Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT

Sheet 1 of 5

OF MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers: MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2020011487 Date of Accident Time of Accident Accident occurred within corporate limits of (city) 05/07/2020 04:24 WARREN - 91 Driver's Name - Last Middle BRANDT LARRY **CLIFFORD** Ν Address City State Zip 703 BRICK ST SE **BONDURANT** 50035-0000 IΑ T Date of Birth Driver's License Number CDL Citation Charge 1 Citation Charge 2 10/18/1961 709XX6587 DRIVING ON WRONG SIDE OF TWO WAY H 1 Yes No Male Female Citation Charge 3 State Class Endorsements Restrictions Citation Charge 4 0 D Alcohol Test Given: Test Results: Drug Test Given: Test Result: Re-exam: Yes No Reason for Re-Exam Request: \odot Owner's Name - Last Middle First BRANDT **CLIFFORD** LARRY Address City State 7in 703 BRICK ST SE **BONDURANT** IΑ 50035-0000 License Plate No. VIN: Make State Year Color Year Model Style 6687F.I 2020 1G1ZE5STXHF110374 SII 2017 CHEV MAI SD Trailer Plate No. State VIN: Tow Tow # Towed To Approx. Cost to Repair or Replace 3030728 **ROY'S TOWING** \$16,000.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number (800) 274-3531 APP0143 Initial Travel Direction Veh. Act. Cargo Body Type Veh Defect Point of Initial Impact Most Damaged Area Extent of Damage Total Occ. in Veh. Veh. Config. 01 01 01 01 99 01 Special Veh. Func Emergency Status Bus Use Driver Condition Vision Obscured Contributing Circumstances Driver (up to two) Driver Distractions Speed Limit 13 01 05 01 02 Traffic Controls Horizontal Alignment Vertical Alignment First Event Second Event Third Event Fourth Event Most Harmful Event SEQUENCE 01 01 03 OF EVENTS 33 44 33 Carrier Name/Lessee C Street Address Citv State Zip Code O М М Number of Axles US DOT Number MC Number Underride/Override Gross Vehicle Weight Rating Ε 1 - NONE R Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name C I Trailer Plate: State Year VIN Α Source of Transport L Trailer Plate: State Year VIN Seating Position Path Status Converter Dolly Dolly Plate: State Plate Year VIN Sex Phone Number: (515) 577-1934 03 04 01 01 Transported to: Transported by: DRIVER OF UNIT 1 Ε R Name Phone Number DOB: S 0 Address Transported to: Transported by: Νı SN Name Phone Number DOB: Address Transported to: Transported by: NΝ JΙ Name Phone Number DOB: Address Transported to: Transported by: Ε D Name Phone Number DOB: Address Transported to: Transported by:

Sheet 2 of 5

INVESTIGATING OFFICER'S REPORT

Form 4433003 (11-13) OF MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers: MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2020011487 Date of Accident Time of Accident Accident occurred within corporate limits of (city) 05/07/2020 04:24 WARREN - 91 Driver's Name - Last Middle **BREIG CHEYANNE ALEXIS** Ν Address City State Zip 1006 SW 11TH ST. APT #4 LEON IΑ 50144 T Date of Birth Driver's License Number CDI Citation Charge 1 Citation Charge 2 10/27/1997 Z090225001 2 Yes No Class Endorsements Citation Charge 3 Male Female State Restrictions Citation Charge 4 0 \odot C Alcohol Test Given: Test Results: Drug Test Given: Test Result: Re-exam: Yes No Reason for Re-Exam Request: \odot Owner's Name - Last First Middle **ALEXIS** BREIG **CHEYANNE** Address City State Zip 1006 SW 11TH ST. APT #4 LEON IΑ 50144 License Plate No. VIN: Make State Year Color Year Model Style BD6C7W MO 2021 1N4BL3AP3FC130817 BLK 2015 NISS **ALTIMA** 4D Trailer Plate No. State VIN: Tow # Towed To Approx. Cost to Repair or Replace 3030732 **BUSSANMAS TOWING** \$13,000.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number (800) 378-7262 PAIA8620596 **ESURANCE** Initial Travel Direction Veh. Act. Cargo Body Type Veh Defect Point of Initial Impact Most Damaged Area Extent of Damage Total Occ. in Veh. Veh. Config. 01 01 01 01 99 01 Special Veh. Func Emergency Status Bus Use Driver Condition Vision Obscured Contributing Circumstances Driver (up to two) Driver Distractions Speed Limit 88 01 01 01 02 Traffic Controls Horizontal Alignment Vertical Alignment First Event Second Event Third Event Fourth Event Most Harmful Event SEQUENCE 01 01 04 OF EVENTS 33 03 44 33 Carrier Name/Lessee C Street Address City State Zip Code 0 М М Number of Axles US DOT Number MC Number Underride/Override Gross Vehicle Weight Rating Ε 1 - NONE R Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name C I Trailer Plate: State Year VIN Α Source of Transport L Trailer Plate: State Year VIN Seating Position Path Status Converter Dolly Dolly Plate: State Plate Year VIN Sex Phone Number: (660) 373-2836 03 06 01 03 01 Transported to: Transported by DRIVER OF UNIT 2 Ε **MERCY MEDICAL CENTER NORWALK RESCUE** R Name Phone Number DOB: S 0 Address Transported to: Transported by: Νı SN Name Phone Number DOB: Address Transported to: Transported by: NΝ Name Phone Number DOB: 2 Address Transported to: Transported by: Ε D Name Phone Number DOB: Address Transported to: Transported by:

3 of Sheet **INVESTIGATING OFFICER'S REPORT** Form 4433003 (11-13) OF MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers: MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2020011487 Date of Accident Time of Accident Accident occurred within corporate limits of (city) 05/07/2020 04:24 WARREN - 91 Driver's Name - Last Middle HOLTRY **FONA** KAY Ν Address City State Zip 218 W MAIN ST SAINT CHARLES IΑ 50240 T Date of Birth Driver's License Number CDI Citation Charge 1 Citation Charge 2 10/05/1972 280HH8489 3 Yes No Male Female Class Endorsements Citation Charge 3 State Restrictions Citation Charge 4 0 \odot Alcohol Test Given: Test Results: Drug Test Given: Test Result: Re-exam: Yes No Reason for Re-Exam Request: \odot Owner's Name - Last First Middle HOLTRY **FONA** KAY Address State Zip City 218 W MAIN ST SAINT CHARLES IΑ 50240 License Plate No. VIN: Make State Year Color Year Model Style EHM165 2019 1C4PJMCB9FW708267 RED 2015 JEEP **CHEROKEE LAT** suv Trailer Plate No. State VIN: Tow # Towed To 3030729 **ROY'S TOWING** \$17,000.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number (800) 841-3000 6013743791 **GEICO** Initial Travel Direction Veh. Act. Cargo Body Type Veh Defect Point of Initial Impact Most Damaged Area Extent of Damage Total Occ. in Veh. Veh. Config. 01 03 01 99 12 Special Veh. Func Emergency Status Bus Use Driver Condition Vision Obscured Contributing Circumstances Driver (up to two) Driver Distractions Speed Limit 88 01 01 01 02 Traffic Controls Horizontal Alignment Vertical Alignment First Event Second Event Third Event Fourth Event Most Harmful Event SEQUENCE 01 01 04 OF EVENTS 06 33 05 33 Carrier Name/Lessee C Street Address City State Zip Code O М М Number of Axles US DOT Number MC Number Underride/Override Gross Vehicle Weight Rating Ε 1 - NONE R Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name C I Trailer Plate: State Year VIN Α Source of Transport L Trailer Plate: State Year VIN Seating Position Path Status Converter Dolly Dolly Plate: State Plate Year VIN Sex Phone Number: (515) 478-0436 03 06 01 02 01 Transported to: Transported by DRIVER OF UNIT 3 Ε **MERCY MEDICAL CENTER NORWALK RESCUE** R Name Phone Number DOB: S 0 Address Transported to: Transported by: Νı SN Name Phone Number DOB: Address Transported to: Transported by: ΝN Name Phone Number DOB: 3 Address Transported to: Transported by: Ε D Name Phone Number DOB: Address

Transported to:

Transported by:

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (11-13) Law Enforcement Case Numbers: 2020011487 MAIL REPORTS TO: lowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 Date of Accident Time of Accident County Accident occurred within corporate limits of (city) Private I egal WARREN - 91 05/07/2020 04:24 Intervention? Property? 0 Literal Description County: Route: C **135 NB AT 60MM** E SE S SW W NW Of nearest city Α X Coordinate: If accident occurred outside of Т city limits show general vicinity 434819.25 ı On Road, Street or Highway: Y Coordinate: 0 4584735.5 N 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 neccessaryof If Divided Highway, Provide Route (Cardinal) Travel Direction N NE E SE S SW W NW N NE E SE S SW W NW WB NB SB FB ()Milepost Definable intersection, Number bridge, or railroad crossing Or 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 01 Action (prior to crash) Struck by Unit No. Light Conditions Surface Conditions 01 Equipmen Type of Roadway Junction/Feature 01 Non-Motorist FRA No First Harmful Event (Crash) No Activity Location Workers Present Type Yes WORKZONE Sex RELATED? (Name **001** DOB: Phone Number 0 Address: Alcohol Test Given Test Results: Drug Test Given Result Charged Yes No N M 0 Transported to: Transported by: Т 0 Phone Number DOB: Name R ı Address: Alcohol Test Given Drug Test Given Result Test Results: Charged Yes No S Т Transported to: Transported by: S NΡ Object Damaged Estimate of Damage If Property other than vehicles damaged explain O R Owner's Last Name First Name Middle Name Phone Number N O V P ΕE Address City State Zip Code Was owner or tenant notified? H_R = Yes 2 = No 9 = Unknown Estimate of Damage I T Object Damaged If Property other than Υ vehicles damaged explain Middle Name Owner's Last Name First Name Phone Number L D A M Address City State Zip Code Was owner or tenant notified? R G 1 = Yes 2 = No 9 = Unknown City Last Name First Name Phone Number Address State Zip Code HUGGINS **JAMES** (316) 282-5159 W Last Name Phone Number First Name Address City State Zip Code ı T Ν Last Name Address Zip Code Phone Number First Name City State Ε S Last Name First Name Address Zip Code Phone Number City State S Last Name First Name Address City State Zip Code Phone Number Is This a Secondary Crash? Type of Primary Incident Roadway Clearance Date Incident Clearance Date N () 05/07/2020 05/07/2020 Signature of Officer Time Officer Notified of Accident Roadway Clearance Time Incident Clearance Time Badge Number TROOPER J SITZMAN 223 06:43 14:06 Name of Agency Date of Report Time Officer Arrived At Scene Total Roadway Clearance Time Total Incident Clearance Time **IOWA STATE PATROL - DIST 02** 05/07/2020 002:10 009:33 Hrs Report Reviewed By Date of Review Investigation made at scene? T.I. No. Other Technical Investigating Agency Struecker, M 05/08/2020 Y () N (

Sheet 5 of 5

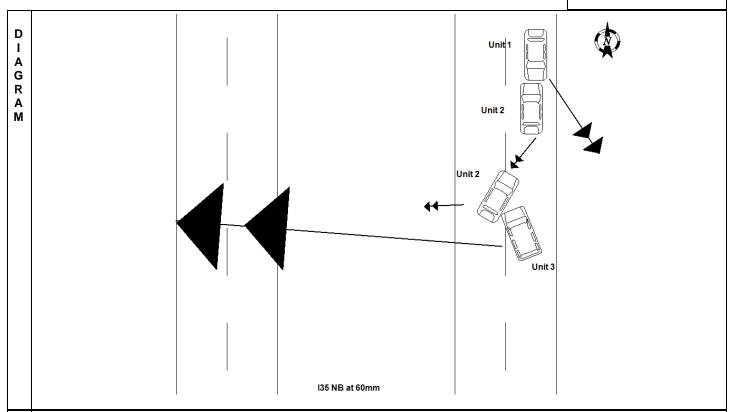
Form 4433003 (11-13)

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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

Law Enforcement Case Numbers:

2020011487



N A R R A T I V

Ε

Unit 2 and Unit 3 were traveling northbound on I35 at the 60mm both in the outside lane. Unit 3 was traveling behind unit 2. Unit 1 was traveling southbound in the northbound lanes at the same location. The driver of unit 1 was experiencing a medical episode. Unit 1 struck unit 2. The driver of unit 3 attempted to avoid a collision by braking and veering to the left. Unit 2 was pushed into the path of unit 3, during the impact with unit 1. Unit 3 struck unit 2. Unit 1 ran off the road into the east ditch and came to rest. Unit 2 ran off the road into the median and came to rest. Unit 3 ran off the road, crossing the median and the southbound lanes. Unit 3 then came to rest in the west ditch.