

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: 2020014015
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Date of Accident 06/12/2020	Time of Accident 00:11 Hrs.	County 79	Accident occurred within corporate limits of (city)																
UNIT 1	Driver's Name - Last HARWOOD					First RONALD					Middle S								
	Address 309 S 5TH ST APT 2					City SEWARD					State NE		Zip 68434-0000						
	Date of Birth 08/04/1958		Driver's License Number H13420446			CDL Yes <input type="radio"/> No <input type="radio"/>		Citation Charge 1 FAILURE TO MAINTAIN CONTROL			Citation Charge 2 FAILURE TO COMPLY WITH SAFETY REGU								
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State NE	Class A	Endorsements TN		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 HACKBART BROTHERS INC					First					Middle								
	Address PO BOX 434					City SEWARD					State NE		Zip 68434						
	License Plate No. 176276		State NE	Year 2021	VIN: 1XP7DB9X27D665188			Color BLU		Year 2007	Make PTRB	Model XXXX		Style TRACTOR					
	Trailer Plate No.		State	Year	VIN:			Tow 2	Tow #		Towed To			Approx. Cost to Repair or Replace \$5,000.00					
	Insurance Company Name EMC					Insurance Co. Phone Number (888) 362-2255			Insurance Policy Number 5E3-49-30										
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 13		Cargo Body Type 02		Veh. Defect 01	Point of Initial Impact 11		Most Damaged Area 12		Extent of Damage 4	Total Occ. in Veh. 1						
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 70						
Traffic Controls 01		Horizontal Alignment		Vertical Alignment 01		SEQUENCE OF EVENTS		First Event 03	Second Event 52	Third Event 05	Fourth Event	Most Harmful Event 52							
COMMERCIAL	Carrier Name/Lessee HACKBART BROTHERS INC																		
	Street Address 993 280TH RD							City SEWARD				State NE		Zip Code 68434					
	Number of Axles 3		Gross Vehicle Weight Rating 3 - 26,001 LBS OR MORE					US DOT Number 1205708			MC Number		Override/Override 1 - NONE						
	Haz Mat Involvement 02 - NO		Haz Mat Placard		Placard Number		Haz. Mat Released		Haz Mat Class		Haz Mat Name								
	Trailer Plate: 176276		State NE	Year 2020	VIN 1XP7DB9X27D665188			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 2 - NO DOLLY USED		Dolly Plate:		State	Plate Year	VIN													
PERSONNEL UNIT 1	DRIVER OF UNIT 1					Phone Number: (402) 641-2181					<input checked="" type="checkbox"/>	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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Law Enforcement Case Numbers:
2020014015

L O C A T I O N	Date of Accident 06/12/2020	Time of Accident 00:11 Hrs.	County 79	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description I80 WB MM 185.6					County: 79	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: 527316.187		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: 4616027	
	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		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				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	02	Weather Conditions (up to two)		Major Contributing Circumstances Environment	01	Roadway	01											
Manner of Crash/Collision	01		01	Type of Roadway Junction/Feature	01	FRA No.												
Light Conditions	5	Surface Conditions	01															

First Harmful Event (Crash)	52	WORKZONE RELATED?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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							
	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:														

If Property other than vehicles damaged explain	5 CABLE POSTS	Object Damaged		Estimate of Damage	\$375.00
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Owner's Last Name	STATE OF IOWA- GRINELL DOT SHOP		First Name		Middle Name		Phone Number	(641) 236-3014
Address	902 OGAN AVE		City	GRINELL	State	IA	Zip Code	50112
If Property other than vehicles damaged explain			Object Damaged		Estimate of Damage		Was owner or tenant notified?	1

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?	<input type="radio"/> Y <input checked="" type="radio"/> N	Type of Primary Incident		Roadway Clearance Date	06/12/2020	Incident Clearance Date	06/12/2020
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Signature of Officer	TROOPER A WESTPFAHL	Badge Number	285	Time Officer Notified of Accident	00:11 Hrs.	Roadway Clearance Time	01:53 Hrs.	Incident Clearance Time	20:05 Hrs.
Name of Agency	IOWA STATE PATROL - DIST 11	Date of Report	06/12/2020	Time Officer Arrived At Scene	00:23 Hrs.	Total Roadway Clearance Time	001:42	Total Incident Clearance Time	019:54
Report Reviewed By	Reule, K	Date of Review	06/30/2020	Investigation made at scene?	<input checked="" type="radio"/> Y <input type="radio"/> N	T.I. No.	Other Technical Investigating Agency		

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Law Enforcement Case Numbers:

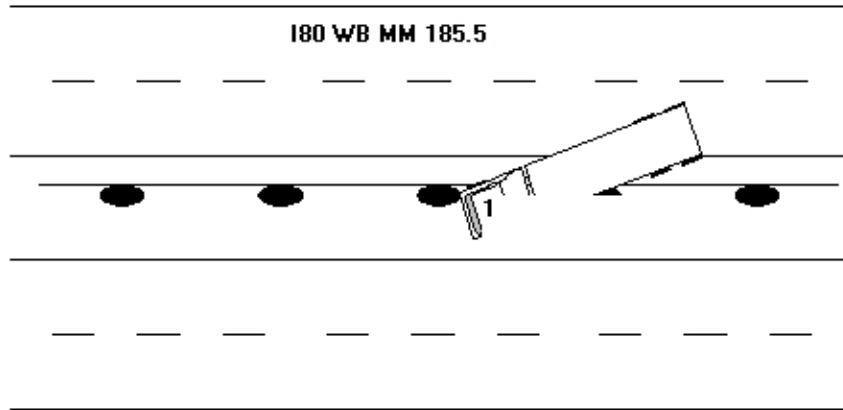
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2020014015

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Poweshiek County

Not to scale



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Unit 1 was traveling westbound on Interstate 80 near the 185.5 mile marker when the driver fell asleep causing him to leave the roadway. Unit 1 entered the median and went through the cable barriers. Unit 1 crossed all the way over into the eastbound lanes and continued to travel westbound. Unit 1 eventually pulled off partially in the travel portion of lane 1 at the 185 mile marker facing westbound.