITNESSES	Last Name	First Name	Address			City	State	Zip Code	Phone Number						
		LILIENTHAL	GRETCHEN	4341 M AVE NW			CEDAR RAPIDS	IA	52405	(563) 271-8726						
		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							

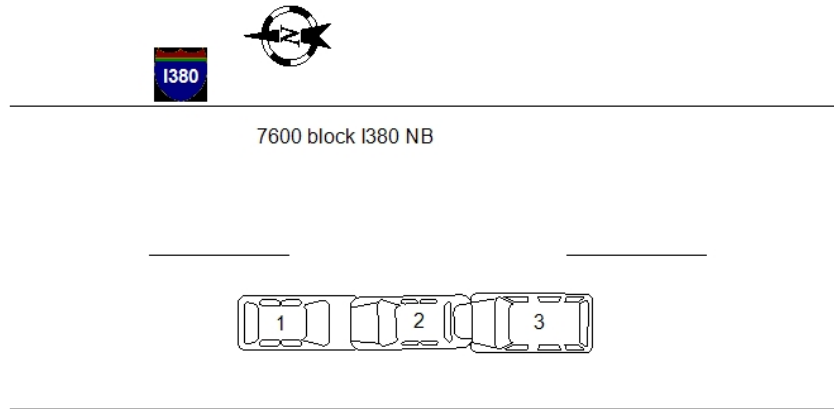
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Law Enforcement Case Numbers:

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Unit 1 was driving SB in the inside lane of NB I380. Unit 2 and 3 were driving NB in the inside lane of I380. Unit 1 struck Unit 2 head on causing Unit 3 to hit Unit 2. The driver's of Unit 1 and Unit 2 died at the scene.

The autopsy for the driver of Unit 1 was inconclusive for a BAC or drugs.