

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:
S19-002430

Date of Accident 09/21/2019	Time of Accident 13:50 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city) NEOLA - 5397					
UNIT 1	Driver's Name - Last LANSFORD				First BENJAMIN		Middle GUY	
	Address 4426 SOUTH 2300 WEST				City ROY		State UT	Zip 84067
	Date of Birth 07/12/1976		Driver's License Number 153499908		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1 FAILURE TO MAINTAIN CONTROL	
	Male <input checked="" type="radio"/> Female <input type="radio"/>		State UT		Class D		Restrictions B	
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:	
	Owner's Name - Last LANSFORD		First BENJAMIN		Middle GUY		Citation Charge 2	
	Address 4426 SOUTH 2300 WEST		City ROY		State UT		Zip 84067	
	License Plate No. J585P		State UT		Year 2019		VIN: JF1GD70614L516619	
	Trailer Plate No.		State		Year		VIN:	
	Insurance Company Name GEICO		Insurance Co. Phone Number (800) 841-3000		Insurance Policy Number 4514940511			
Initial Travel Direction 04		Veh. Act. 01		Veh. Config. 03		Cargo Body Type 01		
Special Veh. Func. 01		Emergency Status 01		Bus Use 01		Driver Condition 01		
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 01		SEQUENCE OF EVENTS 03		
Veh. Defect 01		Point of Initial Impact 12		Most Damaged Area 12		Extent of Damage 5		
Vision Obscured 99		Contributing Circumstances Driver (up to two) 06		Driver Distractions 02		Speed Limit 70		
First Event 03		Second Event 05		Third Event 33		Fourth Event 44		
Total Occ. in Veh. 1		Approx. Cost to Repair or Replace \$10,000.00		Reason for Re-Exam Request:				
Tow 2		Tow #		Towed To		Approx. Cost to Repair or Replace \$10,000.00		
Carrier Name/Lessee		Street Address		City		State Zip Code		
Number of Axles		Gross Vehicle Weight Rating		US DOT Number		MC Number		
Underride/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		Sex		Seating Position		Injury Status		
Occupant Protection		Airbag Deployment		Ejection		Ejection Path		
Trapped/extricated		Source of Transport		Died at scene/enroute				
Phone Number: (801) 678-0126		Transported to: MERCY		Transported by: NEOLA FIRE		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:		Name		Phone Number		DOB:		
Address		Transported to:		Transported by:				

COMMERCIAL

PERSONNEL

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UNIT 2	Driver's Name - Last DORRIES				First JEFFREY		Middle D										
	Address 1300 W CONCORD ST				City MARION		State IL	Zip 62959									
	Date of Birth 12/01/1963		Driver's License Number D62042463342		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 IL	Class A	Endorsements		Restrictions		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 SCHUSTER CO				First				Middle								
	Address PO BOX 1110				City LEMARS				State IA	Zip 51031							
	License Plate No. VC1740		State IA	Year 2099	VIN: 3HSDZAPR1KN484277		Color MAR		Year 2019	Make INTL		Model	Style TT				
	Trailer Plate No. DB6949		State IA	Year 2015	VIN: 1GRAA0627FW700720		Tow 1		Tow #		Towed To		Approx. Cost to Repair or Replace \$3,000.00				
	Insurance Company Name COTTINGHAM AND BUTLER						Insurance Co. Phone Number (888) 546-5124			Insurance Policy Number HE8409C58809ATCT19							
Initial Travel Direction 02		Veh. Act. 01	Veh. Config. 13	Cargo Body Type 98		Veh. Defect 01	Point of Initial Impact 04		Most Damaged Area 04		Extent of Damage 3	Total Occ. in Veh. 1					
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 70				
Traffic Controls 01		Horizontal Alignment		Vertical Alignment 01		SEQUENCE OF EVENTS		First Event 33	Second Event	Third Event	Fourth Event	Most Harmful Event 33					
COMMERCIAL	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										
PERSONNEL UNIT 2	DRIVER OF UNIT 2				Phone Number:				5	01	03	2	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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L O C A T I O N	Date of Accident 09/21/2019	Time of Accident 13:50 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city) NEOLA - 5397	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description MM 23 INTERSTATE 80 NORTH BOUND				County: 78	Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </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: 281814.062		
	On Road, Street or Highway:		At Intersection with:				Y Coordinate: 4590994
	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		

ACCIDENT ENVIRONMENT	ROADWAY CHARACTERISTICS
Location of First Harmful Event 01 Weather Conditions (up to two)	Major Contributing Circumstances Environment 01
Manner of Crash/Collision 07 01	Roadway 01
Light Conditions 1 Surface Conditions 01	Type of Roadway Junction/Feature 96
	FRA No.

First Harmful Event (Crash) 33	WORKZONE RELATED? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 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										

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
	RENO	RON	7210 S 155TH AVE	OMAHA	NE	68138	(402) 320-7114
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
	RENO	PHIL	7210 S 155TH AVE	OMAHA	NE	68138	(402) 206-8704
	Last Name	First Name	Address	City	State	Zip Code	Phone Number
RENO	LOUISE	7210 S 155TH AVE	OMAHA	NE	68138	(402) 320-7113	
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 09/21/2019	Incident Clearance Date 09/21/2019
Signature of Officer HARKER JEREMY	Badge Number 78-26	Time Officer Notified of Accident 13:57 Hrs.	Roadway Clearance Time 14:50 Hrs.
Name of Agency POTTAWATTAMIE CNTY SHERIFF OFF	Date of Report 09/21/2019	Time Officer Arrived At Scene 14:15 Hrs.	Total Roadway Clearance Time 000:53
Report Reviewed By KIRLIN, JAHN	Date of Review 09/23/2019	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No. Other Technical Investigating Agency

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**D
I
A
G
R
A
M**

I80 WB

I80 EB @ 23 MM

Unit 2



Unit 1



**N
A
R
R
A
T
I
V
E**

Unit 1 was traveling West on I80. Unit 2 was traveling East on I80. Unit 1 crossed over the center median and struck unit 2 on the driver side rear of his trailer. Unit 1 went into the ditch on the east side of I80.

Unit 1 sustained disabling damage. Unit 1 was towed by All Pro Towing.
Unit 1 was given a citation for failure to maintain control.

Unit 2 had two disabled tires on the driver side rear of the trailer. Unit 2 was able to drive off the interstate.