

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:

A18036

Date of Accident 05/26/2018	Time of Accident 07:10 Hrs.	County Marion - 63	Accident occurred within corporate limits of (city) Knoxville - 4040														
UNIT 1	Driver's Name - Last MURPHY					First MALLOREE					Middle BETH						
	Address 107 EAST JASPER #5					City PLEASANTVILLE					State IA		Zip 50225				
	Date of Birth 10/06/1995			Driver's License Number 377AE2130			CDL Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 1			Citation Charge 2					
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State IA	Class C	Endorsements		Restrictions			Citation Charge 3			Citation Charge 4				
	Alcohol Test Given: 2		Test Results:		Drug Test Given: 2		Test Result:		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:						
	Owner's Name - Last MURPHY					First MALLOREE					Middle BETH						
	Address 612 EAST MADISON STREET					City KNOXVILLE					State IA		Zip 50138				
	License Plate No. GVE722		State IA	Year 2018	VIN: 2C4GP44R05R402155			Color SIL		Year 2005	Make CHRY		Model TOWN & COUNT		Style MV		
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # NONE		Towed To LAMBIRTH'S		Approx. Cost to Repair or Replace \$5,000.00				
	Insurance Company Name Unknown					Insurance Co. Phone Number					Insurance Policy Number						
Initial Travel Direction 02		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. 01				
Special Veh. Func. 01		Emergency Status 01		Bus Use	Driver Condition 99		Vision Obscured 01	Contributing Circumstances Driver (up to two) 09,13			Driver Distractions 99		Speed Limit 65				
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 03		SEQUENCE OF EVENTS	First Event 33	Second Event	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 2 - Underride, compartment intrusi					
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											
PERSONNEL																	
DRIVER OF UNIT 1					Phone Number:					1	03	04	2	01	3	01	02
					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 05/26/2018	Time of Accident 07:10 Hrs.	County Marion - 63	Accident occurred within corporate limits of (city) Knoxville - 4040														
UNIT 2		Driver's Name - Last SMITH		First ERNEST	Middle JOHN												
		Address 1929 HWY 5		City KNOXVILLE	State IA	Zip 50138											
Date of Birth 04/21/1947		Driver's License Number 896ZZ4834		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 IA	Class A	Endorsements N, L	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:										
COMMERCIAL		Owner's Name - Last SMITH FERTILIZER AND GRAIN		First	Middle												
		Address 1650 QUEBEC STREET		City KNOXVILLE	State IA	Zip 50138											
License Plate No. VC1414	State IA	Year 2019	VIN: 4V4NC9EH7FN924547		Color BLU	Year 2015	Make VOLV	Model TK	Style TRACTOR								
Trailer Plate No.	State	Year	VIN:		Tow 3	Tow # NONE	Towed To LAMBIRTH'S	Approx. Cost to Repair or Replace \$80,000.00									
Insurance Company Name Nationwide Ins Co of America				Insurance Co. Phone Number (877) 669-6877		Insurance Policy Number CPP110331A											
Initial Travel Direction 04	Veh. Act. 01	Veh. Config. 13	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 12	Most Damaged Area 12	Extent of Damage 4	Total Occ. in Veh. 01									
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 65									
Traffic Controls 01	Horizontal Alignment 01	Vertical Alignment 04	SEQUENCE OF EVENTS	First Event 33	Second Event	Third Event	Fourth Event	Most Harmful Event 33									
PERSONS INVOLVED		Carrier Name/Lessee SMITH FERTILIZER & GRAIN		Street Address 1650 QUEBEC STREET		City KNOXVILLE		State IA	Zip Code 50138								
		Number of Axles 3	Gross Vehicle Weight Rating 3 - 26,001 lbs or more		US DOT Number 609924		MC Number		Override/Override 5 - Override, moving vehicle								
Haz Mat Involvement 01 - Yes		Haz Mat Placard 03 - Not applica		Placard Number	Haz. Mat Released 01 - Yes		Haz Mat Class NITROGEN										
Trailer Plate: CL1370		State IA	Year 2018	VIN 1PMS1422291035248			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 2 - No dolly used		Dolly Plate:		State	Plate Year	VIN											
DRIVER OF UNIT 2		Phone Number: (641) 891-8593						5	03	04	1	01	1	01	01	01	
		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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MOTOR VEHICLE ACCIDENT**

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Law Enforcement Case Numbers:

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L O C A T I O N	Date of Accident 05/26/2018	Time of Accident 07:10 Hrs.	County Marion - 63	Accident occurred within corporate limits of (city) Knoxville - 4040	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description STATE 5/IOWA 5				County: MARION - 63	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: 492285.625	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4572044	
	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"/> 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								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
Manner of Crash/Collision 02	01			Roadway 01																		
Light Conditions 1	Surface Conditions 01			Type of Roadway Junction/Feature 01																		
First Harmful Event (Crash) 33				WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present												

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 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
	FITZPATRICK	TONYA	13417 WALLACE DRIVE	PLATTSMOUTH	NE	68048	(402) 570-7486
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	PELONG	ROBERT	1486 PRATT DRIVE	KNOXVILLE	IA	50138	(641) 891-8041
	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 type="radio"/>	Type of Primary Incident	Roadway Clearance Date	Incident Clearance Date
Signature of Officer ROBINSON JAMIE	Badge Number 63-110	Time Officer Notified of Accident 07:10 Hrs.	Roadway Clearance Time Hrs.
Name of Agency Knoxville Police Department	Date of Report 05/26/2018	Time Officer Arrived At Scene 07:10 Hrs.	Incident Clearance Time Hrs.
Report Reviewed By AUGUSTIN, THERESE	Date of Review 05/31/2018	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	Total Roadway Clearance Time Total Incident Clearance Time
		T.I. No. 18-047	Other Technical Investigating Agency Iowa State Patrol - Dist 02

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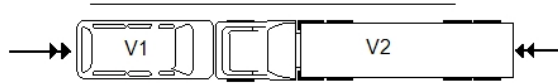
Law Enforcement Case Numbers:

A18036

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Hwy 5/92



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V1 was traveling east bound in the west bound lane of Highway 5/92 at about the 61 mile marker when it struck V2 that was traveling west bound. Driver V1 died at the scene. Driver of V2 was uninjured.