

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:
2020-0318

Date of Accident 10/23/2020	Time of Accident 22:08 Hrs.	County WARREN - 91	Accident occurred within corporate limits of (city) CARLISLE - 1105													
UNIT 1	Driver's Name - Last JACKSON			First KAITLYNN		Middle MARIE										
	Address 23 E CRESTON AVE			City DES MOINES		State IA	Zip 50315-0000									
	Date of Birth 05/02/2003		Driver's License Number 202AN2962		CDL Yes No <input type="radio"/> <input checked="" type="radio"/>		Citation Charge 1									
	Male <input type="radio"/> Female <input checked="" type="radio"/>		State IA	Class C	Endorsements Y		Restrictions Y	Citation Charge 2								
	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 JACKSON			First AMY		Middle LYNN										
	Address 23 E CRESTON AVE			City DES MOINES		State IA	Zip 50315-1957									
	License Plate No. HSJ689	State IA	Year 2019	VIN: 2HGES26733H567143		Color SIL	Year 2003									
	Trailer Plate No.	State	Year	VIN:		Tow 3	Tow # 01									
	Insurance Company Name NATIONWIDE MUTUAL			Insurance Co. Phone Number (800) 421-3535		Insurance Policy Number 7214J000684										
Initial Travel Direction 01	Veh. Act. 01	Veh. Config. 01	Cargo Body Type 01	Veh. Defect 01	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 55	Traffic Controls 01	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS 33										
First Event	Second Event	Third Event	Fourth Event	Most Harmful Event 33												
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: (515) 979-8147			<input checked="" type="checkbox"/>	3	03	04	2	01	1	03	01		
Name			Phone Number		DOB:											
Address			Transported to:			Transported by:		CARLISLE EMS								
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

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:
2020-0318

Date of Accident 10/23/2020	Time of Accident 22:08 Hrs.	County WARREN - 91	Accident occurred within corporate limits of (city) CARLISLE - 1105																	
UNIT 2	Driver's Name - Last SKALJIC				First SAVANNAH				Middle LAYNE											
	Address 2975 NE 44TH PLC				City DES MOINES				State IA	Zip 50317										
	Date of Birth 01/12/1987		Driver's License Number 737YY9999		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 IA	Class C	Endorsements		Restrictions		Citation Charge 3											
	Alcohol Test Given: 3		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 SKALJIC				First SAVANNAH		Middle LAYNE											
	Address 2975 NE 44TH PLC				City DES MOINES				State IA	Zip 50317										
	License Plate No. GTY867		State IA	Year 2002	VIN: 3GNFK16357G179435		Color SIL		Year 2007	Make CHEV										
	Model SUBURBAN		Style SUV		Trailer Plate No.		State	Year	VIN:											
	Tow 3		Tow # 01		Towed To CAPITAL CITY		Approx. Cost to Repair or Replace \$12,500.00													
Insurance Company Name NONE				Insurance Co. Phone Number			Insurance Policy Number													
Initial Travel Direction 03		Veh. Act. 98	Veh. Config. 03	Cargo Body Type 01		Veh. Defect 01	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 06												
Driver Condition 01		Vision Obscured 01		Contributing Circumstances Driver (up to two) 13,16			Driver Distractions 99		Speed Limit 55											
Traffic Controls 98		Horizontal Alignment 01		Vertical Alignment 01		SEQUENCE OF EVENTS		First Event 94												
Second Event 33		Third Event		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: (515) 218-4380				Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute		
	Transported to:				Transported by:				4	02	04	2	01	1	01	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:											

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:
2020-0318

L O C A T I O N	Date of Accident 10/23/2020	Time of Accident 22:08 Hrs.	County WARREN - 91	Accident occurred within corporate limits of (city) CARLISLE - 1105	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description STATE 5/IOWA 5				County: 91	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: 457696.281	
	On Road, Street or Highway:			At Intersection with:		
	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				Y Coordinate: 4594848.5	

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	Roadway 01
Light Conditions 4 Surface Conditions 01	Type of Roadway Junction/Feature 01
	FRA No.

First Harmful Event (Crash) 33	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
--	---	---	----------	----------	------	-----------------	-----	--------------------	---------------	-------------------	----------------------------	-------------------------	-----------	------------------	----------------------------	---------------------	-----------------------

N O N M O T O R I S T S	Name 001	Phone Number	DOB:	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
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No					
	Transported to:		Transported by:											
	Name	Phone Number	DOB:	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
	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
	CARROY	DUSTIN					(515) 321-5505
	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 10/23/2020	Incident Clearance Date 10/23/2020
Signature of Officer OFFICER MICHAEL FISHER	Badge Number 91-168	Time Officer Notified of Accident 22:08 Hrs.	Roadway Clearance Time 23:39 Hrs.
Name of Agency CARLISLE POLICE DEPARTMENT	Date of Report 10/23/2020	Time Officer Arrived At Scene 22:10 Hrs.	Total Roadway Clearance Time 001:31
Report Reviewed By DETRICK, MATTEA	Date of Review 10/29/2020	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No. Other Technical Investigating Agency

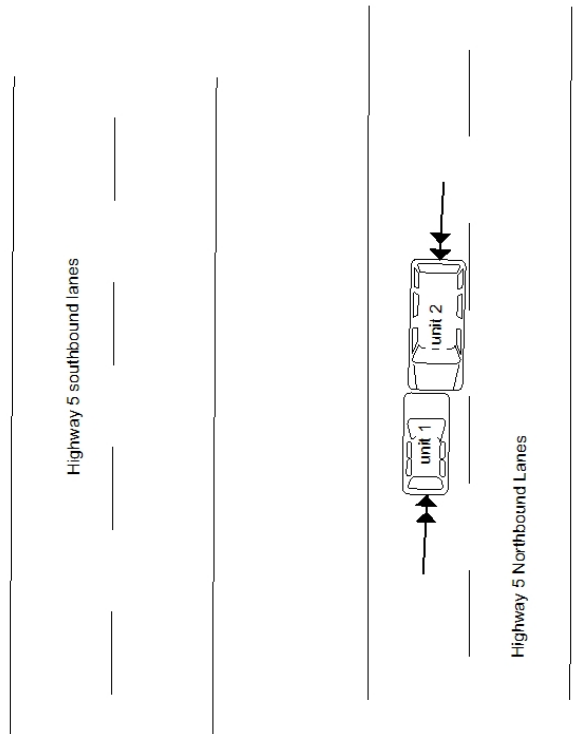
INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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

Law Enforcement Case Numbers:

2020-0318

**D
I
A
G
R
A
M**



this map is NOT to scale.

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

Unit 1 was traveling northbound on highway 5 when she was struck by unit 2 who was traveling southbound in the northbound lanes. both units were towed from scene with totaling damages. This incident occurred in the City of Carlisle, IA 50047.