# INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 6

J14XJL     IA     2018     JTDKB20U973217444     GRY     2007     TOYT     PRIUS     4D       Trailer Plate No.     State     Year     VIN:     Tow     Tow     Tow #     Towed To     Approx. Cost to Rej       Insurance Company Name     Insurance Company Name     Insurance Company Name     Insurance Co. Phone Number     W271953NN       Initial Travel Direction     Veh. Act.     Veh. Config.     Cargo Body Type     Veh. Defect     Point of Initial Impact     Most Damaged Area     Extent of Damage     Tot       Special Veh. Func     Emergency Status     Bus Use     Driver Condition     Vision Obscured     Contributing Circumstances Driver (up to two)     Driver Distractions       01     01     01     Vertical Alignment     SEQUENCE     First Event     Second Event     Third Event     Fourth Event     Most I       01     01     01     O1     O1     O1     State     Zip Code       M     Number of Axles     Gross Vehicle Weight Rating     US DOT Number     MC Number     Underride/Override       1     Number of Axles     Gross Vehicle Weight Rating     US DOT Number     MC Number     1 - NONE       R     Haz Mat			537				LE ACCIDENT							Form 4433003 (11-13) OF MOTOR VEHIC							For		
Date of Accident 01/23/2018       21:10       Hrs.       LINN - 57       CEDAR APIDS - 1187       Middle         Driver's Name - Last       Jan       State       Zip       Jan       Jan       Jan         Date of Birth       Driver's Name - Last       City       State       Zip       Jan       Size       Jan         Date of Birth       Driver's Name - Last       Driver's Name - Last       City       State       Zip         1       4285 TURKEY CREEK RD NE       Citation Charge 1       Citation Charge 2       Citation Charge 2         1       Inview State       State       Citation Charge 3       Citation Charge 4         Accodent Test Given:       Test Result:       Prest       No       No         Address       City       State       Zip       State       Zip         4288 TURKEY CREEK RD NE       Drug Test Given:       Test Result:       First       Middle       No         Address       City       State       Zip       State       Zip       State       Zip         4288 TURKEY CREEK RD NE       Drug Test Given:       Test Result:       First       Middle       No       No       State       Zip       State       Zip       State       Zip       State			537						0004	- 50000	Mata - 1	004 D				1. Office	<b>T</b>		<b>.</b>				
01/229/2018       21:0       Hrs.       LINN - 57       CEDAR RAPIDS - 1187         U       Norkoris Name - Last       First       Middle         V       Norkoris Name - Last       First       Middle         1       Address       City       State       Zip         2asa TurkKEY CREEK RD NE       CDL       Citation Charge 1       Citation Charge 2         1       Male Female       State       Size 20         Male Female       State       Citation Charge 3       Citation Charge 4         Owner's Name - Last       Drug Test Given:       Test Result:       Re-exam: Yes       No       Reason for Re-Exam Request:         1       Norkfron       Test Result:       Per vame:       Owner's Name - Last       Middle       Jip         Norkfron       RobERT       JR       Zip       Zip       Zip       Zip         314&XJL       IA       2018       JTDKE20U973217444       GRY       Year       Make       PRUS         1       JTNKE20U973217444       GRY       Year       Make       PRUS       Approx. Cent is not sign 3145.21       State       State<				801	201	(city)	ite of (	rata limi			-		P.O. BOX 8	ervices, F	e of Driver 5	luon, Oince						r	
U     NORTON     ROBERT     JR       Address     City     State     Zip       Jate of Birth     Driver's License Number     IOWA CTY     IA     State     Zip       Male     Famale     State     Citation Charge 1     Citation Charge 2     Citation Charge 3       Male     Famale     State     Licess     Endorsements     Restrictions     Image 3       Male     Famale     State     Licess     Endorsements     Restrictions     Image 3     Citation Charge 3       More first     Citation Charge 3     Citation Charge 3     Citation Charge 4     Image 3       Advond Test Given:     Test Results:     Drug Test Given:     Test Result:     Reexon for Re-Exam Request:       1     1     Image 3     Citation Charge 3     Citation Charge 4       Advond Test Given:     Test Results:     Drug Test Given:     Test Result:     Reexon for Re-Exam Request:       1     1     Image 3     City     Image 3     State     Zip       Address     City     Image 3     State     Zip       Address     ViN:     Image 3     State     Sig       3     1801537     DARRAHS     Sig     Sig       Special Veh. Func     Emergency Status     Bus Use						(City)			corpor							57							
N       Address       City       State       Zip         1       Date of Birh       Driver's License Number       Citation Charge 1       Citation Charge 2         10/14/1948       T83ZZ5310       Citation Charge 1       Citation Charge 2         10/14/1948       T83ZZ5310       Citation Charge 3       Citation Charge 3         Adorbot       La       C       L       Citation Charge 3         Adorbot       Test Result:       Drug Test Given:       Test Result:       Reexam: Yes       No         Address       NoRTON       NoRTON       ROBERT       JR         Address       City       State       Zip         4288 TURKEY CREEK RD NE       IDWA CITY       IA       52240         License Plate No.       State       Year       Make       Model         11       Owner's Name - Last       Insurance Corpany Name       State       Year       Make       Yow 0         103       01       01       01       01       12       12       5       1         3       Special Veh, Func       Emergency Status       Bus Use       Driver Condition       Yean <th></th> <th></th> <th></th> <th>ldle</th> <th>Mid</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>First</th> <th></th> <th></th> <th></th> <th></th> <th>1</th> <th></th> <th>st</th> <th>me - Las</th> <th>Driver's Nan</th> <th></th>				ldle	Mid							First					1		st	me - Las	Driver's Nan		
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Alcohol Test Given:       Test Results:       Drug Test Given:       Test Result:       Re-exam:       Yes       No       Reason for Re-Exam Request:         1       Owner's Name - Last       First       Middle       JR       Middle       JR         Address       City       State       Zip       State       Zip       State       Zip         4288 TURKEY CREEK RD NE       Iowa Z017       Iowa Z017       Year       Make       Model       State       State       State       State       Zip         314XJL       IA       2018       JTDKB20U973217444       GRY       2007       TOYT       PRIUS       4D         Insurance Company Name       Insurance Co. Phone Number       Insurance Policy Number       Word To       Approx. Cent to Re       \$15,000.00         Insurance Company Name       Insurance Co. Phone Number       Insurance Policy Number       W271953NN       W271953NN         Initial Travel Direction       Veh. Act.       Veh. Config.       Cargo Body Type       Veh. Defect       Point of Initial Impact       Most Damaged Area       Extent of Damage       Tot         01       01       01       01       Vision Doscured       Contributing Circumstances Driver (up to two)       Driver Distraction:       99       01				ge 4	h Char	Citation	С				ge 3	tion Char	Cita	_	estrictions	ents R					$\sim$	-	
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J14XJL     IA     2018     JTDKB20U973217444     GRY     2007     TOYT     PRIUS     4D       Trailer Plate No.     State     Year     VIN:     Tow     Tow     Tow #     Towed To     Approx. Cost to Rej       Insurance Company Name     Insurance Company Name     Insurance Company Name     Insurance Co. Phone Number     W271953NN       Initial Travel Direction     Veh. Act.     Veh. Config.     Cargo Body Type     Veh. Defect     Point of Initial Impact     Most Damaged Area     Extent of Damage     Tot       Special Veh. Func     Emergency Status     Bus Use     Driver Condition     Vision Obscured     Contributing Circumstances Driver (up to two)     Driver Distractions       01     01     01     Vertical Alignment     SEQUENCE     First Event     Second Event     Third Event     Fourth Event     Most I       01     01     01     O1     O1     O1     State     Zip Code       M     Number of Axles     Gross Vehicle Weight Rating     US DOT Number     MC Number     Underride/Override       1     Number of Axles     Gross Vehicle Weight Rating     US DOT Number     MC Number     1 - NONE       R     Haz Mat		Style	52240					Make	ear	Y	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					:	ear VIN:						
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(800) 456-5257       W271953NN         Initial Travel Direction       Veh. Act.       Veh. Config.       Cargo Body Type       Veh. Defect       Point of Initial Impact       Most Damaged Area       Extent of Damage       Tot         03       01       01       01       01       01       01       01       12       Most Damaged Area       Extent of Damage       Tot         03       01       01       01       01       01       01       01       12       Most Damaged Area       Extent of Damage       Tot         Special Veh. Func       Emergency Status       Bus Use       Driver Condition       Vision Obscured       Contributing Circumstances Driver (up to two)       Driver Distractions         01       01       01       01       01       SEQUENCE       First Event       Second Event       Third Event       Fourth Event       Most I         01       01       01       01       01       01       OE       OE <th< th=""><th></th><th>0</th><th>\$15,000.0</th><th></th><th>Numbe</th><th></th><th></th><th></th><th>mber</th><th>one Nu</th><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th>v Name</th><th>Company</th><th>Insurance C</th><th></th></th<>		0	\$15,000.0		Numbe				mber	one Nu		-							v Name	Company	Insurance C		
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## INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 2 of 6

Forr	Form 4433003 (11-13) OF MOTOR VEHICI								LE ACCIDENT							Law Enforcement Case Numb						
									Box 9204, Des Moines, Iowa 50306-9204													
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#### INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 3 of 6

For	Form 4433003 (11-13) OF MOTOR VEHI								HICLE	CLE ACCIDENT							Law Enforcement Case Number										
	IL REPORTS TO						ice of D	river Se	rvices, F	P.O. Box 9								201801537									
	e of Accident			ccident	Count								irred with	•	orate li	mits of	(city)										
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INVESTIGATING OFFICER'S REPORT OF Form 4433003 (11-13) MOTOR VEHICLE ACCIDENT										Б		nfor	0000	She		4 of	6							
	m 4433003 (11-13)	<b>.</b> .			-											Law Enforcement Case Numb 201801537								
MA	L REPORTS TO: Iowa	Time of A		County	of Driver Servi	ces, P			noines, low			ate lin	nits of	(citv	、 、				_	<b>D</b> ation <b>1</b>	_			
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0	On Road, Street or	Highway	/:			At I	ntersectio	n with:								Y Coc 46398								
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First	Harmful Event (Cras	sh) WO	RKZONE	Yes No	Activity	Loc	ation	Туре	Work	ers Pre	esent		Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	ıtribu	Source of Transport	Died at scene/enroute		
33			ATED?	$\bigcirc$ $\bigcirc$								Sex	Stru	lnju	Nor	Loc	Acti	Con	Safe	Cor	Sol	Die		
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### INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 5 of 6

Name     Phone Number     DOB:       Address:     Aldcohol Test Results:     Drug Test Given       Transported to:     Transported by:       Mame     Phone Number     DOB:       Address:     Aldcohol Test Given     Test Results:     Drug Test Given       Address:     Aldcohol Test Given     Test Results:     Drug Test Given       Transported to:     Transported by:     Transported by:     Transported by:       Name     Phone Number     DOB:     Image: Comparison of the second secon	Form	Form 4433003 (11-13) OF MOTOR VEHICLE ACCIDENT									ſ	Law Enforcement Case Number							
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H E R     If Property other than vehicles damaged explain     Object Damaged       C T     Owner's Last Name     First Name     Middle Name     Phone       Address     City     State     Zip Code     Was of 1 = Ye       Address     Owner's Last Name     Object Damaged     I = Ye       Address     City     State     Zip Code     Was of 1 = Ye       Address     Owner's Last Name     Object Damaged     I = Ye       Address     City     State     Zip Code     Was of 1 = Ye       Address     City     State     Zip Code     Was of 1 = Ye       Address     City     State     Zip Code     Was of 1 = Ye       Address     City     State     Zip Code     1 = Ye       V     Last Name     First Name     Address     City     State     Zip Code       I     Last Name     First Name     Address     City     State     Zip Code       I     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     <	vO	Address		(					State Zip Code							or tenant notifie No 9 = Unknow			
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R A vehicles damaged explain       Object Damaged         Owner's Last Name       First Name       Middle Name       Phone         Address       City       State       Zip Code       Was of 1 = Ye         Address       City       State       Zip Code       Vas of 1 = Ye         V       Last Name       First Name       Address       City       State       Zip Code         V       Last Name       First Name       Address       City       State       Zip Code         N       Last Name       First Name       Address       City       State       Zip Code         N       Last Name       First Name       Address       City       State       Zip Code         N       Last Name       First Name       Address       City       State       Zip Code         N       E       Sate Name       First Name       Address       City       State       Zip Code         N       Last Name       First Name       Address       City       State       Zip Code         S       Last Name       First Name       Address       City       State       Zip Code         S       Last Name       First Name       Address       City				(	City			State	Zip Co	ode									
GE     Address     City     State     Zip Code     Was of 1 = Ye       Multiple     Address     City     State     Zip Code     1 = Ye       W     Last Name     First Name     Address     City     State     Zip Code       ILLIENTHAL     GRETCHEN     4341 M AVE NW     CEDAR RAPIDS     IA     52405       Last Name     First Name     Address     City     State     Zip Code       N     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     First Name     Address     City     State     Zip Code	R A M	If Property other than vehicles damaged explain	Object Damaged												Est	imate	e of D	amag	je
W     Last Name     First Name     Address     City     State     Zip Code       ILLIENTHAL     GRETCHEN     4341 M AVE NW     CEDAR RAPIDS     IA     52405       I     Last Name     First Name     Address     City     State     Zip Code       N     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     First Name     Address     City     State     Zip Code       S     Last Name     First Name     Address     City     State     Zip Code	G	Owner's Last Name		ł	First Na	me		Middle	Name				Pho	one N	umbe	r			
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#### 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

201801537

D I A G R A	1380	
М	7600 block I380 NB	
		equains I lait 2 to bit I lait 2
N A R R	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 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.	ausing Unit 3 to nit Unit 2.
A T I V		
E		