## **INVESTIGATING OFFICER'S REPORT**

Sheet 1 of

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 2020-0318 Date of Accident Time of Accident Accident occurred within corporate limits of (city) 10/23/2020 22:08 WARREN - 91 CARLISLE - 1105 Driver's Name - Last First Middle **JACKSON KAITLYNN** MARIE Ν Address City State Zip 23 E CRESTON AVE **DES MOINES** 50315-0000 IΑ T Date of Birth Driver's License Number CDI Citation Charge 1 Citation Charge 2 05/02/2003 202AN2962 1 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 JACKSON LYNN AMY Address Citv State Zip **DES MOINES** 23 E CRESTON AVE IΑ 50315-1957 License Plate No. VIN: Make State Year Color Year Model Style HSJ689 2019 2HGES26733H567143 SII 2003 HOND CIV 4D Trailer Plate No. State VIN: Tow Tow # Towed To Approx. Cost to Repair or Replace **CAPITAL CITY** \$6,500.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number NATIONWIDE MUTUAL (800) 421-3535 7214J000684 Cargo Body Type Initial Travel Direction Veh. Act. Veh Defect Point of Initial Impact Most Damaged Area Extent of Damage Total Occ. in Veh. Veh. Config. 01 01 01 01 12 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 55 Traffic Controls Horizontal Alignment Vertical Alignment First Event Second Event Third Event Fourth Event Most Harmful Event SEQUENCE 01 01 01 OF EVENTS 33 33 Carrier Name/Lessee C Street Address City State Zip Code O М М Number of Axles Gross Vehicle Weight Rating US DOT Number MC Number Underride/Override 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 VIN Year Α Source of Transport L Trailer Plate: State Year VIN Seating Position Injury Status Converter Dolly Dolly Plate: State Plate Year VIN Phone Number: (515) 979-8147 03 04 01 03 01 Transported to: Transported by: DRIVER OF UNIT 1 Ε **BLANK CHILDRENS CARLISLE EMS** R Name Phone Number DOB: S 0 Address Transported to: Transported by: Νı SN Name Phone Number DOB: Address Transported to: Transported by: NN JΙ Name Phone Number DOB: Address Transported to: Transported by: Ε D Name Phone Number DOB: Address Transported to: Transported by:

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## Sheet 3 of 4

Form 4433003 (11-13) MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers: 2020-0318 MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 Time of Accident County Date of Accident Accident occurred within corporate limits of (city) Private I egal WARREN - 91 CARLISLE - 1105 10/23/2020 22:08 Intervention? Property? 0 Literal Description County: Route: C STATE 5/IOWA 5 E SE S SW W NW of nearest city Α X Coordinate: If accident occurred outside of Т city limits show general vicinity 457696.281 ı On Road, Street or Highway: Y Coordinate: 0 4594848.5 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 to crash) Struck by Unit No Light Conditions Surface Conditions 01 Safety Equipmen Type of Roadway Junction/Feature 01 Non-Motorist Action (prior FRA No Source of First Harmful Event (Crash) No Activity Location Workers Present Yes Туре 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 Name Phone Number DOB: R ı Address: Alcohol Test Given Test Results: Drug Test Given Result 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<sub>R</sub> = 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 CARROY DUSTIN (515) 321-5505 W Zip Code Last Name Phone Number First Name Address City State 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 State Last Name First Name Address City Zip Code Phone Number Is This a Secondary Crash? Type of Primary Incident Roadway Clearance Date Incident Clearance Date N ( ) 10/23/2020 10/23/2020 Signature of Officer Badge Number Time Officer Notified of Accident Roadway Clearance Time Incident Clearance Time OFFICER MICHAEL FISHER 91-168 23:39 23:39 Name of Agency Date of Report Time Officer Arrived At Scene Total Roadway Clearance Time Total Incident Clearance Time CARLISLE POLICE DEPARTMENT 10/23/2020 22:10 001:31 001:31 Report Reviewed By Date of Review Investigation made at scene? T.I. No. Other Technical Investigating Agency **DETRICK, MATTEA** 10/29/2020 N ( )

**INVESTIGATING OFFICER'S REPORT OF** 

Sheet 4 of 4

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:

2020-0318

