

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: SOI20190348

Date of Accident 08/17/2019	Time of Accident 03:20 Hrs.	County POWESHIEK - 79	Accident occurred within corporate limits of (city)															
UNIT 1	Driver's Name - Last BOLDEN					First ROBERT					Middle ORLANDO							
	Address 638 E STATE ST					City COLFAX					State IA		Zip 50054					
	Date of Birth 11/08/1974		Driver's License Number 490LL3117			CDL Yes No		Citation Charge 1			Citation Charge 2							
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements		Restrictions		Citation Charge 3			Citation Charge 4						
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes No		Reason for Re-Exam Request:							
	Owner's Name - Last BOLDEN					First ROBERT					Middle ORLANDO							
	Address 638 E STATE ST					City COLFAX					State IA		Zip 50054					
	License Plate No. IES977		State IA	Year 2019	VIN: 2B3KA33V09H568144			Color RED		Year 2009	Make DODG		Model CHARGER SXT		Style 4D			
	Trailer Plate No.		State	Year	VIN:			Tow 2	Tow #		Towed To			Approx. Cost to Repair or Replace \$10,000.00				
	Insurance Company Name PROGRESSIVE					Insurance Co. Phone Number					Insurance Policy Number							
Initial Travel Direction 04		Veh. Act. 14	Veh. Config. 01	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 01	Vision Obscured 01		Contributing Circumstances Driver (up to two) 13			Driver Distractions 02		Speed Limit 70						
Traffic Controls 01		Horizontal Alignment 02		Vertical Alignment 03		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			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
	Trailer Plate:		State	Year	VIN													
	Converter Dolly		Dolly Plate:		State	Plate Year	VIN											
PERSONNEL	DRIVER OF UNIT 1				Phone Number:				4	03	04	2	01	1	03	01		
	Transported to: GRINNELL UNITY POINT				Transported by: EAST POWESHIEK AMBULANCE													
	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:										

**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: SOI20190348

Date of Accident 08/17/2019	Time of Accident 03:20 Hrs.	County POWESHIEK - 79	Accident occurred within corporate limits of (city)												
UNIT 2	Driver's Name - Last CHANEY		First JAMES		Middle R										
	Address 206 GRANT RD		City MARQUETTE HEIGHT		State IL Zip 61554										
	Date of Birth 09/15/1959	Driver's License Number C50045659263	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 NONE	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 CHANEY		First JAMES		Middle R										
	Address 206 GRANT RD		City MARQUETTE HEIGHT		State IL Zip 61554										
	License Plate No. TEMTID1	State IL	Year 2020	VIN: 3C4PDCAB0FT618399	Color BLK	Year 2015	Make DODG	Model JOURNEY	Style 4D						
	Trailer Plate No.	State	Year	VIN:	Tow 2	Tow #	Towed To	Approx. Cost to Repair or Replace \$12,000.00							
	Insurance Company Name STATE FARM			Insurance Co. Phone Number (309) 347-3115		Insurance Policy Number 1500679-E31-13K									
Initial Travel Direction 02	Veh. Act. 14	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. 2							
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 03	Vertical Alignment 04	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	DRIVER OF UNIT 2		Phone Number: (309) 642-9687		Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
			Transported to: GRINNELL UNITY POINT		Transported by: EAST POWESHIEK AMBULANCE										
	Name 001 SHEPLER JAMES P	Phone Number (309) 368-7841		DOB: 6/20/1980 1	M	03	4	03	04	2	01	1	03	01	
	Address 615 E 5TH ST GALESBURG IL 61401		Transported to: GRINNELL UNITY POINT			Transported by: POWESHIEK EAST AMBULANCE									
	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:									

**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:

SOI20190348

L O C A T I O N	Date of Accident 08/17/2019	Time of Accident 03:20 Hrs.	County POWESHIEK - 79	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description INTERSTATE 80/SE LOOP				County: 79	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: 553570.562		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4616158.5		
	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;"> 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> and <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>				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 01	Weather Conditions (up to two)	Major Contributing Circumstances Environment 01													
Manner of Crash/Collision 02	01	Roadway 01													
Light Conditions 4	Surface Conditions 01	Type of Roadway Junction/Feature 23													
		FRA No.													

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

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 08/17/2019	Incident Clearance Date 08/17/2019
Signature of Officer DEPUTY ROD SEE	Badge Number 79-4	Time Officer Notified of Accident 03:20 Hrs.	Roadway Clearance Time 04:49 Hrs.
Name of Agency POWESHIEK CNTY SHERIFF'S OFF	Date of Report 08/17/2019	Time Officer Arrived At Scene 03:27 Hrs.	Incident Clearance Time 04:50 Hrs.
Report Reviewed By SEE, ROD	Date of Review 08/17/2019	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	Total Roadway Clearance Time 001:29
		T.I. No.	Total Incident Clearance Time 001:30
		Other Technical Investigating Agency	

**INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT**

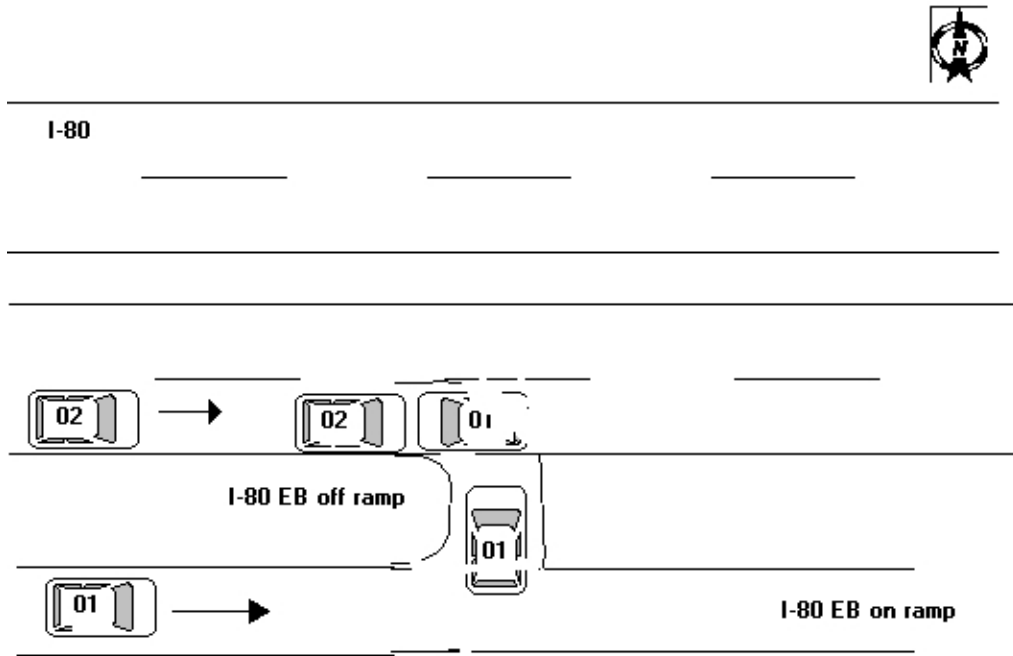
Form 4433003 (11-13)

Law Enforcement Case Numbers:

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

SOI20190348

**D
I
A
G
R
A
M**



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

On August 17, 2019 at approximately 0320 hrs., Poweshiek County Sheriff's Office was alerted to a 2 vehicle accident on interstate 80 mile marker 201 east bound off ramp. Caller stated two vehicles had collided head on. I deputy See was dispatched, and advised of multiple injuries. Deputy Simpson, and I arrived on scene, and I observed two vehicle severely damaged on the off ramp. East Poweshiek Ambulance, and Brooklyn Fire Department were called to the scene to treat the injured. Driver of vehicle number one Robert Bolden was located outside of the vehicle laying in the roadway. Robert had complaint of pain in his chest area. Driver of vehicle 02 James Chaney had complaint of chest pain believed to be from the seatbelt. Passenger of vehicle 02 James Shepler had complaint of knee pain. All were transported to Grinnell Unity Point Medical Center to be treated for their injuries. Both vehicle received damage to the front of the vehicle. All front airbags were deployed in both vehicles. Both vehicles are believed to be totaled from this incident. Both vehicles were towed from the scene by Dan's Repair out of Victor, IA. Driver of vehicle one was attempting to enter I-80 heading east bound, and drove up the eastbound off ramp colliding with vehicle 02 as vehicle 02 was exiting the interstate. Driver of vehicle 01 was cited for improper use of median, curb, or access facility. A unopened cold beer was located in vehicle 01, Deputy Simpson, and I were unable to detect odor of alcohol on driver of vehicle 01. Driver of vehicle 01 stated he had progressive insurance. No card was found in the vehicle.