



Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT
OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
20130009581

Legal Intervention? Private Property?

Location Literal Description
Interstate 0235 and 6TH AVE

X-Coordinate: **00447854**
Y-Coordinate: **04605052**

If Divided Highway, Provide Route (Cardinal) Travel Direction
"N/A"

Date of Accident **04/04/2013** Time of Accident **19:02** Hrs. County **Polk - 77** Accident occurred within corporate limits of (city) **Des Moines - 1945**

If accident occurred outside of city limits show general vicinity: **"N/A"** of nearest city **"N/A"**

On Road, Street, or Highway: **"N/A"** At Intersection with: **"N/A"**

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.

Distance **"N/A"** Direction **"N/A"** and Distance **"N/A"** Direction **"N/A"** of

Milepost Number **"N/A"** Or Definable intersection, bridge, or railroad crossing **"N/A"**

001 Driver's Name - Last **SIEVE** First **LACEY ALAINE** Middle Suffix Home/Cell Phone **(515) 230-3384 x**

Address **303 12TH ST** City **BOONE** State **IA** Zip **50036-0000**

Date of Birth **03/29/1983** Driver's License Number **620XX6775** Citation Charge Code 1 Citation Charge 1

Gender **Female** State **IA** Class **C** Endorsements **NONE** Restrictions **NONE** Citation Charge Code 2 Citation Charge 2

Alcohol Test Given? **1 - None** Test Results: **1 - None** Drug Test Given? **1 - None** Test Results: Citation Charge Code 3 Citation Charge 3

Seating Position **01** Injury Status **5** Occupant Protection **2** Airbag Deployment **3** Airbag Switch Status **9** Ejection **1** Ejection Path **1** Trapped **1**

Transported to: Transported by:

Owner's Name - Last **SIEVE** First **LACEY ALAINE** Middle Suffix Owner Company Name

Address **303 12TH ST** City **BOONE** State **IA** Zip **50036-0000**

Insurance Co. Name **PROGRESSIVE CASUALTY** Insurance Policy # **15857782-2** License Plate # **252YRZ** State **IA** Year **2013**

VIN No. **1N4AL2AP5CN475840** Year **2012** Make **Nissan - NISS** Model **ALT** Style **4D** Tow # **YES** Approximate Cost to Repair or Replace

Initial Travel Direction **3** Vehicle Action **01** Speed Limit **25** Point of Initial Impact **03** Most Damaged Area **03** Extent of Damage **4** Underride/Override **1** Private? **\$5,000.00**

Total Occupants **1** Traffic Controls **01** Vehicle Config. **01** Cargo Body Type **01** Vehicle Defect **01** Driver Condition **1** Vision Obscured **01** Contributing Circumstances, Driver (up to two) **05**

SEQUENCE OF EVENTS First Event **21** Second Event Third Event Fourth Event Most Harmful Event (by vehicle) **21**

Commercial Trailer License Plate # Attached to Power Unit: State Year Attached to Trailer Unit: State Year Emergency Vehicle Type **1** Emergency Status **3**

Carrier Name Address City State Zip

US DOT # or MC # Number of Axles Gross Vehicle Weight Rating Placard # Hazardous Materials Released?

002 Driver's Name - Last **BREKKE** First **SONYA** Middle **LEE** Suffix Home/Cell Phone **(515) 490-6518 x**

Address **110 E SOUTHSIDE DR** City **POLK CITY** State **IA** Zip **50226-0000**

Date of Birth **07/21/1970** Driver's License Number **136BB8304** Citation Charge Code 1 Citation Charge 1

Gender **Female** State **IA** Class **C** Endorsements **NONE** Restrictions **NONE** Citation Charge Code 2 Citation Charge 2

Alcohol Test Given? **1 - None** Test Results: **1 - None** Drug Test Given? **1 - None** Test Results: Citation Charge Code 3 Citation Charge 3

Seating Position **01** Injury Status **5** Occupant Protection **2** Airbag Deployment **5** Airbag Switch Status **9** Ejection **1** Ejection Path **1** Trapped **1**

Transported to: Transported by:

Owner's Name - Last **BREKKE** First **SONYA** Middle **LEE** Suffix Owner Company Name

Address **110 E SOUTHSIDE DR** City **POLK CITY** State **IA** Zip **50226-0000**

Insurance Co. Name **USAA CASUALTY** Insurance Policy # **01360 83 12U** License Plate # **049RGN** State **IA** Year **2013**

VIN No. **2FMDK49C68BA23417** Year **2008** Make **Ford - FORD** Model **EDG** Style **SW** Tow # **NO** Approximate Cost to Repair or Replace

Initial Travel Direction **2** Vehicle Action **01** Speed Limit **25** Point of Initial Impact **01** Most Damaged Area **01** Extent of Damage **3** Underride/Override **1** Private? **\$1,500.00**

Total Occupants **1** Traffic Controls **02** Vehicle Config. **03** Cargo Body Type **01** Vehicle Defect **01** Driver Condition **1** Vision Obscured **01** Contributing Circumstances, Driver (up to two) **28**

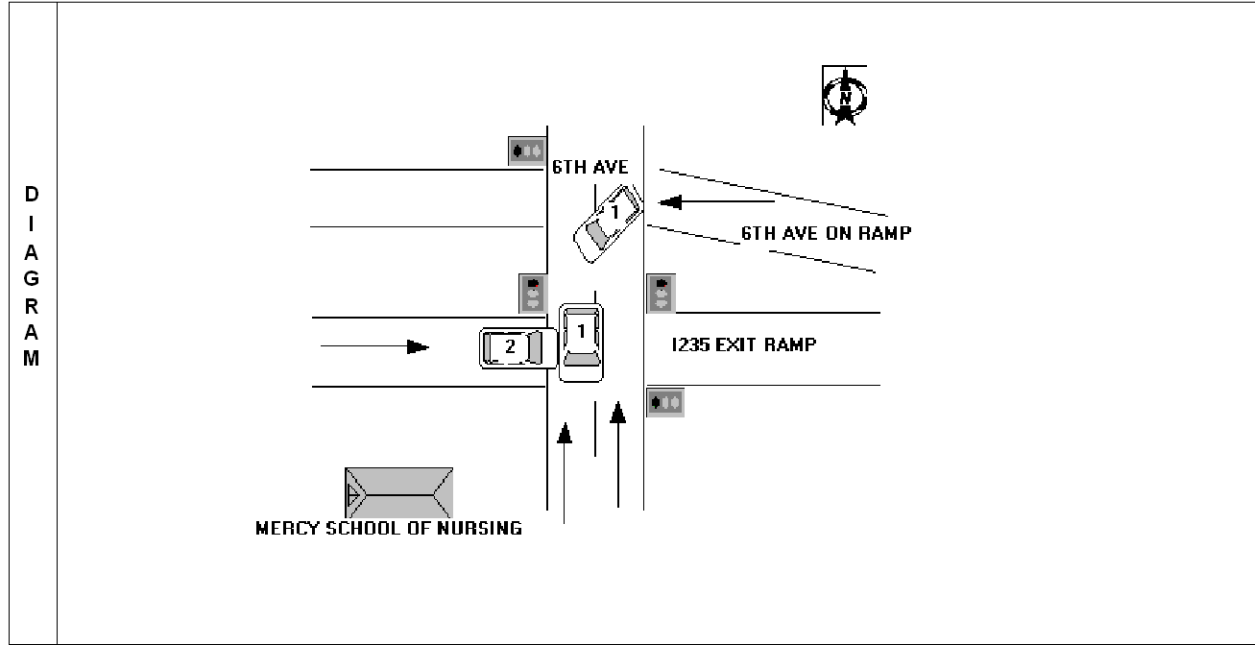
SEQUENCE OF EVENTS First Event **21** Second Event Third Event Fourth Event Most Harmful Event (by vehicle) **21**

Commercial Trailer License Plate # Attached to Power Unit: State Year Attached to Trailer Unit: State Year Emergency Vehicle Type **1** Emergency Status **3**

Carrier Name Address City State Zip

US DOT # or MC # Number of Axles Gross Vehicle Weight Rating Placard # Hazardous Materials Released?

ACCIDENT ENVIRONMENT		ROADWAY CHARACTERISTICS Major Contributing Circumstances:		WORKZONE RELATED? No	SEQUENCE OF EVENTS
Location of First Harmful Event	1	Weather Conditions (up to two)	01	Location	First Harmful Event of Crash (use codes 11-42 only)
Manner of Crash/Collision	5	Surface Conditions	1	Type	21
Light Conditions	1		Type of Roadway Junction/Feature	Workers Present?	



NARRATIVE

Describe what happened (refer to vehicles by number)

VEHICLE 1 WAS TRAVELING WB ON I235 GETTING ONTO THE ON RAMP AT 6TH AVE. VEHICLE 1 MADE A LEFT TURN ON 6TH AVE GOING SOUTH ON A ONE-WAY STREET. DRIVER OF VEHICLE 1 REALIZED SHE HAD MADE A WRONG TURN ON A ONE-WAY, ATTEMPTED TO SPEED UP IN ORDER TO EXIT OFF THE ONE-WAY STREET. VEHICLE 2 WAS TRAVELING EB ON THE EXIT RAMP AT 6TH AVE/I235. VEHICLE 2 HAD A GREEN LIGHT TO PROCEED EB ON I235 EXIT RAMP THUS BROADSIDING VEHICLE 1 WHICH WAS TRAVELING SOUTH ON 6TH AVE. DRIVER OF VEHICLE 1 ADMITTED THAT SHE WAS AT FAULT FOR TRAVELING THE WRONG WAY AND WAS MAKING AN ATTEMPT TO CORRECT THE SITUATION. DRIVER OF VEHICLE 1 STATED SHE WAS FROM ANOTHER CITY AND WAS CONFUSED ON WHICH STREETS TO TURN. DRIVERS INVOLVED IN THE ACCIDENT WERE NOT INJURED.

Officer QUANG VINNIE	Badge No. 5061	Time Officer Notified of Accident 19:02	Hrs.	Time Officer Arrived At Scene 19:10	Hrs.
Name of Agency Des Moines Police Department	Date of Report 04/04/2013	Investigation made at scene? Yes	T.I. #		
Report Reviewed By: CATRON, GREG	Date Reviewed 04/05/2013	Agency Specific DMPD	Other Technical Investigation Agency		