

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:
20-000441

Date of Accident 05/07/2020	Time of Accident 20:36 Hrs.	County STORY - 85	Accident occurred within corporate limits of (city) AMES - 0155														
UNIT 1	Driver's Name - Last CASTILLO					First ALEJANDRO					Middle ESPINOZA						
	Address 450 CLARK ST APT B					City PONTOTOC					State MS	Zip 38863					
	Date of Birth 03/03/1991			Driver's License Number			CDL Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 1 NO VALID DRIVER'S LICENSE			Citation Charge 2 FALIURE TO PROVIDE PROOF OF FINANCI					
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State NO	Class NONE	Endorsements		Restrictions		Citation Charge 3 FAILURE TO MAINTAIN CONTROL			Citation Charge 4					
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:						
	Owner's Name - Last CASTILLO					First ALEJANDRO					Middle ESPINOZA						
	Address 450 CLARK ST APT B					City PONTOTOC					State MS	Zip 38863					
	License Plate No. PN15903		State MS	Year 2020	VIN: 3GCFC13519G282625		Color WHI		Year 2009	Make CHEV		Model SILVERADO		Style TRUCK			
	Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #		Towed To		Approx. Cost to Repair or Replace \$1,500.00					
	Insurance Company Name NONE					Insurance Co. Phone Number					Insurance Policy Number						
Initial Travel Direction 03		Veh. Act. 01	Veh. Config. 02	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 01		Most Damaged Area 01		Extent of Damage 2		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) 06		Driver Distractions 02		Speed Limit 70			
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 03		SEQUENCE OF EVENTS		First Event 03		Second Event 48		Third Event		Fourth Event 48			
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	
DRIVER OF UNIT 1					Phone Number:					5	03	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:							

COMMERCIAL

PERSONNEL

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L O C A T I O N	Date of Accident 05/07/2020	Time of Accident 20:36 Hrs.	County STORY - 85	Accident occurred within corporate limits of (city) AMES - 0155	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description SOUTHBOUND I-35 107.9 MM				County: 85	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: 452778.562	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4645484	
	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 01 05	Roadway 01
Light Conditions 5 Surface Conditions 02	Type of Roadway Junction/Feature 01
	FRA No.

First Harmful Event (Crash) 48	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
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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:						

NP OR NO VP EE HR IT CY ULD AM RG	If Property other than vehicles damaged explain	Object Damaged DOT GUARDRAIL	Estimate of Damage \$1,000.00
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Owner's Last Name IOWA DEPARTMENT OF TRANSPORTATIO	First Name	Middle Name	Phone Number (515) 239-1101
Address 800 LINCOLN WAY	City AMES	State IA	Zip Code 50010
			Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown 1

NP OR NO VP EE HR IT CY ULD AM RG	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage
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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 05/07/2020	Incident Clearance Date 05/07/2020
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Signature of Officer DEPUTY BRETT SINK	Badge Number 85-40	Time Officer Notified of Accident 20:39 Hrs.	Roadway Clearance Time 20:50 Hrs.	Incident Clearance Time 23:10 Hrs.
Name of Agency STORY COUNTY SHERIFF'S OFFICE	Date of Report 05/07/2020	Time Officer Arrived At Scene 20:50 Hrs.	Total Roadway Clearance Time 000:11	Total Incident Clearance Time 002:31
Report Reviewed By SMITH, LORI	Date of Review 05/11/2020	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No.	Other Technical Investigating Agency

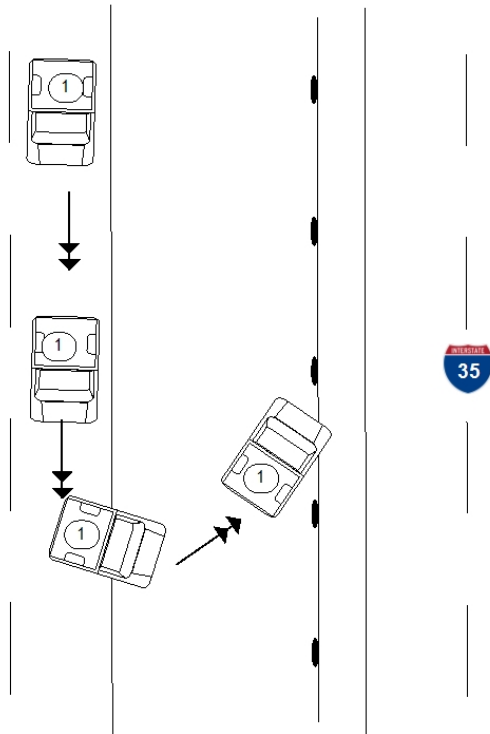
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On 05-07-2020 at approximately 30:39 hours I, Deputy Brett Sink, was working patrol for the Story County Sheriff's Office when Story County Dispatch advised that they took a call of a vehicle in the median and possible into the guardrail around the 108 mile marker of Interstate 35. I arrived in the area at approximately 20:50 hours to find a white truck in the median on the west side of the guardrail (traveling southbound). The vehicle in question was identified by Mississippi license plate PN 15903. PN 15903 returned on a white 2009 Chevy Silverado registered to Alejandro Castillo.

I made contact with the driver and only occupant of the vehicle. The driver who was identified as Castillo did not speak fluent English. I was able to ask Castillo if he was injured and he stated that he was not. Castillo provided a Mexican consulate ID card that further identified him. Castillo was unable to provide any insurance for the vehicle. Based of Castillo's tire tracks in the median, he was traveling southbound on Interstate 35, lost control, drove through the median and struck the guardrail that runs along the inside shoulder of northbound I-35. This occurred at the 107.9 mile marker.

Castillo's truck struck the guardrail which caused the truck to get stuck with one of the wires of the guardrail running on the inside of the front passenger tire. Central Iowa Towing was able to get Castillo's truck unstuck from the guardrail. Castillo's truck suffered damage to the front passenger fender, passenger side headlight, and unknown damage to the steering/suspension assembly on the passenger side front. The vehicle suffered an estimated \$1,500 in damage. The truck damaged two of the post that hold up the guardrail. The posts sustained an estimated \$1,000 in damage. The Iowa DOT's "pink tag" was filled out and tied to the damaged section of guardrail.

Castillo was cited and released for No Driver's License, Failure to Provide Proof of Financial Liability, and Failure to Maintain Control.

In-Car Video/Audio is available. Body-Cam Video/Audio is available.