

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:

17-00527

Date of Accident 11/18/2017	Time of Accident 18:21 Hrs.	County Dallas - 25	Accident occurred within corporate limits of (city) Woodward - 8545									
U N I T 1	Driver's Name - Last BEAZLEY		First RUSSELL		Middle ALAN							
	Address 9809 ENFIELD CIR		City JOHNSTON		State IA Zip 50131							
	Date of Birth 03/16/1973	Driver's License Number 154GG2897	CDL Yes No <input type="radio"/> <input checked="" type="radio"/>	Citation Charge 1 OWI		Citation Charge 2						
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class D	Endorsements 2	Restrictions							
	Alcohol Test Given: 4		Test Results: .159	Drug Test Given: 1	Test Result:	Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>						
	Reason for Re-Exam Request:											
	Owner's Name - Last BEAZLEY		First RUSSELL		Middle ALAN							
	Address 9809 ENFIELD CIR		City JOHNSTON		State IA	Zip 50131						
	License Plate No. 667ZDC	State IA	Year 2018	VIN: 1C4AJWAG8DL514263	Color RED	Year 2013						
	Make JEEP	Model WRANGLER	Style JK									
Trailer Plate No.	State	Year	VIN:	Tow 3	Tow # 1							
Towed To ANYTIME TOWING		Approx. Cost to Repair or Replace \$15,000.00										
Insurance Company Name Farm Bureau Mutual			Insurance Co. Phone Number (515) 267-9009		Insurance Policy Number 000000007695527							
Initial Travel Direction 02	Veh. Act. 98	Veh. Config. 03	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 12							
Most Damaged Area 12	Extent of Damage 5	Total Occ. in Veh. 1										
Special Veh. Func. 01	Emergency Status 01	Bus Use	Driver Condition 06	Vision Obscured 01	Contributing Circumstances Driver (up to two) 13							
Driver Distractions 02	Speed Limit 65											
Traffic Controls 01	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event							
Third Event	Fourth Event	Most Harmful Event 33										
C O M M E R C I A L	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								
	Trailer Plate:	State	Year	VIN								
	Converter Dolly	Dolly Plate:	State	Plate Year	VIN							
P E R S O N S I N J U R I E D	DRIVER OF UNIT 1		Phone Number:	5		03	04	1	01	1	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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Date of Accident 11/18/2017		Time of Accident 18:21 Hrs.		County Dallas - 25		Accident occurred within corporate limits of (city) Woodward - 8545										
UNIT 2	Driver's Name - Last JUDGE-BOAL					First TERESA			Middle LYNN							
	Address 4521 83RD ST					City URBANDALE			State IA	Zip 50322						
	Date of Birth 01/21/1976		Driver's License Number 726X6258		CDL	Citation Charge 1		Citation Charge 2								
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State IA	Class C	Endorsements B	Restrictions B	Yes <input type="radio"/>	No <input checked="" type="radio"/>	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:							
	Owner's Name - Last JUDGE-BOAL					First TERESA			Middle LYNN							
	Address 4521 83RD ST					City URBANDALE			State IA	Zip 50322						
	License Plate No. BSH939	State IA	Year 2017	VIN: 3C4PDDEG6ET309286		Color SIL	Year 2014	Make DODG	Model JOURNEY	Style LL						
	Trailer Plate No.	State	Year	VIN:		Tow 3	Tow # 2	Towed To ANYTIME TOWING		Approx. Cost to Repair or Replace \$20,000.00						
	Insurance Company Name Employers Mutual					Insurance Co. Phone Number (888) 362-2255		Insurance Policy Number 73A-38-44								
Initial Travel Direction 04	Veh. Act. 01	Veh. Config. 03	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 12	Most Damaged Area 12	Extent of Damage 5	Total Occ. in Veh. 4								
Special Veh. Func 01	Emergency Status 01	Bus Use	Driver Condition 98	Vision Obscured 01	Contributing Circumstances Driver (up to two) 88		Driver Distractions 02	Speed Limit 65								
Traffic Controls 01	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event 44	Third Event	Fourth Event	Most Harmful Event 33								
CARRIER INFORMATION																
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													
Trailer Plate:	State	Year	VIN													
Converter Dolly	Dolly Plate:	State	Plate Year	VIN												
PERSONS INVOLVED																
DRIVER OF UNIT 2					Phone Number:		/	2	03	06	1	01	3	02	01	
					Transported to: MERCY											Transported by: LIFE FLIGHT
Name 001 BOAL	MICAHEL			Phone Number (515) 240-7497		DOB:	M	03	2	03	06	2	01	1	03	01
Address 4521 83RD ST URBANDALE IA 50322					Transported to: MERCY			Transported by: DALLAS COUNTY EMS								
Name 002 JUDGE	ALEXIS			Phone Number (515) 240-7497		DOB:	F	04	4	03	05	2	01	1	03	01
Address 4521 83RD ST URBANDALE IA 50322					Transported to: MERCY			Transported by: DALLAS COUNTY EMS								
Name 003 JUDGE	RACHEL			Phone Number (515) 240-7497		DOB:	F	06	3	06	05	2	01	1	03	01
Address 4521 83RD ST URBANDALE IA 50322					Transported to: MERCY			Transported by: DALLAS COUNTY EMS								
Name				Phone Number		DOB:										
Address					Transported to:			Transported by:								

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L O C A T I O N	Date of Accident 11/18/2017	Time of Accident 18:21 Hrs.	County Dallas - 25	Accident occurred within corporate limits of (city) Woodward - 8545	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description STATE 141/IOWA 141				County: DALLAS - 25	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"/> of nearest city				X Coordinate: 423863.468		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4631535		
	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"/> 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"/>				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		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	01	Type of Roadway Junction/Feature 22	FRA No.											
Light Conditions 4	Surface Conditions 01													

First Harmful Event (Crash) 33	WORKZONE RELATED? <input type="checkbox"/>	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	<input type="radio"/>	<input type="radio"/>				
	Transported to:	Transported by:												
	Name	Phone Number	DOB:											
Address:	Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No	<input type="radio"/>	<input type="radio"/>					
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		
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 SPOO	First Name DAVID	Address 910 1ST AV	City PERRY	State IA	Zip Code 50220	Phone Number (515) 868-7417
	Last Name HERVEY	First Name KYLE	Address 530 16TH ST	City PERRY	State IA	Zip Code 50220	Phone Number (515) 509-8867
	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

Signature of Officer COX JOSEPH	Badge Number 970	Time Officer Notified of Accident 18:21 Hrs.	Time Officer Arrived At Scene 18:24 Hrs.
Name of Agency Woodward Police Department	Date of Report 11/18/2017	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No.
Report Reviewed By Cox, Joseph	Date of Review 11/29/2017	Report given to all Drivers? Y <input type="radio"/> N <input type="radio"/>	Other Technical Investigating Agency

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17-00527

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VEHICLE 1 TRAVELED DOWN THE EXIT RAMP FROM HIGHWAY 210 ON TO HIGHWAY 141 TRAVELING THE WRONG WAY. VEHICLE 1 EXITED THE RAMP AND WAS TRAVELING EASTBOUND IN THE WESTBOUND LANE. VEHICLE 2 WAS LEGALLY TRAVELING WESTBOUND IN THE WESTBOUND LANES. VEHICLE 1 STRUCK VEHICLE 2 HEAD ON AROUND MM 138 ON HIGHWAY 141. VEHICLE 1 SPUN AROUND AND STAYED ON THE HIGHWAY 141. VEHICLE 2 WENT IN TO THE DITCH. DRIVER 1 WAS UNINJURED AND WALKING AROUND THE SCENE WHEN OFFICER'S ARRIVED AND DID NOT COMPLAIN OF ANY INJURIES. DRIVER 2 WAS TRAPPED IN HER VEHICLE BY THE DASH AND STEERING COLUMN. PASSENGER 1 IN VEHICLE 2 WAS LAYING OUTSIDE OF THE VEHICLE COMPLAINING THAT HE BROKE HIS LEG. PASSENGER 2 IN VEHICLE 2 WAS IN THE BACKSEAT AND WAS COMPLAINING OF WRIST PAINS AND STATING SHE HAD TROUBLES BREATHING. PASSENGER 3 WAS IN VEHICLE 2 AND WAS IN A FORWARD FACING CAR SEAT AND SHE HAD A CUT ABOVE HER EYE THAT WAS BLEEDING. DRIVER 2 HAD TO BE EXTRICATED FROM THE VEHICLE BY THE WOODWARD FIRE DEPARTMENT AND GRANGER FIRE DEPARTMENT. DRIVER 2 WAS TRANSPORTED BY AIR AMBULANCE. THE PASSENGERS WERE TRANSPORTED BY DALLAS COUNTY EMS AMBULANCE. DRIVER 1 WAS ARRESTED FOR OPERATING WHILE INTOXICATED.