

# 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:
<b>S-IN-20-0070</b>

Date of Accident <b>02/26/2020</b>	Time of Accident <b>22:30</b> Hrs.	County <b>WASHINGTON - 92</b>	Accident occurred within corporate limits of (city) <b>AINSWORTH - 0052</b>											
UNIT 1	Driver's Name - Last <b>CLEMENT</b>				First <b>BRIAN</b>		Middle <b>RICHARD</b>							
	Address <b>603 REDBIRD RUN</b>				City <b>TIFFIN</b>		State <b>IA</b>	Zip <b>52340-0000</b>						
	Date of Birth <b>12/02/1971</b>		Driver's License Number <b>072EE9195</b>		CDL Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Citation Charge 1 <b>DRIVING ON WRONG SIDE OF TWO WAY H</b>							
	Male <input checked="" type="radio"/> Female <input type="radio"/>		State <b>IA</b>	Class <b>C</b>	Endorsements <b>L</b>	Restrictions		Citation Charge 2						
	Alcohol Test Given: <b>2</b>		Test Results: <b>.999</b>		Drug Test Given: <b>1</b>		Test Result: Re-exam: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
	Reason for Re-Exam Request:		Owner's Name - Last <b>CLEMENT</b>		First <b>HEATHER</b>		Middle <b>ANN</b>							
	Address <b>603 REDBIRD RUN</b>				City <b>TIFFIN</b>		State <b>IA</b>	Zip <b>52340-9434</b>						
	License Plate No. <b>IXL830</b>		State <b>IA</b>	Year <b>2020</b>	VIN: <b>2D8HN54P88R705320</b>		Color <b>WHI</b>	Year <b>2008</b>						
	Trailer Plate No.		State	Year	VIN:		Tow <b>3</b>	Tow # <b>20-0070</b>						
	Insurance Company Name <b>ALLSTATE</b>				Insurance Co. Phone Number <b>(877) 810-2920</b>		Insurance Policy Number <b>815632133</b>							
Initial Travel Direction <b>01</b>		Veh. Act. <b>01</b>	Veh. Config. <b>04</b>	Cargo Body Type <b>01</b>		Veh. Defect <b>99</b>	Point of Initial Impact <b>11</b>							
Most Damaged Area <b>12</b>		Extent of Damage <b>5</b>		Total Occ. in Veh. <b>1</b>										
Special Veh. Func. <b>01</b>		Emergency Status <b>01</b>		Bus Use <b>06</b>		Driver Condition <b>01</b>								
Vision Obscured <b>01</b>		Contributing Circumstances Driver (up to two) <b>13</b>				Driver Distractions <b>99</b>								
Speed Limit <b>65</b>		Traffic Controls <b>01</b>		Horizontal Alignment <b>01</b>		Vertical Alignment <b>01</b>								
SEQUENCE OF EVENTS <b>33</b>		First Event <b>98</b>		Second Event		Third Event								
Fourth Event		Most Harmful Event <b>98</b>												
COMMERCIAL	Carrier Name/Lessee													
	Street Address				City									
	State		Zip Code											
	Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number						
	Override/Override <b>9 - UNKNOWN</b>													
	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 1		Phone Number: <b>(319) 325-7903</b>		Sex <b>3</b>	Seating Position <b>99</b>	Injury Status <b>04</b>	Occupant Protection <b>2</b>	Airbag Deployment <b>01</b>	Ejection <b>2</b>	Ejection Path <b>03</b>	Trapped/extricated <b>01</b>	Source of Transport <b>01</b>	Died at scene/enroute
	Transported to: <b>UNIVERSITY OF IOWA HOSPITAL</b>				Transported by: <b>WASHINGTON COUNTY EMS</b>									
	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:					

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OF MOTOR VEHICLE ACCIDENT**

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Law Enforcement Case Numbers:  <b>S-IN-20-0070</b>
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Date of Accident <b>02/26/2020</b>	Time of Accident <b>22:30</b> Hrs.	County <b>WASHINGTON - 92</b>	Accident occurred within corporate limits of (city) <b>AINSWORTH - 0052</b>			
<b>UNIT 2</b>	Driver's Name - Last <b>CEJKA</b>		First <b>CHARLES</b>		Middle <b>ALBERT</b>	
	Address <b>385 HILLVIEW DR</b>		City <b>MARION</b>		State <b>IA</b> Zip <b>52302</b>	
	Date of Birth <b>09/02/1971</b>	Driver's License Number <b>160AC7286</b>	CDL Yes <input type="radio"/> No <input type="radio"/>	Citation Charge 1	Citation Charge 2	
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>IA</b>	Class <b>A</b>	Endorsements <b>NONE</b>	Restrictions <b>NONE</b>	Yes <input type="radio"/> No <input type="radio"/>
	Alcohol Test Given: <b>1</b>		Test Results:	Drug Test Given: <b>1</b>	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>
	Reason for Re-Exam Request:					
	Owner's Name - Last <b>RYDER TRUCK RENTAL LT</b>		First		Middle	
	Address <b>405 59TH AVE SW</b>		City <b>CEDAR RAPIDS</b>		State <b>IA</b> Zip <b>52404-4802</b>	
	License Plate No. <b>CT9408</b>	State <b>IA</b>	Year <b>2020</b>	VIN: <b>3AKJGED65GSHL7568</b>	Color <b>WHI</b>	Year <b>2016</b>
	Trailer Plate No.	State	Year	VIN:	Tow <b>2</b>	Tow #
Insurance Company Name <b>ZURICH</b>		Insurance Co. Phone Number <b>(855) 410-1598</b>		Insurance Policy Number <b>BAP680046521</b>		
Initial Travel Direction <b>03</b>	Veh. Act. <b>01</b>	Veh. Config. <b>13</b>	Cargo Body Type <b>02</b>	Veh. Defect <b>99</b>	Point of Initial Impact <b>10</b>	
Most Damaged Area <b>09</b>	Extent of Damage <b>4</b>	Total Occ. in Veh. <b>1</b>				
Special Veh. Func. <b>01</b>	Emergency Status <b>01</b>	Bus Use	Driver Condition <b>01</b>	Vision Obscured <b>01</b>	Contributing Circumstances Driver (up to two) <b>88</b>	
Driver Distractions <b>02</b>	Speed Limit <b>65</b>					
Traffic Controls <b>01</b>	Horizontal Alignment <b>01</b>	Vertical Alignment <b>01</b>	SEQUENCE OF EVENTS	First Event <b>33</b>	Second Event <b>38</b>	
Third Event <b>01</b>	Fourth Event	Most Harmful Event <b>38</b>				
<b>COMMERCIAL</b>	Carrier Name/Lessee <b>RYDER TRUCK RENTAL</b>		City <b>CEDAR RAPIDS</b>		State <b>IA</b> Zip Code <b>52404-4802</b>	
	Street Address <b>405 58TH AVE SW</b>		US DOT Number <b>111111111</b>		MC Number	
	Number of Axles <b>2</b>	Gross Vehicle Weight Rating <b>2 - 10,001 LBS - 26,000 LBS</b>	Underride/Override <b>1 - NONE</b>			
	Haz Mat Involvement <b>03 - NOT APPLICABL</b>	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 <b>2 - NO DOLLY USED</b>	Dolly Plate:	State	Plate Year	VIN		
<b>PERSONNEL</b>	DRIVER OF UNIT 2		Phone Number: <b>(319) 533-9285</b>	Sex	Seating Position	
	Transported to:		Injury Status <b>5</b>		Occupant Protection <b>99</b>	
	Name		Phone Number	DOB:	Airbag Deployment <b>03</b>	
	Address		Transported to:		Ejection <b>2</b>	
	Name		Phone Number	DOB:	Ejection Path <b>01</b>	
	Address		Transported to:		Trapped/extricated <b>1</b>	
	Name		Phone Number	DOB:	Source of Transport <b>01</b>	
	Address		Transported to:		Died at scene/enroute <b>01</b>	
	Name		Phone Number	DOB:		
	Address		Transported to:			

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Law Enforcement Case Numbers:

**S-IN-20-0070**

L O C A T I O N	Date of Accident <b>02/26/2020</b>	Time of Accident <b>22:30</b> Hrs.	County <b>WASHINGTON - 92</b>	Accident occurred within corporate limits of (city) <b>AINSWORTH - 0052</b>	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description <b>US 218</b>				County: <b>92</b>	Route:	
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </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: <b>621608.25</b>		
	On Road, Street or Highway:			At Intersection with:			Y Coordinate: <b>4574825.5</b>
	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;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </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;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>NW</span> </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 <b>01</b> Weather Conditions (up to two)	Major Contributing Circumstances Environment <b>01</b>
Manner of Crash/Collision <b>07</b> <b>01</b>	Roadway <b>01</b>
Light Conditions <b>5</b> Surface Conditions <b>01</b>	Type of Roadway Junction/Feature <b>01</b>
	FRA No.

First Harmful Event (Crash) <b>33</b>	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 <b>001</b>	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							
Transported to:	Transported by:														

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	
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 <b>02/26/2020</b>	Incident Clearance Date <b>02/27/2020</b>
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Signature of Officer <b>DEPUTY SHERIFF TYLER KLEESE</b>	Badge Number <b>92-20</b>	Time Officer Notified of Accident <b>22:32</b> Hrs.	Roadway Clearance Time <b>23:15</b> Hrs.	Incident Clearance Time <b>00:45</b> Hrs.
Name of Agency <b>WASHINGTON CNTY SHERIFF'S OFF</b>	Date of Report <b>02/27/2020</b>	Time Officer Arrived At Scene <b>22:40</b> Hrs.	Total Roadway Clearance Time <b>000:43</b>	Total Incident Clearance Time <b>002:13</b>
Report Reviewed By <b>DAVIS, KARLA</b>	Date of Review <b>02/27/2020</b>	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No.	Other Technical Investigating Agency

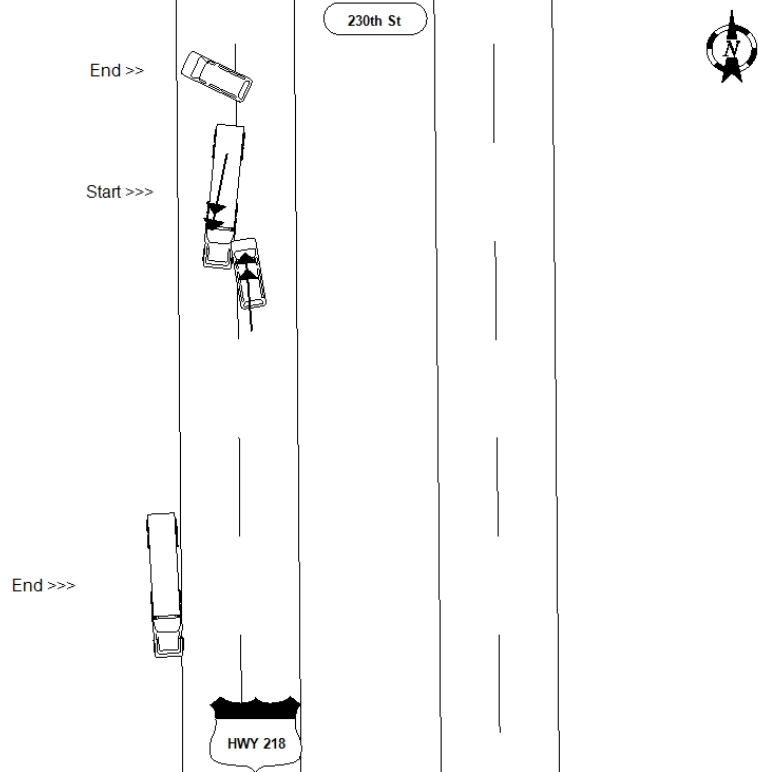
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Law Enforcement Case Numbers:

**S-IN-20-0070**

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

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On the above date and time Clement was called into Washington County Dispatch for traveling on the wrong side of HWY 218 (NB on SB lane). Approximately 5-10 minutes later Clement struck Cejka. Cejka stated he was passing a semi when he noticed headlights coming towards him. Cejka then tried to swerve right (West) to avoid Clement but Clement side swiped Cejka. Cejka continued West and went into the ditch. Cejka had functional damage. All outside tires on the driver side were flat (4). Clement's vehicle was totaled. Upon speaking with Clement, an odor of alcohol was coming from his person. Clement was then transported to the U of I hospital and a warrant for his blood was applied for and given. The semi was privately towed. Total cost of damages was estimated at \$18,000 (\$8,000 for semi and \$10,000 for van). Clements was cited for driving on wrong way of two lane highway and OWI pending DCI lab results. END OF REPORT Tyler Kleese 92-20