

# 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>20-8117</b>

Date of Accident <b>08/07/2020</b>	Time of Accident <b>23:31</b> Hrs.	County <b>SIOUX - 84</b>	Accident occurred within corporate limits of (city)																
UNIT 1	Driver's Name - Last <b>WAGNER</b>					First <b>RICHARD</b>					Middle <b>ARTHUR</b>								
	Address <b>14702 SHILOH CHURCH</b>					City <b>LAUREL</b>					State <b>DE</b>	Zip <b>19956</b>							
	Date of Birth <b>12/08/1954</b>			Driver's License Number <b>1182614</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>DE</b>	Class <b>CAA</b>	Endorsements <b>T,X,H,</b>	Restrictions <b>B</b>	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>WERNER ENTERPRISES INC.</b>					First					Middle								
	Address <b>14507 FRONTIER RD</b>					City <b>OMAHA</b>					State <b>NE</b>	Zip <b>68138</b>							
	License Plate No. <b>W33102</b>		State <b>NE</b>	Year <b>2020</b>	VIN: <b>1XKYD49XXMJ434445</b>			Color <b>WHI</b>		Year <b>2021</b>	Make <b>KW</b>	Model		Style <b>TRUCK TRACT</b>					
	Trailer Plate No.		State	Year	VIN:			Tow <b>4</b>	Tow #		Towed To			Approx. Cost to Repair or Replace <b>\$20,000.00</b>					
	Insurance Company Name <b>ACE</b>					Insurance Co. Phone Number <b>(800) 431-8216</b>					Insurance Policy Number <b>XSAH25298597</b>								
Initial Travel Direction <b>01</b>		Veh. Act. <b>01</b>	Veh. Config. <b>13</b>		Cargo Body Type <b>02</b>		Veh. Defect <b>01</b>	Point of Initial Impact <b>01</b>		Most Damaged Area <b>01</b>		Extent of Damage <b>3</b>	Total Occ. in Veh. <b>2</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>65</b>				
Traffic Controls <b>01</b>		Horizontal Alignment		Vertical Alignment <b>01</b>		SEQUENCE OF EVENTS		First Event <b>33</b>		Second Event <b>03</b>		Third Event		Fourth Event		Most Harmful Event <b>33</b>			
COMMERCIAL	Carrier Name/Lessee <b>WERNER ENTERPRISES INC.</b>																		
	Street Address <b>14507 FRONTIER RD</b>								City <b>OMAHA</b>				State <b>NE</b>	Zip Code <b>68138</b>					
	Number of Axles <b>4</b>		Gross Vehicle Weight Rating <b>2 - 10,001 LBS - 26,000 LBS</b>					US DOT Number <b>53467</b>			MC Number			Override/Override <b>1 - NONE</b>					
	Haz Mat Involvement <b>02 - NO</b>		Haz Mat Placard		Placard Number		Haz. Mat Released		Haz Mat Class			Haz Mat Name							
	Trailer Plate: <b>W33102</b>		State <b>NE</b>	Year <b>2020</b>	VIN <b>1XKYD49XXMJ434445</b>			Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute		
	Trailer Plate: <b>2219STJ</b>		State <b>MN</b>	Year <b>2020</b>	VIN <b>1JJV532D5CL593003</b>														
Converter Dolly <b>2 - NO DOLLY USED</b>		Dolly Plate:		State	Plate Year		VIN												
PERSONNEL UNIT 1	DRIVER OF UNIT 1					Phone Number: <b>(302) 344-5423</b>					5	03	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:  <b>20-8117</b>
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Date of Accident <b>08/07/2020</b>	Time of Accident <b>23:31</b> Hrs.	County <b>SIOUX - 84</b>	Accident occurred within corporate limits of (city)																	
UNIT 2	Driver's Name - Last <b>PARTIDA HERNANDEZ</b>							First <b>MIZAEI</b>			Middle									
	Address <b>201 BURR ST</b>							City <b>LITTLE ROCK</b>			State <b>IA</b>	Zip <b>51243</b>								
	Date of Birth <b>01/31/1989</b>		Driver's License Number <b>212AN4794</b>			CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1 <b>OPERATING WHILE UNDER THE INFLUEN</b>			Citation Charge 2 <b>LEAVE SCENE OF ACCIDENT - PROPERTY</b>									
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>IA</b>	Class <b>C</b>	Endorsements		Restrictions		Citation Charge 3 <b>VIOLATING ONE-WAY TRAFFIC DESIGNAT</b>			Citation Charge 4 <b>OPEN CONTAINER- DRIVER 21 YRS OR OL</b>									
	Alcohol Test Given: <b>4</b>		Test Results: <b>.165</b>		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>PARTIDA HERNANDEZ</b>							First <b>MIZAEI</b>			Middle									
	Address <b>201 BURR ST</b>							City <b>LITTLE ROCK</b>			State <b>IA</b>	Zip <b>51243</b>								
	License Plate No. <b>JCU984</b>		State <b>IA</b>	Year <b>2021</b>	VIN: <b>1J8GW58NX4C250210</b>			Color <b>BLK</b>		Year <b>2004</b>	Make <b>JEEP</b>	Model <b>GRAND CHERO</b>	Style <b>4D</b>							
	Trailer Plate No.		State	Year	VIN:			Tow <b>3</b>	Tow # <b>202</b>		Towed To <b>ROSENBOOM FRAME A</b>		Approx. Cost to Repair or Replace <b>\$5,000.00</b>							
	Insurance Company Name <b>PROGRESSIVE</b>							Insurance Co. Phone Number <b>(800) 876-5581</b>			Insurance Policy Number <b>919038447</b>									
Initial Travel Direction <b>03</b>		Veh. Act. <b>01</b>	Veh. Config. <b>03</b>	Cargo Body Type <b>01</b>		Veh. Defect <b>01</b>	Point of Initial Impact <b>01</b>		Most Damaged Area <b>01</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>06</b>	Vision Obscured <b>01</b>	Contributing Circumstances Driver (up to two) <b>08,13</b>			Driver Distractions <b>02</b>		Speed Limit <b>65</b>								
Traffic Controls <b>01</b>		Horizontal Alignment		Vertical Alignment <b>01</b>		SEQUENCE OF EVENTS	First Event <b>33</b>	Second Event	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>(311) 106-7260</b>		Sex <b>MALE</b>	Seating Position <b>5</b>	Injury Status <b>03</b>	Occupant Protection <b>03</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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Address							Transported to:					Transported by:								

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Law Enforcement Case Numbers:  
**20-8117**

L O C A T I O N	Date of Accident <b>08/07/2020</b>	Time of Accident <b>23:31</b> Hrs.	County <b>SIoux - 84</b>	Accident occurred within corporate limits of (city)		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description <b>STATE 60/IOWA 60 MEASURING 57 FEET NORTH FROM B040/400TH ST AND STATE 60/IOWA 60</b>					County: <b>84</b>	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: <b>264163.75</b>		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: <b>4772591.5</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		
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	<b>01</b>	Weather Conditions (up to two)		Major Contributing Circumstances Environment															<b>01</b>
Manner of Crash/Collision	<b>07</b>	<b>01</b>		Roadway															<b>01</b>
Light Conditions	<b>5</b>	Surface Conditions		Type of Roadway Junction/Feature															<b>01</b>
FRA No.																			

First Harmful Event (Crash)	<b>33</b>	WORKZONE RELATED?	<input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present										
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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:	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 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					

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

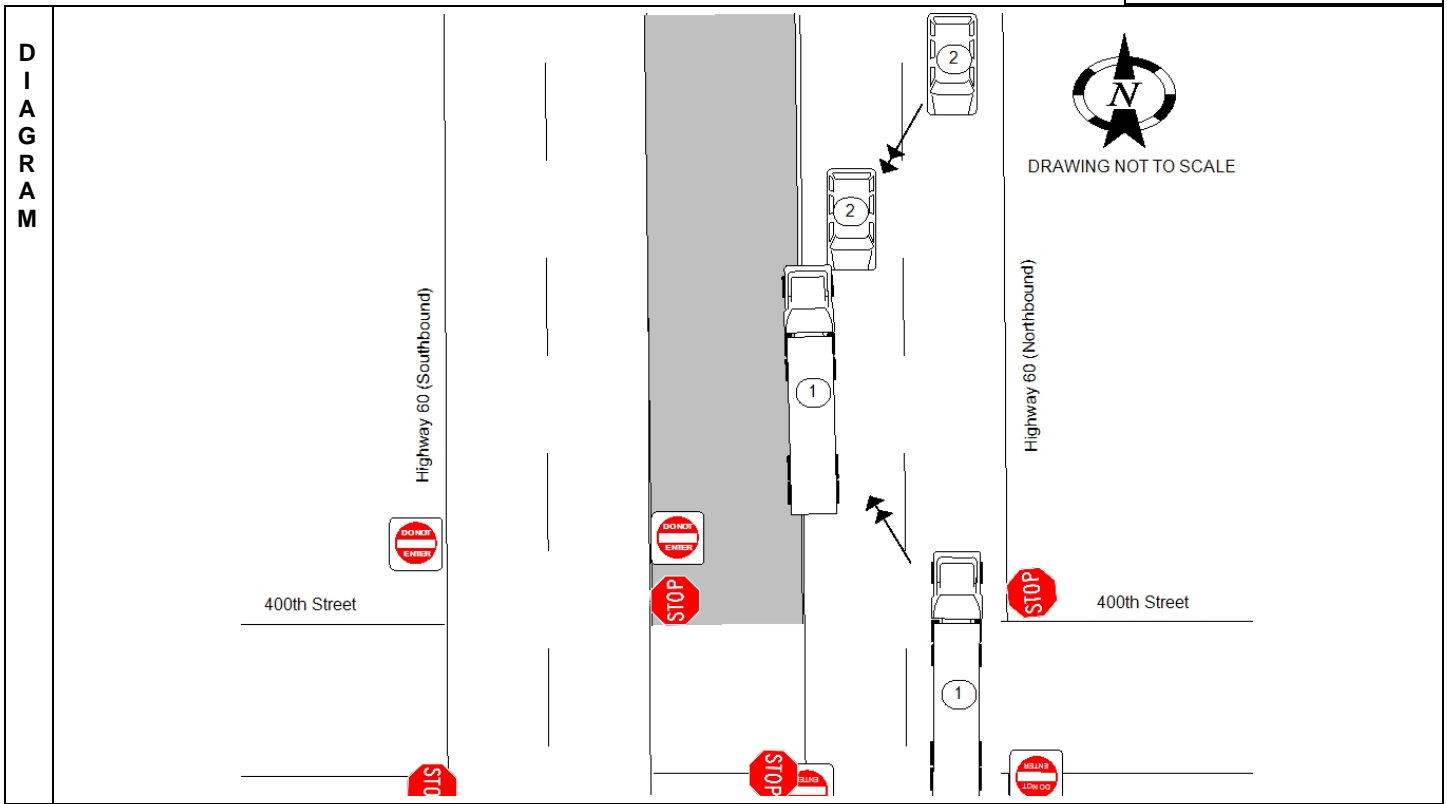
Is This a Secondary Crash?	Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident			Roadway Clearance Date	<b>08/08/2020</b>	Incident Clearance Date	<b>08/08/2020</b>
Signature of Officer	<b>RESERVE DEPUTY JAKE HARMEINK</b>		Badge Number	<b>84-74</b>	Time Officer Notified of Accident	<b>23:31</b> Hrs.	Roadway Clearance Time	<b>00:30</b> Hrs.
Name of Agency	<b>SIoux COUNTY SHERIFF'S OFFICE</b>		Date of Report	<b>08/08/2020</b>	Time Officer Arrived At Scene	<b>23:45</b> Hrs.	Total Roadway Clearance Time	<b>000:59</b>
Report Reviewed By	<b>DENEKAS, DAWN</b>		Date of Review	<b>08/10/2020</b>	Investigation made at scene?	Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No.	Other Technical Investigating Agency

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

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**20-8117**



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

UNIT ONE WAS NORTHBOUND ON HIGHWAY 60 WHEN DRIVER OBSERVED LIGHTS ON THE ROADWAY. DRIVER FIRST THOUGHT IT WAS SOME TYPE OF ROAD EQUIPMENT OR EMERGENCY VEHICLE AND MOVED OVER TO THE FAST LANE TO AVOID THE LIGHTS.

UNIT TWO WAS SOUTHBOUND IN THE NORTHBOUND LANE. MULTIPLE 911 COMPLAINTS WERE RECEIVED ABOUT THE DRIVING OF UNIT TWO PRIOR TO THE ACCIDENT. UNIT TWO HAD BEEN REPORTED AS DRIVING ALL OVER THE ROAD, AND JUST PRIOR TO THE ACCIDENT BEEN REPORTED DRIVING THE WRONG WAY. CALLERS HAD REPORTED THE LICENSE PLATE AS INCLUDED IN THIS REPORT IN THE DRIVING COMPLAINTS.

AS UNIT ONE SWERVED TO AVOID THE LIGHTS OF UNIT ONE, UNIT ONE ALSO MOVED OVER TO THE FAST LANE. UNIT ONE ENTERED THE SIDE OF THE MEDIAN TO AVOID UNIT ONE, BUT UNIT TWO COLLIDED WITH UNIT ONE. WITNESSES STATE UNIT ONE SPUN AROUND ON THE ROADWAY, AND THEN FLED THE SCENE WESTBOUND ON 400TH STREET INTO HOSPERS. VEHICLE WAS LOCATED A SHORT-TIME LATER BY THIS DEPUTY. DRIVER DENIED STRIKING THE SEMI. THIS DEPUTY DID OBSERVE WHITE PAINT TRANSFER FROM UNIT ONE ON UNIT TWO, AS WELL AS PARTS OF UNIT TWO AT THE ACCIDENT SCENE. DRIVER OF UNIT TWO WAS ULTIMATELY ARRESTED FOR OPERATING WHILE INTOXICATED.

WITNESS STATEMENTS WERE ALSO COLLECTED FROM DRIVER OF UNIT ONE AND A WITNESS TO THE ACCIDENT.