

## 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:
<b>2019034039</b>

Date of Accident <b>12/21/2019</b>	Time of Accident <b>20:10</b> Hrs.	County <b>MARSHALL - 64</b>	Accident occurred within corporate limits of (city)														
UNIT 1	Driver's Name - Last <b>PFANTZ</b>					First <b>KIM</b>					Middle <b>RENAE</b>						
	Address <b>104 1ST AVE N</b>					City <b>STATE CENTER</b>					State <b>IA</b>		Zip <b>50247</b>				
	Date of Birth <b>10/29/1961</b>			Driver's License Number <b>659WW3561</b>			CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1			Citation Charge 2					
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State <b>IA</b>	Class <b>C</b>	Endorsements		Restrictions		Citation Charge 3			Citation Charge 4					
	Alcohol Test Given: <b>2</b>		Test Results:		Drug Test Given: <b>2</b>		Test Result:		Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:						
	Owner's Name - Last <b>PFANTZ</b>					First <b>KIM</b>					Middle <b>RENAE</b>						
	Address <b>104 1ST AVE N</b>					City <b>STATE CENTER</b>					State <b>IA</b>		Zip <b>50247</b>				
	License Plate No. <b>IMH234</b>		State <b>IA</b>	Year <b>2020</b>	VIN: <b>4T1BG22K51U863123</b>			Color <b>GRY</b>		Year <b>2001</b>	Make <b>TOYO</b>		Model <b>CAMRY CE/LE/X</b>	Style <b>4D</b>			
	Trailer Plate No.		State	Year	VIN:			Tow <b>3</b>	Tow # <b>2997376</b>		Towed To <b>LARRY'S TOWING</b>		Approx. Cost to Repair or Replace <b>\$5,000.00</b>				
	Insurance Company Name <b>UNKNOWN</b>					Insurance Co. Phone Number					Insurance Policy Number						
Initial Travel Direction <b>02</b>		Veh. Act. <b>01</b>	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>		Veh. Defect <b>99</b>	Point of Initial Impact <b>03</b>		Most Damaged Area <b>03</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>02</b>		SEQUENCE OF EVENTS	First Event <b>33</b>	Second Event	Third Event	Fourth Event	Most Harmful Event <b>33</b>						
COMMERCIAL	Carrier Name/Lessee																
	Street Address							City					State		Zip Code		
	Number of Axles		Gross Vehicle Weight Rating				US DOT Number			MC Number		Override/Override <b>2 - UNDERRIDE, COMPARTMENT I</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										
PERSONNEL UNIT 1	DRIVER OF UNIT 1					Phone Number:		1	03	03	2	01	3	07	02		
	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:
<b>2019034039</b>

Date of Accident <b>12/21/2019</b>	Time of Accident <b>20:10</b> Hrs.	County <b>MARSHALL - 64</b>	Accident occurred within corporate limits of (city)															
UNIT 2	Driver's Name - Last <b>DANA</b>					First <b>KYLE</b>					Middle <b>ALLEN</b>							
	Address <b>1007 KRAMME DR</b>					City <b>FORT DODGE</b>					State <b>IA</b>		Zip <b>50501</b>					
	Date of Birth <b>08/01/1983</b>			Driver's License Number <b>015BB8071</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 <b>B</b>		Restrictions <b>B</b>		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>DANA</b>					First <b>KYLE</b>					Middle <b>ALLEN</b>							
	Address <b>1007 KRAMME DR</b>					City <b>FORT DODGE</b>					State <b>IA</b>		Zip <b>50501</b>					
	License Plate No. <b>HPT090</b>		State <b>IA</b>	Year <b>2020</b>	VIN: <b>1GKEV33758J191782</b>			Color <b>SIL</b>		Year <b>2008</b>	Make <b>GMC</b>		Model <b>ACADIA</b>		Style <b>LL</b>			
	Trailer Plate No.		State	Year	VIN:			Tow <b>3</b>	Tow # <b>2997377</b>		Towed To <b>LARRY'S TOWING</b>			Approx. Cost to Repair or Replace <b>\$5,600.00</b>				
	Insurance Company Name <b>SELECTIVE</b>					Insurance Co. Phone Number <b>(515) 573-1125</b>					Insurance Policy Number <b>5231079</b>							
Initial Travel Direction <b>04</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>01</b>		Most Damaged Area <b>01</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>02</b>		Speed Limit <b>65</b>						
Traffic Controls <b>01</b>		Horizontal Alignment <b>01</b>		Vertical Alignment <b>02</b>		SEQUENCE OF EVENTS	First Event <b>33</b>	Second Event	Third Event	Fourth Event	Most Harmful Event <b>33</b>							
COMMERCIAL	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											
PERSONNEL UNIT 2	DRIVER OF UNIT 2					Phone Number:		4	03	04	2	01	1	03	01			
	Transported to: <b>MARSHALTOWN HOSPITAL</b>					Transported by:												
	Name					Phone Number			DOB:									
	Address					Transported to:					Transported by:							
	Name					Phone Number			DOB:									
	Address					Transported to:					Transported by:							
	Name					Phone Number			DOB:									
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Law Enforcement Case Numbers:

**2019034039**

L O C A T I O N	Date of Accident <b>12/21/2019</b>	Time of Accident <b>20:10</b> Hrs.	County <b>MARSHALL - 64</b>	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description <b>US 30/240TH ST</b>				County: <b>64</b>	Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city				X Coordinate: <b>500858.718</b>		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: <b>4650604.5</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		
<div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>				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 <b>01</b> Weather Conditions (up to two)	Major Contributing Circumstances Environment <b>01</b>
Manner of Crash/Collision <b>98</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:	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	
	Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No							
	Transported to:	Transported by:													
	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	
	Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No							
Transported to:	Transported by:														

N P O R N O V P E E R I 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
	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 <b>12/21/2019</b>	Incident Clearance Date <b>12/21/2019</b>
Signature of Officer <b>TROOPER J SALESBERRY</b>	Badge Number <b>284</b>	Time Officer Notified of Accident <b>20:19</b> Hrs.	Roadway Clearance Time <b>23:34</b> Hrs.
Name of Agency <b>IOWA STATE PATROL - DIST 01</b>	Date of Report <b>12/22/2019</b>	Time Officer Arrived At Scene <b>21:30</b> Hrs.	Total Roadway Clearance Time <b>003:15</b>
Report Reviewed By <b>Bright, S</b>	Date of Review <b>01/14/2020</b>	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. <b>IOWA STATE PATROL - DIST 01</b>

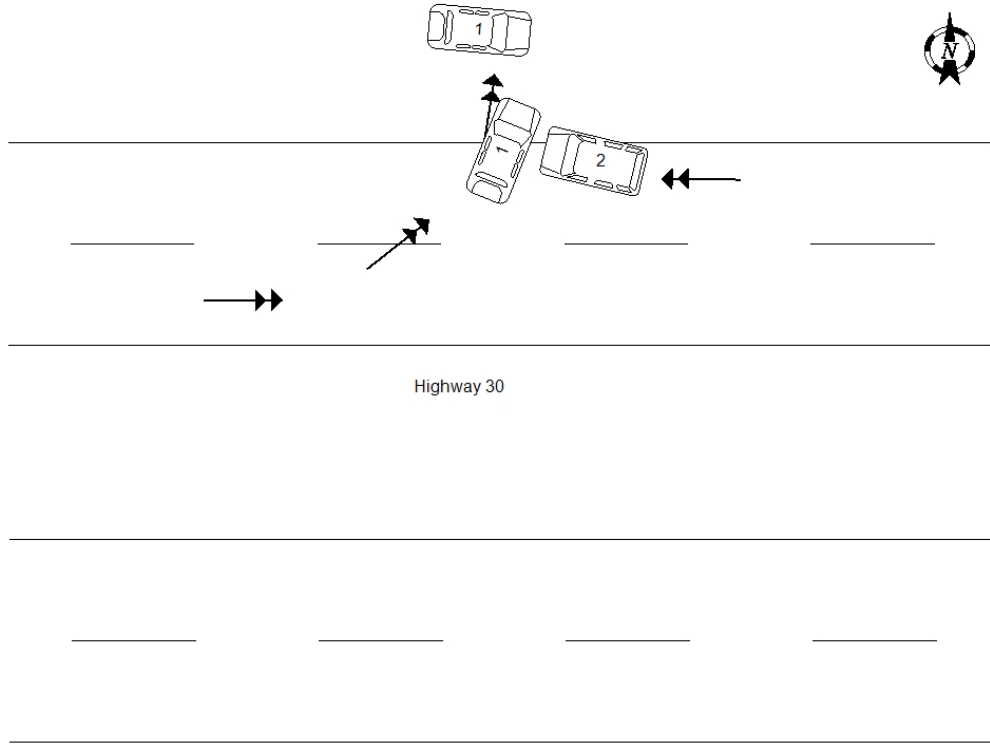
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MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Numbers:

2019034039

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Unit 1 was traveling eastbound in the westbound lanes of Hwy 30 when it attempted to swerve out of the way from westbound traffic. Unit 2 was westbound and struck Unit 1 as both units attempted to swerve and avoid a collision.