

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:

2018032615

Date of Accident 12/19/2018	Time of Accident 19:15 Hrs.	County MARION - 63	Accident occurred within corporate limits of (city) PELLA - 5947													
UNIT 1	Driver's Name - Last HOCKETT			First ESTHER			Middle MAE									
	Address 102 5TH AVE SW			City BOWMAN			State ND		Zip 58623-4222							
	Date of Birth 09/22/1953		Driver's License Number HOC538099		CDL	Citation Charge 1		Citation Charge 2								
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State ND	Class D	Endorsements	Restrictions 1	Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 3		Citation Charge 4						
	Alcohol Test Given: 2		Test Results:		Drug Test Given: 2	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>	Reason for Re-Exam Request:								
	Owner's Name - Last HOCKETT			First ESTHER			Middle MAE									
	Address 102 5TH AVE SW			City BOWMAN			State ND		Zip 58623-4222							
	License Plate No. 169CJJ	State ND	Year 2019	VIN: 4M2EN4HE7AUJ01863		Color BLK	Year 2010	Make MERC	Model MOUNTAINEER	Style MP						
	Trailer Plate No.	State	Year	VIN:		Tow 3	Tow # 2890577	Towed To BILL AND RAYS		Approx. Cost to Repair or Replace \$10,000.00						
	Insurance Company Name STATE FARM				Insurance Co. Phone Number (701) 523-3888		Insurance Policy Number 0099120E3034I									
Initial Travel Direction 02	Veh. Act. 01	Veh. Config. 03	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 11	Most Damaged Area 09	Extent of Damage 5	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) 13		Driver Distractions 02	Speed Limit 65								
Traffic Controls 07	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event 03	Third Event	Fourth Event	Most Harmful Event 33								
Carrier Name/Lessee																
Street Address					City			State	Zip Code							
Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number	Override/Override 1 - NONE								
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												
COMMERCIAL	PERSONNEL	DRIVER OF UNIT 1			Phone Number: (701) 277-7298		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
		Transported to: STATE ME			Transported by: VANDYK DUVEN FUNERAL HOME											
		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 12/19/2018	Time of Accident 19:15 Hrs.	County MARION - 63	Accident occurred within corporate limits of (city) PELLA - 5947															
UNIT 2	Driver's Name - Last GOODMAN						First KEVIN						Middle CLARENCE					
	Address 2776 MARSH AVE						City HAVERHILL						State IA		Zip 50120			
	Date of Birth 06/30/1962			Driver's License Number 404VV2512			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		Restrictions		Citation Charge 3				Citation Charge 4					
	Alcohol Test Given: 4		Test Results: .000		Drug Test Given: 1		Test Result:		Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:							
	Owner's Name - Last GOODMAN						First KEVIN						Middle CLARENCE					
	Address 2776 MARSH AVE						City HAVERHILL						State IA		Zip 50120			
	License Plate No. CB7553		State IA	Year 2019	VIN: 4V4NC9JH91N260430			Color BLU		Year 2001	Make VOLV	Model VN		Style TT				
	Trailer Plate No.		State	Year	VIN:			Tow 2	Tow #		Towed To			Approx. Cost to Repair or Replace \$150,000.00				
	Insurance Company Name STATE FARM						Insurance Co. Phone Number (515) 256-6480			Insurance Policy Number 0623117F0215D								
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 13	Cargo Body Type 02		Veh. Defect 01	Point of Initial Impact 11		Most Damaged Area 11		Extent of Damage 5		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		Vertical Alignment 01	SEQUENCE OF EVENTS		First Event 33	Second Event 01	Third Event	Fourth Event	Most Harmful Event 33							
COMMERCIAL	Carrier Name/Lessee KEVIN GOODMAN																	
	Street Address 2776 MARSH AVE						City HAVERHILL						State IA		Zip Code 50120			
	Number of Axles 5		Gross Vehicle Weight Rating 3 - 26,001 LBS OR MORE				US DOT Number 980576		MC Number		Underride/Override 1 - NONE							
	Haz Mat Involvement 02 - NO		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class		Haz Mat Name								
	Trailer Plate: DK9744		State IA	Year 2019	VIN 1W1UCSWB9TD517684			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											
PERSONS INJURED	DRIVER OF UNIT 2						Phone Number: (641) 751-1937				4	03	01	2	01	1	05	01
							Transported to: PELLA REGIONAL						Transported by: PRIVATE VEHICLE					
	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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L O C A T I O N	Date of Accident 12/19/2018	Time of Accident 19:15 Hrs.	County MARION - 63	Accident occurred within corporate limits of (city) PELLA - 5947	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description IOWA 163 MEASURING 66 FEET NORTH FROM MILE MARKER 42				County: 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: 506070.375	
	On Road, Street or Highway: _____		At Intersection with: _____		Y Coordinate: 4582296.5	
	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 N NE E SE S SW W NW _____ 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"/> and <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				If Divided Highway, Provide Route (Cardinal) Travel Direction NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>	
Milepost Number _____	Definable intersection, bridge, or railroad crossing Or _____					

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS				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
Location of First Harmful Event 01	Weather Conditions (up to two)		Major Contributing Circumstances Environment 01		Roadway 01													
Manner of Crash/Collision 02	02		Type of Roadway Junction/Feature 01		FRA No.													
Light Conditions 5	Surface Conditions 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											
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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	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	

U L D A M R G	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
	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
	Last Name	First Name	Address	City	State	Zip Code	Phone Number

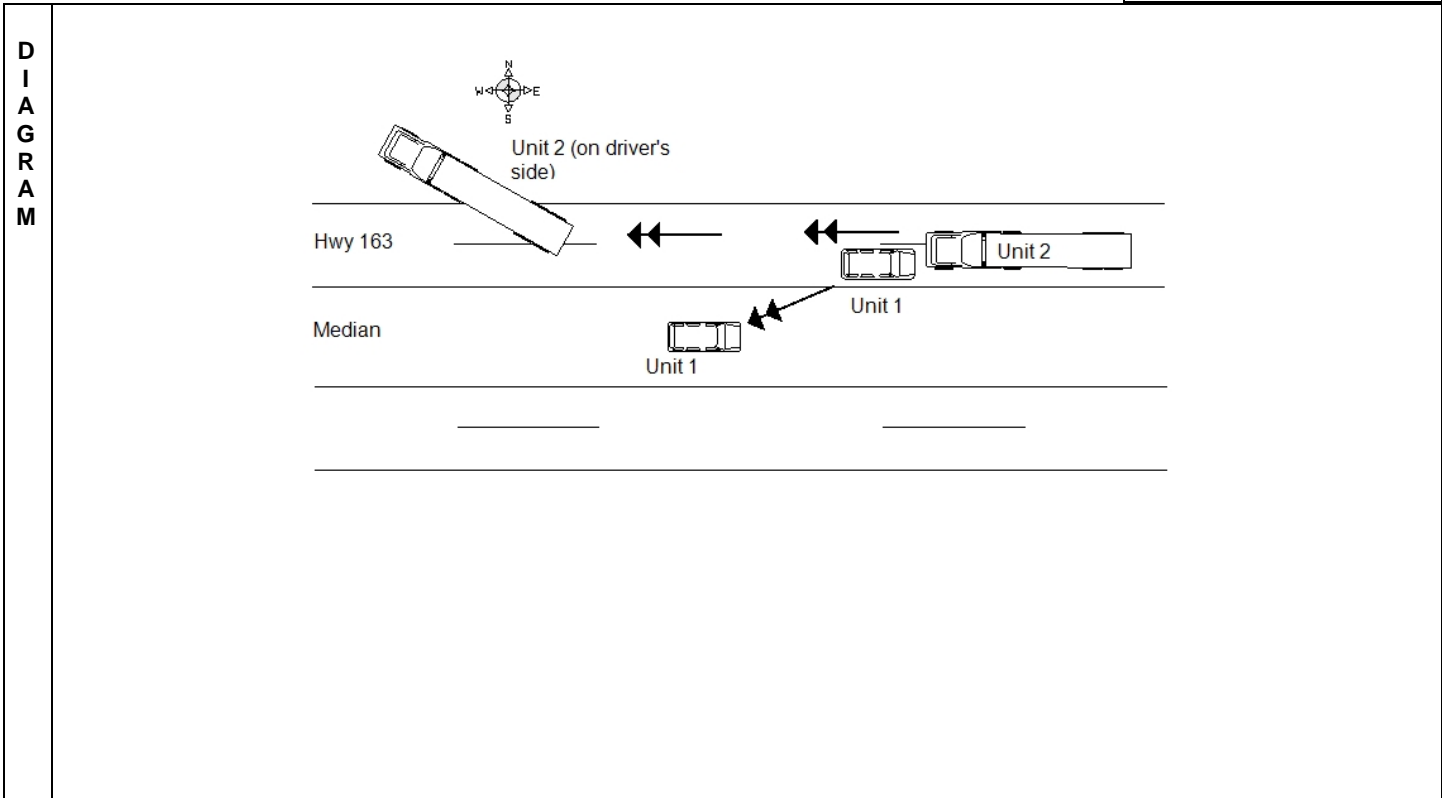
Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 12/20/2018	Incident Clearance Date 12/20/2018
Signature of Officer SPENCER C	Badge Number 387	Time Officer Notified of Accident 19:35 Hrs.	Roadway Clearance Time 00:24 Hrs.
Name of Agency IOWA STATE PATROL - DIST 02	Date of Report 12/19/2018	Time Officer Arrived At Scene 20:39 Hrs.	Total Roadway Clearance Time 004:49
Report Reviewed By Stallo, K	Date of Review 01/01/2019	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. 18-143
		Other Technical Investigating Agency IOWA STATE PATROL - DIST 02	

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Unit 1 was traveling the wrong way in the left lane of westbound Highway 163 when it collided with Unit 2, which was traveling west in the left lane of Highway 163. Unit 1 came to rest in the median. Unit 2 rolled onto its driver's side and came to rest in the roadway. The accident remains under investigation.