

## 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:

**2018006393**

Date of Accident <b>03/10/2018</b>	Time of Accident <b>13:37</b> Hrs.	County <b>Story - 85</b>	Accident occurred within corporate limits of (city) <b>Ames - 0155</b>												
<b>U N I T 1</b>	Driver's Name - Last <b>DANIELSEN</b>				First <b>SOMMER</b>				Middle <b>RANAE</b>						
	Address <b>1441 LAUREL CIR</b>				City <b>CEDAR FALLS</b>				State <b>IA</b>	Zip <b>50613-0000</b>					
	Date of Birth <b>06/29/1998</b>		Driver's License Number <b>746AJ7853</b>		CDL	Citation Charge 1			Citation Charge 2						
	Male <input type="radio"/>	Female <input checked="" type="radio"/>	State <b>IA</b>	Class <b>C</b>	Endorsements	Restrictions	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Citation Charge 3						
	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>DANIELSEN</b>		First <b>KENDIL</b>			Middle <b>DEAN</b>					
	Address <b>1441 LAUREL CIR</b>				City <b>CEDAR FALLS</b>				State <b>IA</b>	Zip <b>50613-3451</b>					
	License Plate No. <b>419WPY</b>	State <b>IA</b>	Year <b>2018</b>	VIN: <b>1G3NL12E1YC411591</b>		Color <b>BLU</b>	Year <b>2000</b>	Make <b>OLDS</b>	Model <b>ALO</b>	Style <b>2D</b>					
	Trailer Plate No.	State	Year	VIN:		Tow <b>1</b>	Tow #	Towed To	Approx. Cost to Repair or Replace <b>\$2,000.00</b>						
	Insurance Company Name <b>SAFECO</b>				Insurance Co. Phone Number <b>(800) 332-3226</b>			Insurance Policy Number <b>Z4799935</b>							
Initial Travel Direction <b>02</b>	Veh. Act. <b>01</b>	Veh. Config. <b>01</b>	Cargo Body Type <b>01</b>	Veh. Defect <b>01</b>	Point of Initial Impact <b>06</b>	Most Damaged Area <b>06</b>	Extent of Damage <b>2</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>18</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>22</b>	Second Event <b>06</b>	Third Event <b>55</b>	Fourth Event	Most Harmful Event <b>55</b>							
Carrier Name/Lessee															
Street Address					City			State	Zip Code						
Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number	Override/Override <b>1 - None</b>							
Haz Mat Involvement		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class								
Trailer Plate:		State	Year	VIN											
Trailer Plate:		State	Year	VIN											
Converter Dolly		Dolly Plate:		State	Plate Year	VIN									
<b>C O M M E R C I A L</b>	DRIVER OF UNIT 1					Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Phone Number: <b>(319) 242-1093</b>					<input checked="" type="checkbox"/>	<b>5</b>	<b>03</b>	<b>03</b>	<b>2</b>	<b>01</b>	<b>1</b>	<b>01</b>	<b>01</b>	<b>01</b>
	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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	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:

**2018006393**

L O C A T I O N	Date of Accident <b>03/10/2018</b>	Time of Accident <b>13:37</b> Hrs.	County <b>Story - 85</b>	Accident occurred within corporate limits of (city) <b>Ames - 0155</b>	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description <b>HWY 30 EB@151MM</b>				County: <b>STORY - 85</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>452072.75</b>		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: <b>4650732</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: center; 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: center; 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>			
Milepost Number	Definable intersection, Or bridge, or railroad crossing			NB	SB	EB	WB
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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>04</b>	Weather Conditions (up to two)		Major Contributing Circumstances Environment	<b>01</b>	Roadway	<b>01</b>											
Manner of Crash/Collision	<b>01</b>		<b>01</b>	Type of Roadway Junction/Feature	<b>01</b>	FRA No.												
Light Conditions	<b>1</b>	Surface Conditions	<b>01</b>															

First Harmful Event (Crash)	<b>55</b>	WORKZONE RELATED?	<input type="radio"/>	Yes	<input checked="" type="radio"/>	No	Activity	Location	Type	Workers Present
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N O N M O T O R I S T 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 P O R O V P E E H R I T C Y L D A M R G	If Property other than vehicles damaged explain	Object Damaged <b>SPEED LIMIT SIGN</b>	Estimate of Damage <b>\$300.00</b>
	Owner's Last Name	First Name	Middle Name
	Address	City	State
	<b>800 LINCOLN WAY</b>	<b>AMES</b>	<b>IA</b>
Was owner or tenant notified?	1 = Yes 2 = No 9 = Unknown		<b>1</b>

W I T N E S S	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage
	Owner's Last Name	First Name	Middle Name
	Address	City	State
	<b>800 LINCOLN WAY</b>	<b>AMES</b>	<b>IA</b>
Was owner or tenant notified?	1 = Yes 2 = No 9 = Unknown		<b>1</b>

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

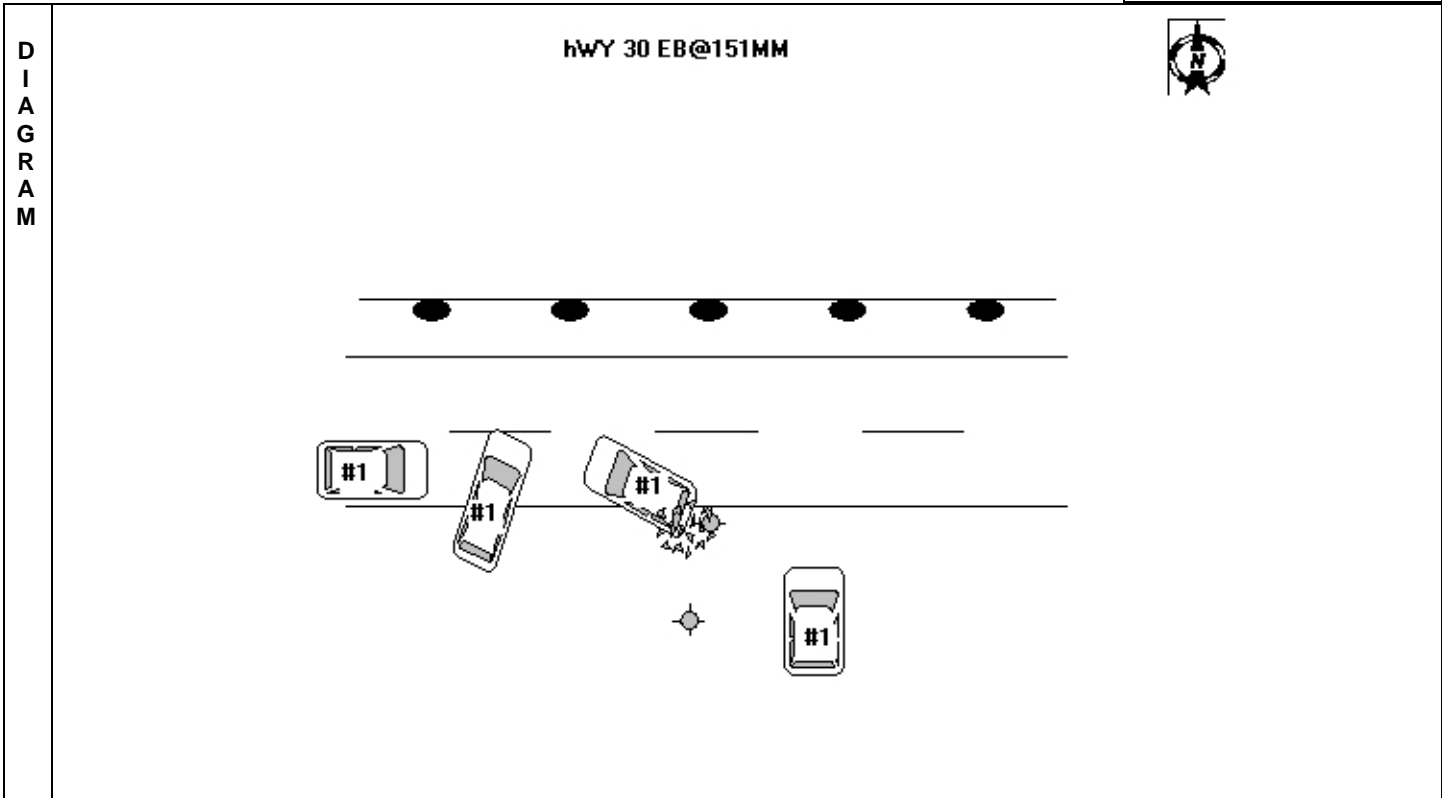
Is This a Secondary Crash?	Y <input type="radio"/> N <input type="radio"/>	Type of Primary Incident	Roadway Clearance Date	Incident Clearance Date
Signature of Officer	<b>HOFFMAN A</b>	Badge Number	<b>391</b>	Time Officer Notified of Accident
				<b>13:30</b> Hrs.
Name of Agency	<b>Iowa State Patrol - Dist 01</b>	Date of Report	<b>03/26/2018</b>	Time Officer Arrived At Scene
				<b>13:40</b> Hrs.
Report Reviewed By	<b>Halverson, D</b>	Date of Review	<b>03/27/2018</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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Unit #1 was traveling eastbound Hwy 30 around the 151mm. At this time a broadcast of a wrong driver had been broadcasted. #1 observes this vehicle coming towards her. #1 swerves to avoid making contact of the wrong way driver. #1 strikes a speed limit sign knocking it over.