

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:
19-018042

Date of Accident 11/26/2019	Time of Accident 19:57 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city) COUNCIL BLUFFS - 1642													
UNIT 1	Driver's Name - Last BLANCO					First ANNETTE					Middle L					
	Address 3146 N. ORCHARD ST.					City LINCOLN					State NE		Zip 68503			
	Date of Birth 06/16/1969			Driver's License Number G21005396			CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1 CONTROL OF VEHICLE			Citation Charge 2 NO DRIVERS LICENSE				
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State NE	Class O	Endorsements		Restrictions		Citation Charge 3 IMPROPER USE OF MEDIAN, CURB, OR AC			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 BLANCO					First ANNETTE					Middle L					
	Address 3146 N. ORCHARD ST.					City LINCOLN					State NE		Zip 68503			
	License Plate No. 21CK45		State NE	Year 2020	VIN: 1G2JB124117351730			Color GLD		Year 2001	Make PONT		Model SUNFIRE		Style PC	
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow #		Towed To OWNERS REQUEST		Approx. Cost to Repair or Replace \$1,501.00			
	Insurance Company Name GENERAL AUTOMOBILE					Insurance Co. Phone Number (800) 280-1466			Insurance Policy Number 68-NE4561131							
Initial Travel Direction 02		Veh. Act. 99	Veh. Config. 01	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 99		Most Damaged Area 99		Extent of Damage 9	Total Occ. in Veh. 01				
Special Veh. Func. 01		Emergency Status 01		Bus Use	Driver Condition 03	Vision Obscured 01	Contributing Circumstances Driver (up to two) 06			Driver Distractions 99		Speed Limit 55				
Traffic Controls 01		Horizontal Alignment 99		Vertical Alignment 99		SEQUENCE OF EVENTS	First Event 03	Second Event 44	Third Event	Fourth Event	Most Harmful Event 44					
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	DRIVER OF UNIT 1					Phone Number:		5	99	03	2	01	1	01	01	
	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:						

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L O C A T I O N	Date of Accident 11/26/2019	Time of Accident 19:57 Hrs.	County POTTAWATTAMIE - 78	Accident occurred within corporate limits of (city) COUNCIL BLUFFS - 1642		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>										
	Literal Description INTERSTATE 29/I29 RAMP					County: 78	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"/> <input type="radio"/> of nearest city					X Coordinate: 261863.375											
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4568269										
	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"/> <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"/> <input type="radio"/>												
Milepost Number _____ Or _____ Definable intersection, bridge, or railroad crossing					NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>												
ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS													
Location of First Harmful Event 06		Weather Conditions (up to two)		Major Contributing Circumstances Environment 01		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	
Manner of Crash/Collision 01		04		Roadway 01													
Light Conditions 4		Surface Conditions 02		Type of Roadway Junction/Feature 99													
				FRA No.													
First Harmful Event (Crash) 44	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present										
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				
Transported to:						Transported by:											
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 11/26/2019			Incident Clearance Date 11/26/2019							
Signature of Officer KOZISEK AARON			Badge Number 728		Time Officer Notified of Accident 19:57 Hrs.		Roadway Clearance Time 19:57 Hrs.			Incident Clearance Time 20:50 Hrs.							
Name of Agency COUNCIL BLUFFS POLICE DEPT			Date of Report 11/26/2019		Time Officer Arrived At Scene 20:05 Hrs.		Total Roadway Clearance Time 000:00			Total Incident Clearance Time 000:53							
Report Reviewed By BUDD, DARREN			Date of Review 11/26/2019		Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>		T.I. No.		Other Technical Investigating Agency								

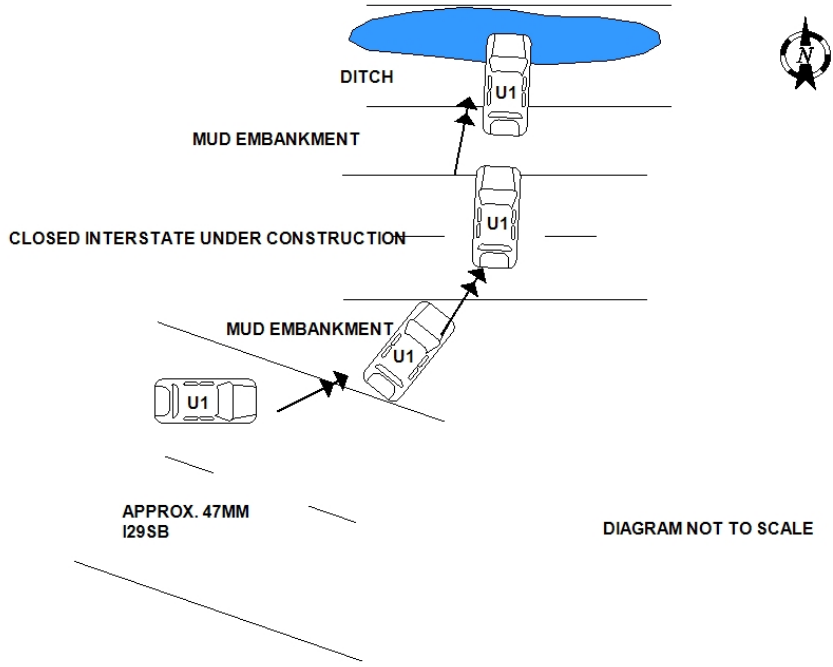
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Unit 1 was traveling eastbound on I29SB at approximately the 47mm. Unit 1 left the roadway to the north, drove down a construction equipment ramp, across a closed interstate, and into a ditch where the vehicle became disabled.

Roadway and weather conditions were not a factor for this collision.

The driver of unit 1 stated she couldn't see where she was going because of fog on her windows. She also stated she takes medication to sleep, and had already taken her medication. Highway Helper had stopped to offer her assistance. She drove away from Highway Helper after he offered her help. When questioned why she didn't take his help, she stated she didn't see him. Highway Helper was driving their white pickup with numerous amber flashing lights and signage signifying who he was.

The driver of unit 1 was unable to follow simple instructions, and unable to answer basic questions.

This vehicle was reported to dispatch twice for driving the wrong way on the interstate. Ofc. Juhl completed a supplemental report with this information. It was reported the vehicle was traveling southbound in the northbound lanes of I29, and nearly collided with a snow plow.

I checked the driver for alcohol impairment. She was issued citations for no drivers license, control of vehicle, and violation of fully controlled access facilities.

The vehicle was towed by Arrow Towing as an owners request, and the driver transported to Omaha.