## INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 4

Form 4433003 (11-13) OF MOTOR VEHICLE								HICLE	ACCIDENT								Law Enforcement Case Numbers:									
	MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Ser Date of Accident Time of Accident County								ervices, P.O. Box 9204, Des Moines, Iowa 50306-9204 Accident occurred within corporate limits of (city)								19-4	19-40075								
12/0	07/2019 06:25 Hrs. WOODBURY - 97										CITY -	7057														
U	Driver's Name - Last DIEDIKER									First NICKO	DLAS						Mido K	dle								
Ň	Address									City	2/10						Stat	e Z	ip							
1	57989 866 R	D								CONC	ORD						NE	6	8728							
Т	Date of Birth				cense N	umber		CDL		tion Cha	•							Charge 2 TING MOTOR VEHICLE WHILE UND								
1	07/08/1987 Male Female	e Sta		285991	ndorser	nents R	estrictions	Yes N	∩	tion Cha		WAY ON		ED F	IIGH	Citation			JR VEF	IICLE	WHILE	UND				
	$\bigcirc$ $\bigcirc$	N					00110110110	$\bigcirc$			•	ENE OF	A PER	SON	AL INJ				OR VEH		итно	о т н				
	Alcohol Test	Given:		est Res	ults:		st Given:	Test Re	esult:	Re-exa	am: Ye	$\sim$	Reaso	on for	Re-Exa	m Requ	est:	est:								
	4 Owner's Nam			196		1				First	C	) 🔘					Mido									
	DIEDIKER	ie - La	ISI							NICKO	DLAS						K	Jie								
	Address									City							Stat	e Z	ip							
	57989 866 R									CONC	ORD						NE	-	8728							
	License Plate 3530D	e No.	Si N		ear VIN 019 2G		(61118290			Color SIL			Year 2006		ake HEV		Mod			Style DO K15 PK						
	Trailer Plate I	No.		-	ear VIN		01110230			Tow	Tow #		2000	-	wed To	1	UIL.		oprox. Cos		r or Repl	ace				
										3	N/A			м	EIER T	OWING		\$	\$10,000.00							
	Insurance Co	mpan	y Nar	me						Insurar	nce Co.	Phone N	lumbe	r In:	surance	Policy	Numbe	r								
	NONE	Directi	on I\	/eh. Act	Veh.	Confia.	Cargo Boo	lv Type	Veh. D	efect F	Point of	Initial Im	pact	Most	Damao	ed Area	Exter	nt of D	)amage	Occ. i	n Veh.					
	03	3         01         02         01           pecial Veh. Func         Emergency Status         Bus Use         Driver C							01		01			01	3		5		1 1							
	Special Veh. 01								Vision ( 01	Obscured Contributing Cir 08				nstan	ces Driv	/er (up to		Drive 02	r Distra	ctions Speed Limit						
	Traffic Contro 01	Traffic Controls Horizontal Alignment Vertical Alignme									st Event	t See 72	cond E	vent	Third	Event	Four	Fourth Event Most Harmfu 72								
	01         01         0F EVENTS         33         72         72           Carrier Name/Lessee																									
C O	Street Address City State Zip Code																									
M																	Stat		ip Coue							
M E	Number of Axles Gross Vehicle Weight Rating									US DO	T Num	ber	MC	C Nun	nber			erride	/Overri	de						
R C	Haz Mat Involvement Haz Mat Placard					rd Placa	rd Numbe	r Haz.	Mat Rel	leased	Haz I	Mat Clas	s Ha	z Mat	Name		1									
I A	Trailer Plate:			State	Year	VIN										ion	t			q	ort	route				
L	Trailer Plate:			State	Year	VIN								:	sition	Occupant Protect	Airbag Deployme		th	Trapped/extricated	Source of Transp	Died at scene/en				
	Converter Dolly Dolly Plate: St					State	State Plate Year VIN								Seating Posit	pant	g Der	uo	Ejection Path	ed/e:	ce of .	at sce				
													Sex	Sex Seating Position		Occu	Airba	Ejection	Ejecti	Trapp	Sourc	Died				
	Phone Number: (							(712) 5	74-4402	2				1//		99	04	2	01	1	01	01				
P F	DRIV	1	ported to:								Tr	ansporte	ed by:													
R	Name F								mber		C	OB:									-					
S	Address																									
NI										Transpo	orted to:	:			Tr	ansporte	ed by:									
SN								none Nu	mber		C	OOB:					Г. Т.				<u> </u>					
ΙU																										
ΝN	Address	ddress								Transpo	orted to:	:			Tr	ansporte	ed by:	•								
J I U T	Name	ame Phone N							mber		C	OOB:														
UT R E <sup>1</sup> D	Address						Į		Transported			:			Tr	ansporte	d by:									
J	Name						PI	none Nu	mber		D	OOB:														
	Address									Transported to: Transpo							ted by:									

## INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 2 of 4

Forr	Form 4433003 (11-13) OF MOTOR VEHICLE ACC								ACCI	CCIDENT							Law Enforcement Case Numbers:								
Date	MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box ate of Accident Time of Accident County 2/07/2019 06:25 Hrs. WOODBURY - 97									Accider	nt occurred	d withi		19-4	19-40075										
	Driver's Name - Last									First	CITY - 70	57		Mid	Middle										
U N	SEDANO Address									ARMIN City					State Zip										
T T	4215 SERGE Date of Birth	ANI F		/er's Lic	cense N	umber		CDL	Cita	SIOUX tion Char					Citatio	IA n Charg		51106							
2	06/13/1964			XX044				Yes N								-									
	Male Female State Class Endorsements Restrictions								Cita	tion Char	•					n Charge 4									
	Alcohol Test	Given:	Te	est Resu	ults:	Drug Te 1	st Given:	Test R	esult:	Re-exa	$\sim$	No	Reason	or Re-E	am Requ	uest:									
	Owner's Nam	ne - La	st							First	0	$\bigcirc$				Mid	dle								
	SEDANO										DA					Ctot	. I.	7:0							
	Address 4215 SERGE	EANT F	RD							City SIOUX	CITY					Stat		Zip <b>51106</b>							
	License Plate	e No.	Sta							Color		Ye: 20		Make		Mod			Sty						
	GLA109 Trailer Plate	No	IA Sta		20 5G/ ar VIN		7HJ26367	1		RED Tow	Tow #				BUIC Towed To			ADDrox. C	UT ost to Rer	oair or Rep	place				
	Trailer Flate	110.	0.0			•				3 N/A					TOWING		\$15,000.0								
	Insurance Co	ompany	/ Nam	ne							ice Co. Ph	one N	umber		ce Policy	Numbe	er								
	Initial Travel	Directio	on Ve	eh. Act.	. Veh.	Config.	Cargo Boo	dy Type	Veh. D	• •	21-3535 Point of Init	ial Imp	bact Mo	7214J0 st Dama		Exter	nt of I	Damag	e Tot	Total Occ. in V					
	01		01		03		01 01				1					5				1					
	Special Veh. 01	becial Veh. Func Emergency Status Bus Use Driver Condit							Vision ( 01	88			Circumst	ances Di	iver (up t	o two)	Drive 02	er Distr	actions	tions Speed Lim					
	Traffic Contro 01	ols	Horiz <b>01</b>	ontal A	lignmen	t Vertica 01	al Alignmer		SEQUENCE First Event Second Event Third E OF EVENTS 33						d Event	Fourth Event Most Harmful Even 33									
~	Carrier Name/Lessee																								
C O M	Street Address															Stat	ie Z	Zip Coo	le						
ME	Number of Axles Gross Vehicle Weight Rating									US DO	T Number		MC N	umber			lerrid NON	e/Over E	ride						
R C	Haz Mat Involvement Haz Mat Placard						rd Numbe	r Haz.	Mat Re	leased	Haz Mat	Class	Haz M	/lat Nam	e										
I A	Trailer Plate:		:	State	Year	VIN					I				tion	ant			pe	ort	route				
L	Trailer Plate: State Year VIN												Seating Position	Injury Status Occupant Protect	Airbag Deployme		Path	Trapped/extricated	Source of Transp	Died at scene/en					
	Converter Dolly Dolly Plate: State Plate Year VIN										Sex Seating Posi					Airbag D	Fiection	Election Path	Trapped	Source	Died at \$				
_														03	04	2	01	3	03	01					
P E							ported to:	AL							ransport										
R S	Name Phone Numb							mber		DOB	:														
ERSONIS	Address									Transpo	rted to:			1	ransport	ed by:					_				
S <sub>N</sub>	N Name Phon							hone Nu	mber		DOB:														
I U N N	Address									Transported to:					ransport	ed by:					_				
JI UT	Name	Name Phone Number							mber	DOB:															
UT R E <sup>2</sup> D	Address						I			Transpo	rted to:		_	1	ransport	ed by:									
ט	Name						PI	hone Nu	mber		DOB	:													
	Address						I			Transpo	rted to:				ransport	ed by:									

For	rm 4433003 (11-13) MOTOR VEHICLE ACCIDENT									Law Enforcement Case Numbers:																	
MA		Diver Services, F.O. Box 3204, Des Wollies, IOWa 30300-3204									19-40075																
L	Date of Accident 12/07/2019	Time of . 06:25	Accident Hrs.	County WOODBI		Accident occurred within corporate limits of (city) SIOUX CITY - 7057										Legal Private Property?											
0	Literal Description												County: Route:														
č		NTERSTATE 29/I 29 N - MM 148												97													
Ă	If accident occurred outside of <u>N_NE_E_SE_S_WW_NW</u>													X Coordinate:													
Т													220647														
I	On Road, Street or	r Highway	y:				At	Intersectio	on with:	<u> </u>			,					Y Coordinate:									
0													4709586														
Ν	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																										
	location from a mile						ailroad	crossing,	using t									If Divided Highway, Provide Route (Cardinal) Travel Direction									
		N N		s sw	( W	$\sim$				N	NE	는 2	SE S	s sv	v w	NW		(Card) NE	,	SB		B	WB	5			
		$\mathbf{O}\mathbf{C}$				U a	nd			$\cup$	$\cup$	$\bigcirc$		J	$\mathcal{O}$	$\cup$		C	)	$\cap$	(	5	$\cap$	)			
	Milepost Number	Or		e intersec or railroad		sina												$\cup$	/	$\cup$			$\cup$	, 			
			0		0.000	g		ROADWAY		AOTE																	
			IVIRONME		(	(					-											ŝ					
	ion of First Harmful Eve		weather	Conditions (	(up to			ntributing C	Circumsta	inces Er	nvironr	ment 0	1					act)				ance		0			
Mann	er of Crash/Collision	02		01		R	oadway	/				0	1		÷		Φ	imp	ash)		÷	umst	ort	route			
Light	Conditions	4	Surface C	Conditions	0	)1 Ту	/pe of F	Roadway Ju	inction/Fe	eature		9	6		nit No		t Typ	or to	to ci		men	Circ	ansp	e/en			
						F	RA No.								y Ur	tatus	toris	ind) r	prior	E	Equip	uting	of Tr	scer			
First	Harmful Event (Cra	sh) WC	RKZONE		lo	Activity	/ Lo	cation	Туре	W	/orker	s Pres	ent	×	Struck by Unit No.	njury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute			
33		REI	LATED?	$\bigcirc$	ullet									Sex	Str	Inju	No	Ľ	Act	Õ	Sa	Col	Sol	Die			
N	Name <b>001</b>						Pho	one Numb	er		[	DOB:															
0	Address:									Alcoh		t Givo	n To	st Ro	eulte:	Dru		st Give	on I	Rosul		argeo		No			
ΝМ	Address.	Alcohol Test Given Test Results: Drug										y ies			105ui		arget	$\hat{C}$									
0	Transported to:																	$\cup$	<u> </u>								
-																											
O R	Name			one Numb	er		[	DOB:																			
i													- T						. V	NI-							
Address: Alcohol Test Given Test Results: Drug													gies	St GIV	en i	Resul	t Cr	argeo		$\frac{1}{100}$							
Transported to: Transported by:																	$\cup$	<u>/</u>									
ΝΡ															Es	Estimate of Damage											
OR	vehicles damaged Owner's Last Name	vehicles damaged explain							First Name					<b>m</b> o				Dhe	no N	umbe							
N O V P	Owner's Last Name	e				First Name					IVIIG	dle Na	me				FIIC		unibe	;1							
ΕE							City					Stat	e Z	ip Co	de			Wa	s owr	ner or	tenai	nt noti	fied?	,			
ΗR	R																	1 = Yes 2 = No 9 = Unknov									
ΙТ	If Property other the															Es	timate	e of D	amaç	je							
	vehicles damaged	First Name						N 41-1						Phone Number													
U L D	Owner's Last Name	е				First	Name					IVIIO	dle Na	me				Pho	one in	umbe	er						
AM	Address					City						Stat	e Z	ip Co	de			Wa			tona	nt noti	fied?				
RG		.,													Was owner or tenant notifie 1 = Yes 2 = No 9 = Unknow												
	Last Name		First Nam	ne	A	ddress						City				Stat	te Z	Zip Co	ode	F	hone	Num	ber				
w			<b>F</b> : ( )									0.1				0		7' 0									
I T	Last Name		First Nam	ie	А	ddress						City				Stat	te 2	Zip Co	de	٢	'none	Num	ber				
N	Last Name		First Nam	e	A	ddress						City				Stat	te Z	Zip Co	de	F	hone	Num	ber				
Е																											
S	Last Name	Last Name First Name Ac				ddress						City				Stat	te Z	Zip Co	ode	F	hone	Num	ber				
S Lost Name												City					_			_							
Last Name First Name Add						ddress	dress									Stat	te 2	Zip Co	de	F	none	Num	ber				
Is This a Secondary Crash? Type of Primary Incident						t							Road	wav (	leara	nce D	ate		Incid	dent C	Clearance Date						
					-							Roadway Clearance Date 12/07/2019						12/07/2019									
с С					•	dge Number Time Officer Notified of Accide						Road	-	leara	nce T	ime				Cleara	rance Time						
POLICE OFFICER CHAD STROMAN 6732							06:29			rs.		07:15		rs.						Hrs.							
				te of Re	te of Report Time Officer Arrived					000.40					nce -	l'ime	ime Total Incident Clearance Time 002:01					ime					
	ort Reviewed By				_	te of Re		06:40 Investiga	ation ma		rs. scene	?	T.I. No			C	Other	Tech		-	tigati	ng Ag	encv				
	EN, JASON					/09/2019		Y O			)										gail		y				

INVESTIGATING OFFICER'S REPORT OF

Sheet 3 of 4

Form 4433003 (11-13)

## INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 4 of 4

Law Enforcement Case Numbers:

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

19-40075

D I A G R A M	NOT TO SCALE
	I-29 SOUTH - MM 148
	I-29 NORTH - MM 148
	LINIT 1 WAS GOING SOUTH IN THE NORTHBOUND LANES OF I-29 AT MILE-MARKER 148 AND LINIT 2 WAS GOING NORTH IN THE INSIDE LANE OF I-29
NARRATIVE	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 BROVE TWO TO THERE MILES THE WRONG-WAY BEFORE HE MANAGED TO GET TURRED 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 TWAS 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.