

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:
2020011487

Date of Accident 05/07/2020	Time of Accident 04:24 Hrs.	County WARREN - 91	Accident occurred within corporate limits of (city)															
UNIT 2	Driver's Name - Last BREIG					First CHEYANNE					Middle ALEXIS							
	Address 1006 SW 11TH ST. APT #4					City LEON					State IA		Zip 50144					
	Date of Birth 10/27/1997		Driver's License Number Z090225001			CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1			Citation Charge 2							
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State MO	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 <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:							
	Owner's Name - Last BREIG					First CHEYANNE					Middle ALEXIS							
	Address 1006 SW 11TH ST. APT #4					City LEON					State IA		Zip 50144					
	License Plate No. BD6C7W		State MO	Year 2021	VIN: 1N4BL3AP3FC130817			Color BLK		Year 2015	Make NISS	Model ALTIMA		Style 4D				
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 3030732		Towed To BUSSANMAS TOWING		Approx. Cost to Repair or Replace \$13,000.00					
	Insurance Company Name ESURANCE					Insurance Co. Phone Number (800) 378-7262			Insurance Policy Number PAIA8620596									
Initial Travel Direction 01		Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01		Veh. Defect 99	Point of Initial Impact 01		Most Damaged Area 01	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) 88			Driver Distractions 02		Speed Limit 70						
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 04		SEQUENCE OF EVENTS	First Event 33	Second Event 03	Third Event 44	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: (660) 373-2836		Sex 2	Seating Position 03	Injury Status 06	Occupant Protection 2	Airbag Deployment 01	Ejection 1	Ejection Path 03	Trapped/extricated 01	Source of Transport 01	Died at scene/enroute	
	Transported to: MERCY MEDICAL CENTER					Transported by: NORWALK RESCUE												
	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)

Law Enforcement Case Numbers:
2020011487

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

Date of Accident 05/07/2020	Time of Accident 04:24 Hrs.	County WARREN - 91	Accident occurred within corporate limits of (city)																
UNIT 3	Driver's Name - Last HOLTRY				First FONA	Middle KAY													
	Address 218 W MAIN ST				City SAINT CHARLES		State IA	Zip 50240											
	Date of Birth 10/05/1972		Driver's License Number 280HH8489		CDL	Citation Charge 1		Citation Charge 2											
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State IA	Class C	Endorsements	Restrictions	Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 3											
	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 HOLTRY				First FONA		Middle KAY												
	Address 218 W MAIN ST				City SAINT CHARLES		State IA	Zip 50240											
	License Plate No. EHM165		State IA	Year 2019	VIN: 1C4PJMCB9FW708267		Color RED		Year 2015	Make JEEP	Model CHEROKEE LAT	Style SUV							
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow # 3030729		Towed To ROY'S TOWING		Approx. Cost to Repair or Replace \$17,000.00							
	Insurance Company Name GEICO				Insurance Co. Phone Number (800) 841-3000			Insurance Policy Number 6013743791											
Initial Travel Direction 01		Veh. Act. 01	Veh. Config. 03	Cargo Body Type 01		Veh. Defect 99	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 01		Driver Condition 01		Vision Obscured 01		Contributing Circumstances Driver (up to two) 88			Driver Distractions 02		Speed Limit 70				
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 04		SEQUENCE OF EVENTS		First Event 06		Second Event 33		Third Event 05		Fourth Event 44		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 3				Phone Number: (515) 478-0436				Sex 3	Seating Position 03	Injury Status 06	Occupant Protection 2	Airbag Deployment 01	Ejection 1	Ejection Path 02	Trapped/extricated 01	Source of Transport 02	Died at scene/enroute 01	
	Transported to: MERCY MEDICAL CENTER				Transported by: NORWALK RESCUE														
	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:										

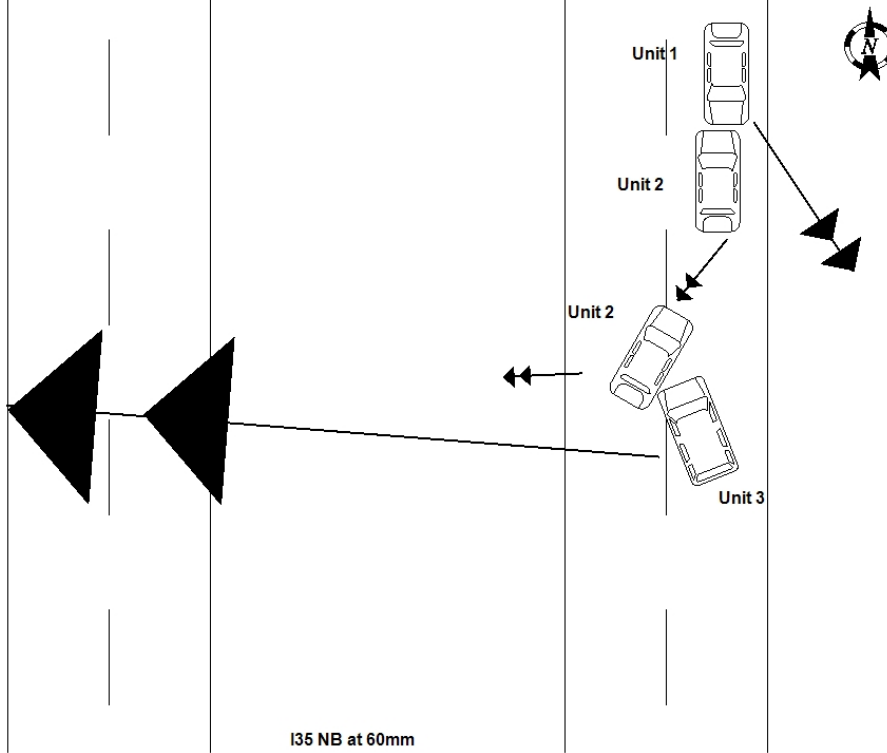
**INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT**

Law Enforcement Case Numbers:

2020011487

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

**D
I
A
G
R
A
M**



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

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.