

# 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:<br><br><b>19-40075</b> |
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|                                       |  |                                   |   |                                 |  |                               |   |   |  |   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
|---------------------------------------|--|-----------------------------------|---|---------------------------------|--|-------------------------------|---|---|--|---|--------------------------------------|---|--------------------------------|---------------------------------|----------------------------|---------------------------------|----------------------------------|------------------------------------|
| Date of Accident<br><b>12/07/2019</b> | Time of Accident<br><b>06:25</b> Hrs.                              | County<br><b>WOODBURY - 97</b>    | Accident occurred within corporate limits of (city)<br><b>SIOUX CITY - 7057</b> |                                 |  |                               |   |   |  |   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
| UNIT 1                                | Driver's Name - Last<br><b>DIEDIKER</b>                            |                                   |   |                                 | First<br><b>NICKOLAS</b>   |                               |   |   | Middle<br><b>K</b>   |   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
|                                       | Address<br><b>57989 866 RD</b>                                     |                                   |   |                                 | City<br><b>CONCORD</b>   |                               |   |   | State<br><b>NE</b>   | Zip<br><b>68728</b>   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
|                                       | Date of Birth<br><b>07/08/1987</b>                                 |                                   | Driver's License Number<br><b>H12859917</b>                                     |                                 | CDL<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                               | Citation Charge 1<br><b>DRIVING WRONG WAY ON DIVIDED HIGH</b> |   | Citation Charge 2<br><b>OPERATING MOTOR VEHICLE WHILE UND</b>                |   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
|                                       | Male <input checked="" type="radio"/> Female <input type="radio"/> | State<br><b>NE</b>                | Class<br><b>O</b>   | Endorsements                    |  | Restrictions                  |   | Citation Charge 3<br><b>LEAVING THE SCENE OF A PERSONAL INJ</b> |  | Citation Charge 4<br><b>OPERATING MOTOR VEHICLE WITHOUT H</b> |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
|                                       | Alcohol Test Given:<br><b>4</b>                                    |                                   | Test Results:<br><b>.196</b>  |                                 | Drug Test Given:<br><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<br><b>DIEDIKER</b>                             |                                   |   |                                 | First<br><b>NICKOLAS</b>   |                               |   |   | Middle<br><b>K</b>   |   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
|                                       | Address<br><b>57989 866 RD</b>                                     |                                   |   |                                 | City<br><b>CONCORD</b>   |                               |   |   | State<br><b>NE</b>   | Zip<br><b>68728</b>   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
|                                       | License Plate No.<br><b>3530D</b>                                  |                                   | State<br><b>NE</b>  | Year<br><b>2019</b>             | VIN:<br><b>2GCEK19BX61118290</b>   |                               | Color<br><b>SIL</b>   |   | Year<br><b>2006</b>  | Make<br><b>CHEV</b>   | Model<br><b>SILVERADO K15</b>        | Style<br><b>PK</b>                                      |                                |                                 |                            |                                 |                                  |                                    |
|                                       | Trailer Plate No.  |                                   | State   | Year                            | VIN:   |                               | Tow<br><b>3</b>   | Tow #<br><b>N/A</b>   |  | Towed To<br><b>MEIER TOWING</b>                               |                                      | Approx. Cost to Repair or Replace<br><b>\$10,000.00</b> |                                |                                 |                            |                                 |                                  |                                    |
| Insurance Company Name<br><b>NONE</b> |  |                                   |   |                                 |  | Insurance Co. Phone Number    |   | Insurance Policy Number   |  |   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
| Initial Travel Direction<br><b>03</b> |  | Veh. Act.<br><b>01</b>            | Veh. Config.<br><b>02</b>   | Cargo Body Type<br><b>01</b>    |  | Veh. Defect<br><b>01</b>      | Point of Initial Impact<br><b>01</b>                          |   | Most Damaged Area<br><b>01</b>   |   | Extent of Damage<br><b>5</b>         | Total Occ. in Veh.<br><b>1</b>                          |                                |                                 |                            |                                 |                                  |                                    |
| Special Veh. Func.<br><b>01</b>       |  | Emergency Status<br><b>01</b>     |   | Bus Use<br><b>06</b>            |  | Driver Condition<br><b>01</b> |   | Vision Obscured<br><b>01</b>                                    |  | Contributing Circumstances Driver (up to two)<br><b>08</b>    |                                      | Driver Distractions<br><b>02</b>                        | Speed Limit<br><b>50</b>       |                                 |                            |                                 |                                  |                                    |
| Traffic Controls<br><b>01</b>         |  | Horizontal Alignment<br><b>01</b> |   | Vertical Alignment<br><b>01</b> |  | SEQUENCE OF EVENTS            |   | First Event<br><b>33</b>  |  | Second Event<br><b>72</b>                                     |                                      | Third Event   | Fourth Event                   | Most Harmful Event<br><b>72</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<br><b>1 - NONE</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 UNIT 1                      | DRIVER OF UNIT 1   |                                   |   |                                 |  |                               | Phone Number: <b>(712) 574-4402</b>                           |   | Sex<br><b>4</b>  | Seating Position<br><b>99</b>                                 | Injury Status<br><b>04</b>           | Occupant Protection<br><b>2</b>                         | Airbag Deployment<br><b>01</b> | Ejection<br><b>1</b>            | Ejection Path<br><b>01</b> | Trapped/extricated<br><b>01</b> | Source of Transport<br><b>01</b> | Died at scene/enroute<br><b>01</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:                      |   |                                |                                 |                            |                                 |                                  |                                    |
|                                       | Name   |                                   |   |                                 |  |                               | Phone Number  |   | DOB:   |   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |
| Address                               |  |                                   |   |                                 |  | Transported to:               |   |   |  | Transported by:   |                                      |   |                                |                                 |                            |                                 |                                  |                                    |

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|                               |
|-------------------------------|
| Law Enforcement Case Numbers: |
| <b>19-40075</b>               |

|                                       |   |   |   |   |  |                                     |   |  |  |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
|---------------------------------------|---|---|---|---|--|-------------------------------------|---|--|--|----------------------------------|--------------------------------------|--------------------------------|----------------------|----------------------------|---------------------------------|----------------------------------|-----------------------|
| Date of Accident<br><b>12/07/2019</b> | Time of Accident<br><b>06:25</b> Hrs.   | County<br><b>WOODBURY - 97</b>          | Accident occurred within corporate limits of (city)<br><b>SIOUX CITY - 7057</b> |   |  |                                     |   |  |  |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
| UNIT 2                                | Driver's Name - Last<br><b>SEDANO</b>   |   |   |   | First<br><b>ARMINDA</b>  |                                     |   |  | Middle   |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
|                                       | Address<br><b>4215 SERGEANT RD</b>      |   |   |   | City<br><b>SIOUX CITY</b>  |                                     |   |  | State<br><b>IA</b>   | Zip<br><b>51106</b>              |                                      |                                |                      |                            |                                 |                                  |                       |
|                                       | Date of Birth<br><b>06/13/1964</b>      |   | Driver's License Number<br><b>524XX0447</b>                                     |   | CDL<br>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<br><b>IA</b>  | Class<br><b>C</b>                                   | Endorsements   |                                     | Restrictions  |  | Citation Charge 3  |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
|                                       | Alcohol Test Given:<br><b>1</b>         |   | Test Results:   |   | Drug Test Given:<br><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<br><b>SEDANO</b>  |   |  |                                     | First<br><b>ARMINDA</b>                                 |  |  |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
|                                       | Middle                                  |   | Address<br><b>4215 SERGEANT RD</b>  |   |  |                                     | City<br><b>SIOUX CITY</b>                               |  |  |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
|                                       | State<br><b>IA</b>                      |   | Zip<br><b>51106</b>   |   |  |                                     | License Plate No.<br><b>GLA109</b>                      |  | State<br><b>IA</b>   | Year<br><b>2020</b>              |                                      |                                |                      |                            |                                 |                                  |                       |
|                                       | VIN:<br><b>5GAKVKCD7HJ263671</b>        |   | Color<br><b>RED</b>   |   | Year<br><b>2017</b>  |                                     | Make<br><b>BUIC</b>                                     |  | Model<br><b>ENC</b>  |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
|                                       | Style<br><b>UT</b>                      |   | Trailer Plate No.   |   | State  |                                     | Year  |  | VIN:   |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
| Tow<br><b>3</b>                       |   | Tow #<br><b>N/A</b>                     |   | Towed To<br><b>MEIER TOWING</b>                     |  |                                     | Approx. Cost to Repair or Replace<br><b>\$15,000.00</b> |  |  |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
| Insurance Company Name<br><b>AMCO</b> |   |   |   | Insurance Co. Phone Number<br><b>(800) 421-3535</b> |  |                                     | Insurance Policy Number<br><b>7214J008964</b>           |  |  |                                  |                                      |                                |                      |                            |                                 |                                  |                       |
| Initial Travel Direction<br><b>01</b> |   | Veh. Act.<br><b>01</b>                  | Veh. Config.<br><b>03</b>   | Cargo Body Type<br><b>01</b>                        |  | Veh. Defect<br><b>01</b>            | Point of Initial Impact<br><b>01</b>                    |  | Most Damaged Area<br><b>01</b>   | Extent of Damage<br><b>5</b>     | Total Occ. in Veh.<br><b>1</b>       |                                |                      |                            |                                 |                                  |                       |
| Special Veh. Func.<br><b>01</b>       |   | Emergency Status<br><b>01</b>           |   | Bus Use   | Driver Condition<br><b>01</b>  | Vision Obscured<br><b>01</b>        |   | Contributing Circumstances Driver (up to two)<br><b>88</b> |  | Driver Distractions<br><b>02</b> | Speed Limit<br><b>50</b>             |                                |                      |                            |                                 |                                  |                       |
| Traffic Controls<br><b>01</b>         |   | Horizontal Alignment<br><b>01</b>       |   | Vertical Alignment<br><b>01</b>                     |  | SEQUENCE OF EVENTS                  | First Event<br><b>33</b>                                | Second Event   | Third Event  | Fourth Event                     | Most Harmful Event<br><b>33</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<br><b>1 - NONE</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 2                        |   |   |   |  | Phone Number: <b>(712) 259-0973</b> |   | Sex<br><b>2</b>  | Seating Position<br><b>03</b>  | Injury Status<br><b>04</b>       | Occupant Protection<br><b>2</b>      | Airbag Deployment<br><b>01</b> | Ejection<br><b>3</b> | Ejection Path<br><b>03</b> | Trapped/extricated<br><b>01</b> | Source of Transport<br><b>01</b> | Died at scene/enroute |
|                                       | Transported to:<br><b>MERCY MEDICAL</b> |   |   |   |  | Transported by:<br><b>SCFR/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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Law Enforcement Case Numbers:

**19-40075**

|   |  |  |                                |   |   |  |                                 |
|---|--|--|--------------------------------|---|---|--|---------------------------------|
| L<br>O<br>C<br>A<br>T<br>I<br>O<br>N  | Date of Accident<br><b>12/07/2019</b>  | Time of Accident<br><b>06:25</b> Hrs.                | County<br><b>WOODBURY - 97</b> | Accident occurred within corporate limits of (city)<br><b>SIoux CITY - 7057</b>                     | Legal Intervention? <input type="checkbox"/>                  | Private Property? <input type="checkbox"/> |                                 |
|   | Literal Description<br><b>INTERSTATE 29/I 29 N - MM 148</b>  |  |                                |   | County:<br><b>97</b>  | Route:                                     |                                 |
|   | If accident occurred outside of city limits show general vicinity<br><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:<br><b>220647</b>                                |  |                                 |
|   | On Road, Street or Highway:  |  |                                | At Intersection with:   |   |  | Y Coordinate:<br><b>4709586</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        | 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 |
|--|--------------------------------|-----|--------------------|---------------|-------------------|----------------------------|-------------------------|-----------|------------------|----------------------------|---------------------|-----------------------|
| Location of First Harmful Event <b>01</b>              | Weather Conditions (up to two) |     |                    |               |                   |                            |                         |           |                  |                            |                     |                       |
| Manner of Crash/Collision <b>02</b>                    | <b>01</b>                      |     |                    |               |                   |                            |                         |           |                  |                            |                     |                       |
| Light Conditions <b>4</b>                              | Surface Conditions <b>01</b>   |     |                    |               |                   |                            |                         |           |                  |                            |                     |                       |
| Major Contributing Circumstances Environment <b>01</b> |                                |     |                    |               |                   |                            |                         |           |                  |                            |                     |                       |
| Roadway  |                                |     |                    |               |                   |                            |                         |           |                  |                            |                     |                       |
| Type of Roadway Junction/Feature <b>96</b>             |                                |     |                    |               |                   |                            |                         |           |                  |                            |                     |                       |
| FRA No.  |                                |     |                    |               |                   |                            |                         |           |                  |                            |                     |                       |

|  |  |   |          |          |      |                 |
|--|--|---|----------|----------|------|-----------------|
| First Harmful Event (Crash)<br><b>33</b> | WORKZONE RELATED? <input type="checkbox"/> | Yes <input type="radio"/> No <input checked="" type="radio"/> | Activity | Location | Type | Workers Present |
|--|--|---|----------|----------|------|-----------------|

|  |                 |                 |                    |               |                 |        |         |     |    |  |  |  |  |
|--|-----------------|-----------------|--------------------|---------------|-----------------|--------|---------|-----|----|--|--|--|--|
| N<br>O<br>N<br>M<br>O<br>T<br>O<br>R<br>I<br>S<br>T<br>S | Name <b>001</b> | Phone Number    | DOB:               |               |                 |        |         |     |    |  |  |  |  |
|  | Address:        |                 | Alcohol Test Given | Test Results: | Drug Test Given | Result | Charged | Yes | No |  |  |  |  |
|  | Transported to: |                 | Transported by:    |               |                 |        |         |     |    |  |  |  |  |
|  | Name            | Phone Number    | DOB:               |               |                 |        |         |     |    |  |  |  |  |
|  | Address:        |                 | Alcohol Test Given | Test Results: | Drug Test Given | Result | Charged | Yes | No |  |  |  |  |
| Transported to:  |                 | Transported by: |                    |               |                 |        |         |     |    |  |  |  |  |

|   |   |                |                    |              |   |   |
|---|---|----------------|--------------------|--------------|---|---|
| N<br>P<br>O<br>R<br>N<br>O<br>V<br>P<br>E<br>E<br>R<br>I<br>T<br>Y<br>U<br>L<br>D<br>A<br>M<br>R<br>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?<br>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?<br>1 = Yes 2 = No 9 = Unknown |   |

|                                 |           |            |         |      |       |          |              |
|---------------------------------|-----------|------------|---------|------|-------|----------|--------------|
| W<br>I<br>T<br>N<br>E<br>S<br>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?<br>Y <input type="radio"/> N <input checked="" type="radio"/> | Type of Primary Incident            | Roadway Clearance Date<br><b>12/07/2019</b>  | Incident Clearance Date<br><b>12/07/2019</b>  |
| Signature of Officer<br><b>POLICE OFFICER CHAD STROMAN</b>                               | Badge Number<br><b>6732</b>         | Time Officer Notified of Accident<br><b>06:29</b> Hrs.                                     | Roadway Clearance Time<br><b>07:15</b> Hrs.   |
| Name of Agency<br><b>SIoux CITY POLICE DEPARTMENT</b>                                    | Date of Report<br><b>12/07/2019</b> | Time Officer Arrived At Scene<br><b>06:40</b> Hrs.   | Total Roadway Clearance Time<br><b>000:46</b> |
| Report Reviewed By<br><b>ALLEN, JASON</b>  | Date of Review<br><b>12/09/2019</b> | Investigation made at scene?<br>Y <input checked="" type="radio"/> N <input 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:

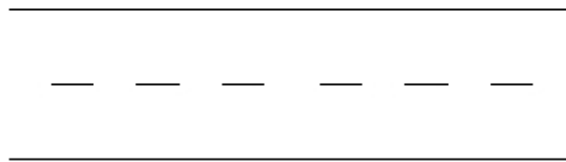
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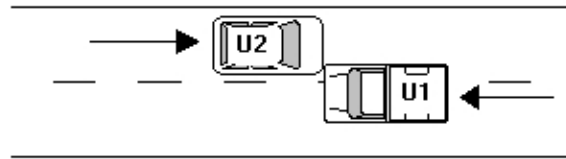


NOT TO SCALE

I-29 SOUTH - MM 148



I-29 NORTH - MM 148



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UNIT 1 WAS GOING SOUTH IN THE NORTHBOUND LANES OF I-29 AT MILE-MARKER 148 AND, UNIT 2 WAS GOING NORTH IN THE INSIDE LANE OF I-29 AT MILE-MARKER 148. UNIT 1 COLLIDED HEAD-ON WITH UNIT 2 AND FLED THE SCENE CONTINUING SOUTH. UNIT 1 LOST ITS RIGHT, FRONT TIRE AT THE SCENE BUT DROVE TWO TO THREE MILES THE WRONG-WAY BEFORE HE MANAGED TO GET TURNED AROUND AND DROVE BACK NORTH BEFORE EXITING THE INTERSTATE. UNIT 1 WAS EVENTUALLY STOPPED BY OFFICERS AS IT WAS GOING EAST ON THE GORDON DRIVE VIADUCT. OFFICER COULD NOT FIND PROOF OF INSURANCE FOR UNIT 1 BUT THE NEBRASKA REGISTRATION SAID IT WAS INSURED BY PROGRESSIVE NORTHERN. UNIT 1'S REGISTRATION PLATES WERE ISSUED 12/5/2019 BUT HAD NOT BEEN PUT ON THE VEHICLE; THERE WAS A DEANDA AUTO SALES PAPER PLATE ON THE REAR.