



## 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>2019019666</b>

Date of Accident <b>07/21/2019</b>	Time of Accident <b>02:28</b> Hrs.	County <b>POTTAWATTAMIE - 78</b>	Accident occurred within corporate limits of (city) <b>COUNCIL BLUFFS - 1642</b>																
UNIT 2	Driver's Name - Last <b>ARREOLA</b>					First <b>PEDRO</b>					Middle <b>L</b>								
	Address <b>5319 N 46TH ST</b>					City <b>OMAHA</b>					State <b>NE</b>		Zip <b>68104-0000</b>						
	Date of Birth <b>12/08/1968</b>			Driver's License Number <b>H12360009</b>			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 <b>NE</b>	Class <b>B</b>	Endorsements		Restrictions		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>ARREOLA</b>					First <b>PEDRO</b>					Middle <b>L</b>								
	Address <b>5319 N 46TH ST</b>					City <b>OMAHA</b>					State <b>NE</b>		Zip <b>68104-0000</b>						
	License Plate No. <b>VIS646</b>		State <b>NE</b>	Year <b>2017</b>	VIN: <b>1GKEK13R1XR914204</b>			Color <b>BLK</b>		Year <b>1999</b>	Make <b>GMC</b>	Model <b>DENA</b>		Style <b>DE</b>					
	Trailer Plate No.		State	Year	VIN:			Tow <b>3</b>	Tow # <b>2951561</b>		Towed To <b>ARROW TOWING</b>		Approx. Cost to Repair or Replace <b>\$1,500.00</b>						
	Insurance Company Name <b>STATE FARM</b>					Insurance Co. Phone Number <b>(402) 571-5700</b>			Insurance Policy Number <b>057 1523-E27-27E</b>										
Initial Travel Direction <b>04</b>		Veh. Act. <b>14</b>	Veh. Config. <b>03</b>	Cargo Body Type <b>01</b>		Veh. Defect <b>01</b>	Point of Initial Impact <b>11</b>		Most Damaged Area <b>11</b>		Extent of Damage <b>4</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>55</b>							
Traffic Controls <b>01</b>		Horizontal Alignment <b>02</b>		Vertical Alignment <b>04</b>		SEQUENCE OF EVENTS	First Event <b>06</b>	Second Event <b>33</b>	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														
	Trailer Plate:		State	Year	VIN														
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN												
PERSONNEL	DRIVER OF UNIT 2					Phone Number: <b>(402) 812-9196</b>			Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Seating Position <b>5</b>	Injury Status <b>03</b>	Occupant Protection <b>04</b>	Airbag Deployment <b>2</b>	Ejection <b>01</b>	Ejection Path <b>1</b>	Trapped/extricated <b>01</b>	Source of Transport <b>01</b>	Died at scene/enroute <b>01</b>	
	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:										
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Law Enforcement Case Numbers:

**2019019666**

L O C A T I O N	Date of Accident <b>07/21/2019</b>	Time of Accident <b>02:28</b> Hrs.	County <b>POTTAWATTAMIE - 78</b>	Accident occurred within corporate limits of (city) <b>COUNCIL BLUFFS - 1642</b>		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>		
	Literal Description <b>INTERSTATE 29/I29 RAMP TO I/480 WB</b>					County: <b>78</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>256362.578</b>			
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: <b>4571937</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>02</b>		<b>01</b>		Roadway <b>01</b>					
Light Conditions <b>4</b>		Surface Conditions <b>01</b>		Type of Roadway Junction/Feature <b>24</b>					
				FRA No.					
First Harmful Event (Crash)	WORKZONE RELATED?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present		
<b>33</b>									
N O N M O T O R I S T S	Name <b>001</b>			Phone Number		DOB:			
	Address:			Alcohol Test Given		Test Results:			
	Transported to:			Drug Test Given		Result			
	Name			Phone Number		DOB:			
	Address:			Alcohol Test Given		Test Results:			
Transported to:			Drug Test Given		Result				
N P O R N O V P E E H 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>07/21/2019</b>		Incident Clearance Date <b>07/21/2019</b>	
Signature of Officer <b>DICESARE C</b>			Badge Number <b>059</b>		Time Officer Notified of Accident <b>02:28</b> Hrs.		Roadway Clearance Time <b>03:22</b> Hrs.		
Name of Agency <b>IOWA STATE PATROL - DIST 03</b>			Date of Report <b>07/21/2019</b>		Time Officer Arrived At Scene <b>02:36</b> Hrs.		Total Roadway Clearance Time <b>000:54</b>		
Report Reviewed By <b>Wesack, M</b>			Date of Review <b>07/30/2019</b>		Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>		T.I. No.      Other Technical Investigating Agency		

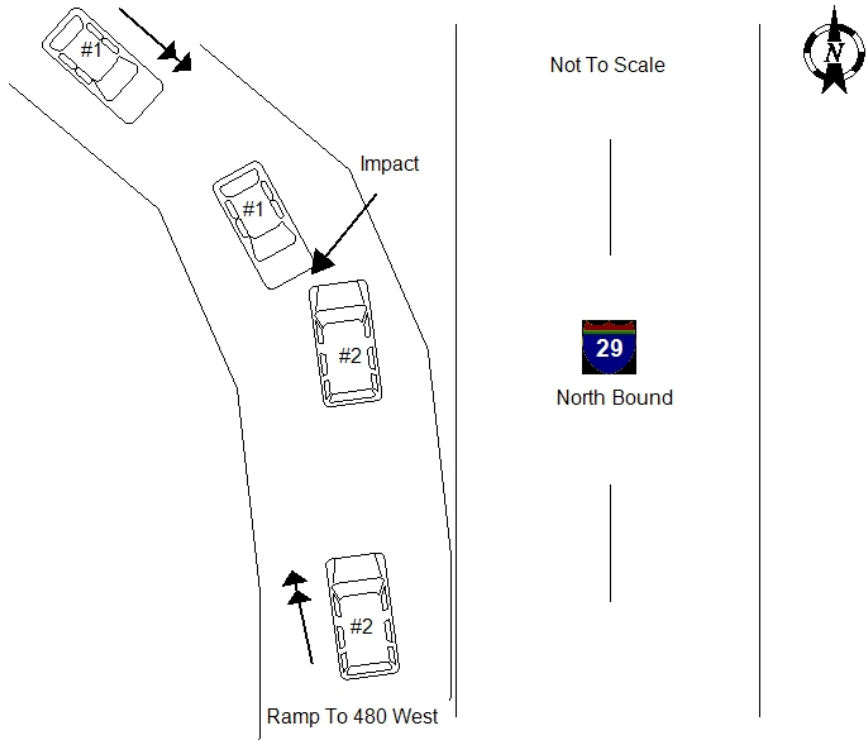
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Unit 001 was headed the wrong way on I-480 Ramp. Unit 002 was headed NB on I-29 and merged onto I-480 WB ramp. Unit 002 saw Unit 001 approaching and attempted evasive action. Unit 001 struck Unit 002 near head on. Unit 001 came to rest on the ramp upright facing SW. Unit 002 came to rest upright against the bridge wall facing NW.