## INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 3

Forr	orm 4433003 (11-13) OF MOTOR VEHICLE ACCIDENT										Law Enforcement Case Numbers:												
MAIL REPORTS TO: lowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2018006393																							
Date of Accident Time of Accident County						e of Driver S	ervices, r	Р.О. БОХ S								2018006393							
	O3/10/2018         13:37         Hrs.         Story - 85										Accident occurred within corporate limits of (city) Ames - 0155												
	Driver's Name - Last							First							Middle								
U	DANIELSEN							SOMMER							RANAE								
N	Address	ddress 441 LAUREL CIR						City							State Zip IA 50613-0000								
Τ	Date of Birth							CEDAR FALLS tion Charge 1 Citation						itation	Charge 2								
1	06/29/1998	06/29/1998 746AJ7853 Voc. No.																					
1.					Endorse	ments F	estrictions	-	Cita	Citation Charge 3				C	Citation	on Charge							
	Alcohol Tost Civon: Tost Posults:			Deve T	-	_	◉	D	Re-exam: Yes No Re			( D-		Derver									
					Drug le	est Given:	Test R	esuit:	ке-еха	m: res		Reasor	for Re-	Exam	Reque	St:							
	Owner's Name - Last									First	* *												
	DANIELSEN									KENDIL							DEAN						
	Address 1441 LAURE									City							State Zip IA 50613-3451						
	License Plate			tate Y	ear VII	N:				CEDAR FALLS Color Year				ar Make				Model			Style		
	419WPY		IA				YC411591			BLU		2		OLDS	;		ALO		2[				
	Trailer Plate	No.	S	tate Y	ear VII	N:				Tow Tow #				Towed		d To					Repair or Replace		
	Incurance Co	Insurance Company Name									1		lumbor	Incurr	noo F	Deline Neurober			\$2,000.00				
	SAFECO	mpan	y Nai	me							32-3226					nce Policy Number							
	Initial Travel	Directi	on ۱	Veh. Ac	t. Veh	. Config.	onfig. Cargo Body Type Veh. D				Defect Point of Initial Impa				naged	Area	Extent of Damage			Total Occ. in Veh.			
	02			01	01	<b>-</b>	01		01	0			0				2			1			
	Special Veh. 01	Func	Eme 01	ergency	/ Status	Bus Use	Driver Co 01	ondition	Vision ( 01	Obscured	d Contri 18	ibuting	Circum	stances	Driver	r (up to		Driver D2	Distrac	ctions	Spee 65	d Limit	
					Vertical Alignment SEQUENC 01 OF EVENT						cond Ev	d Event Third Event F 55				Fourth Event Most Harmful Event 55							
	Carrier Name/Lessee																						
C O	Street Address City State Zip Code																						
M																							
ME	Number of Axles Gross Vehicle Weight Rating									US DOT Number		MC	Numbe			Underride/Override 1 - None							
R C	Haz Mat Involvement Haz Mat Placard				rd Plac	Placard Number Haz. Mat Re				Haz Mat Class			Haz Mat Name										
i	Trailer Plate:	ailer Plate: State Year VIN																	Ø				
AL													-		ection	nent			ated	sport	enroute		
-	Trailer Plate:			State	Year	VIN	VIN							Seating Position	Injury Status Occupant Protection		Airbag Deployme		Path	Frapped/extricated	Source of Transp	Died at scene/en	
	Converter Dolly			Dolly	Plate:	State	Plate Yea	Plate Year VIN						ating I	Injury Status	cupan	oag D	Ejection	Ejection Path	pped/	nrce c	d at s	
											Next Sector				lnj.	_	-						
Р	DRIVER OF UNIT 1 Phone Number: (319) 24: Transported to:							242-1093							03	2	01	1	01	01			
																sponed	ed by:						
R	Name						Phone Number				DC	)B:											
E R S O N I S N	Address									Transported to: Transpo				sported	by:		_		_				
N   S N																							
	Name Phone Numbe							Imber	DOB:														
I U N N	Address									Transpo	rted to:				Tran	sported	by:						
JI UT	T Name Phone N						hone Nu	Imber		DC	DOB:												
UT R E <sup>1</sup> D	Address									Transported to:				Transported			by:				1		
D	Name						Phone Number				DOB:												
	Address									Transas	rtod to:				Tror	coorte	by:						
										Transpo					man	sported	by:						

	INVESTIGATING OFFICER'S REPORT OF Sheet 2 of 3																						
Form 4433003 (11-13) MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers:											s:												
MA	MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204										20180												
		,			A				Accident occurred within corporate limits of (city)						Legal Priva								
L	03/10/2018	03/10/2018 13:37 Hrs. Story - 85						Ames	- 0155						Interv	entior	ו? ∟	F	Prope	rty?			
0	Literal Description														County: Route:								
С	HWY 30 EB@151MM														STORY - 85								
Α	If accident occurred outside of N NE E SE S SW W NW									X Coordinate:													
Т	city limits show general vicinity									452072.75													
I.	On Road, Street or Highway: At Intersection with:									Y Coordinate:													
0										46507													
Ν							(							- 4									
	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										If Divi	امما	liabuu	D.	م را ما م	Dau							
				S SW	0	5, 5 S								(Card					Rou	le			
		Ô			Ö									NB		SB		В	WB	5			
	000000000000000000000000000000000000000									C	)	$\cap$	(		$\cap$	)							
	Milepost Number			le intersection or railroad ci	'										$\cup$	/	$\cup$			$\cup$	, 		
	Number	Or	blidge,	JI Talli Dau C	USSIN	1							_	-		1					-		
	ACCIDENT ENVIRONMENT ROADWAY CHARACTERISTICS																						
Locat	ion of First Harmful Eve	ent <b>04</b>	Weather	Conditions (up	p to two	) Major C	Contributing	Circumsta	ances Environ	ment 0	1								ces				
Mann	er of Crash/Collision	01		01		Roadwa	21/			0	1				pact	Ê			stan		fe		
						Roauwa	ay			v	·	d		e	Ë.	rash		Ħ	m	port	Jrou		
Light	Conditions	1	Surface (	Conditions	01	Type of	Roadway J	unction/F	eature	0	1	jt N		t Ty	ior to	to		ame	Circ	ans	ie/ei		
						FRA No	<b>D</b> .					Sex Struck bv Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	L	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute		
First	Harmful Event (Cras	sh) WO	RKZONE	Yes No	A	ctivity L	ocation	Туре	Worke	rs Pres	ent	c K	ry St	-Vo	atior	l) uo	Condition	ΞŹ	itribu	Ice	dat		
55			ATED?	$\bigcirc$								Sex	Inju	Nor	Loc	Acti	Con	Safe	Cor	SoL	Die		
	Name <b>001</b>					Pł	none Num	ber		DOB:													
Ν																							
0	Address: Alcohol Test Given Test Results: Drug										ug Te	est Given Result Charged Yes											
NM																				C	)O		
o	Transported to: Transported by:																						
T																							
0	Indite Flotte Nulliber DOB.																						
R	Address: Alcohol Test Given Test Results: Drug																						
									ug Te	est Give	en F	Result	ult Charged Yes No			No							
S T										0													
S	Transported to:								Transporte	ed by:													
9																							
ΝP			Object D	0															e of D	amag	je		
O R	vehicles damaged e		SPEED	IMIT SIGN						-	N // 1 // 1							00.00					
NO		Э				First Name				Mide	Middle Name					Phone Number							
	IOWA DOT															Was owner or tenant notified?							
EE	Address					ony					State Zip Code IA 50010												
	800 LINCOLN WAY						AMES					50010					1 = Yes 2 = No 9 = Unknown Estimate of Damage						
ΙT	If Property other the		Object D	amaged													Est	imate	e of D	amag	je		
	vehicles damaged e Owner's Last Name						-			Mid	dia Nam				Dhana Numhar								
U	Owner's Last Marrie	3				First Nam	le			IVIICO	dle Nam	ie			Phone Number								
LD	Addross					City				Stat	o 7i	n Codo											
RG	Address City State Zip Code											Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown											
ŇŬ	Last Name		First Nan	16	Add	ress				City			St	ate	Zip Co				Num				
w										,													
ï	Last Name		First Nan	ne	Add	ress				City			St	ate	Zip Co	de	Р	hone	Num	ber			
Ť																							
N	Last Name		First Nan	ne	Add	ress				City			St	ate	Zip Co	de	P	hone	Num	ber			
Е										-					-								
S	Last Name		First Nan	ne	Add	ress				City			St	ate	Zip Co	de	Р	hone	Num	ber			
S																							
	Last Name	t Name First Name Ad				ress				City			St	ate	Zip Co	de	Ρ	Phone Number					
ls Th	is a Secondary Cras	sh?	Type of F	rimary Incic	lent						Roadw	ay Clea	rance	Date		Incid	ent C	leara	nce D	ate			
Y	$\bigcirc$ N $\bigcirc$																						
-	ature of Officer				•	e Number		fficer No	otified of Acc	cident	Roadw	ay Clea	rance	Time	•	Incid	ent C	leara	nce T	ïme			
HOFFMAN A 391							13:30		Hrs.		Hrs.					Hrs.							
	e of Agency					of Report		fficer Arr	rived At Sce	ne	Total R	loadway	Clear	ance	Time	Tota	Incid	ent C	leara	nce T	īme		
	State Patrol - Dist	01				/2018	13:40		Hrs.	_	<b>-</b>			<b>A 1</b>		Ļ							
	ort Reviewed By					of Review	2		ade at scen	e?	T.I. No.			Othe	er Tech	nical	Invest	igatir	ng Ag	ency			
Halv	erson, D				03/27	/2018	Y (	9	NО														

## Form 4433003 (11-13)

## INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 3 of 3

Law Enforcement Case Numbers:

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

2018006393

DI AG RA M	h₩Y 30 EB@151MM	$\mathbf{\Phi}$
NARRATIVE	Unit #1 was traveling eastbound Hwy 30 around the 151mm. At this time a broadcast of a wrong driver had been broadcasted. #1 towards her. #1 swerves to avoid making contact of the wrong way driver. #1 strikes a speed limit sign knocking it over.	observes this vehicle coming