IV505080

Form 433003
01-01

MAIL REPORTS TO:
Iowa Department of Transportation
Office of Driver Services
Park Fair Mall, 100 Euclid Avenue
P.O. Box 9204
Des Moines, Iowa 50306-9204

Iowa Department of Transportation
INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 4
Law Enforcement Case Numbers: 09-955
Legal Intervention? ☐ Private Property? ☐

PLEASE TYPE OR PRINT

LOCATION

Date of Accident: 09-26-09 | Time of Accident: 1103 Hrs. | County: DICKINSON | Accident occurred within corporate limits of (city): SPIRIT LAKE

If accident occurred outside of city limits show general vicinity: miles N NE E SE S SW W NW of nearest city

On Road, Street, or Highway: 3rd Blk. 18th St | At Intersection with:

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.

Feet Miles N NE E SE S SW W NW or ... and Feet Miles N NE E SE S SW W NW or ... of

Milepost Number | Or Definable intersection, bridge, or railroad crossing

County: ____ Route: ____
X-Coordinate:
Y-Coordinate:

If Divided Highway, Provide Route (Cardinal) Travel Direction: NB SB EB WB

UNIT 1

Driver's Name (Last, First, Middle): [redacted] | Address: [redacted] | City: Spirit Lake | State: IA | Zip: [redacted]

Date of Birth: 02-19-75 | Driver's License Number: [redacted]

Citation Charge 1. ____ 2. ____ 3. ____ 4. ____

Male ○ Female ● | State: IA | Class: C | Endorsements: — | Restrictions: B

Alcohol Test Given? ☐ 1. None 2. Blood 3. Urine 4. Breath 5. Vitreous 9. Refused ____ Test Results: ____

Drug Test Given? ☐ 1. None 2. Blood 3. Urine 9. Refused | Pos. ○ Neg. ○

Owner's Name (Last, First, Middle): [redacted] | Address | City | State | Zip

Insurance Co. Name: Grinnell Mutual | Insurance Policy #: [redacted] ELITE | License Plate #: [redacted] | State: IA | Year: '10

VIN #: 4T1CA3[redacted] | Year: '04 | Make: Toyota | Model: Camry | Style: 2dr | Tow #: yes (Jennings) | Approximate Cost to Repair or Replace: $ 3000.00

Initial Travel Direction: 2 | Vehicle Action: 01 | Speed Limit: 25 | Point of Initial Impact: 01 | Most Damaged Area: 01 | Extent of Damage: 4 | Underride/Override: 1 | Private? ☐

Total Occupants: 01 | Traffic Controls: 01 | Vehicle Config.: 01 | Cargo Body Type: 01 | Vehicle Defect: 01 | Driver Condition: 4 | Vision Obscured: 01 | Contributing Circumstances, Driver (up to two): 27

Commercial Trailer License Plate # | Attached to Power Unit: State Year | Attached to Trailer Unit: State Year | Emergency Vehicle Type | Emergency Status

Carrier Name | Address | City | State | Zip

US DOT# or MC# ○ ○ | Number of Axles | Gross Vehicle Weight Rating | Placard # | Hazardous Materials Released?

UNIT 2

Driver's Name (Last, First, middle) | Address | City | State | Zip

Date of Birth | Driver's License Number | Citation Charge 1. ____ 2. ____ 3. ____ 4. ____

Male ○ Female ○ | State | Class | Endorsements | Restrictions

Alcohol Test Given? ☐ 1. None 2. Blood 3. Urine 4. Breath 5. Vitreous 9. Refused ____ Test Results: ____

Drug Test Given? ☐ 1. None 2. Blood 3. Urine 9. Refused | Pos. ○ Neg. ○

Owner's Name (Last, First, middle) | Address | City | State | Zip

Insurance Co. Name | Insurance Policy # | License Plate # | State | Year

VIN # | Year | Make | Model | Style | Tow # | Approximate Cost to Repair or Replace

Initial Travel Direction | Vehicle Action | Speed Limit | Point of Initial Impact | Most Damaged Area | Extent of Damage | Underride/Override | Private? ☐

Total Occupants | Traffic Controls | Vehicle Config. | Cargo Body Type | Vehicle Defect | Driver Condition | Vision Obscured | Contributing Circumstances, Driver (up to two)

Commercial Trailer License Plate # | Attached to Power Unit: State Year | Attached to Trailer Unit: State Year | Emergency Vehicle Type | Emergency Status

Carrier Name | Address | City | State | Zip

US DOT# or MC# ○ ○ | Number of Axles | Gross Vehicle Weight Rating | Placard # | Hazardous Materials Released?

If property other than vehicles damaged explain | Object Damaged: Lit. Pole, Tree & Fountain | Estimate of Damage: $ 10000.00

Owner's Full Name (Last, First, Middle): [redacted] | Was owner of tenant notified? 1 (1 - Yes 9 - Unknown 2 - No)

Street RFD: [redacted] | City, State, & Zip Code: Spirit Lake IA [redacted]

ACCIDENT ENVIRONMENT

Location of First Harmful Event: 1 | Weather Conditions (up to two): 03

Manner of Crash/Collision: 1

Light Conditions: 1 | Surface Conditions: 1

ROADWAY CHARACTERISTICS

Major Contributing Circumstances:
Environment: 1
Roadway: 01
Type of Roadway Junction/Feature: 01

WORK ZONE RELATED?

○ Yes ● No
Location
Type
Workers Present?

SEQUENCE OF EVENTS

Unit 1	Unit 2	
01		First Event
36		Second Event
37		Third Event
42		Fourth Event
01		First Harmful Event (by vehicle)
38		First Harmful Event of Crash (use codes 11-42 only)

NON-MOTORIST
Type ☐ Location ☐
Action ☐ Condition ☐
Safety Equipment ☐
Contributing Circumstances ☐
Unit No. of Vehicle Striking ☐

Motorcycle Seating Position
01 - Motorcycle Driver
04 - Motorcycle Passenger
88 - Other (explain in narrative)

SEATING POSITION

01	02	03
04	05	06
07	08	09

10 - Sleeper Section
11 - Enclosed Cargo Area
12 - Unenclosed Cargo Area
13 - Trailing Unit
14 - Exterior
15 - Pedestrian
16 - Pedalcyclist
17 - Pedalcyclist, passenger
88 - Other (explain in narrative)
99 - Unknown

	Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
DRIVER OF UNIT 1				5	2	5	9	1	1	1
DRIVER OF UNIT 2										

DRIVERS

DRIVER OF UNIT 1
Phone [redacted]
Transported to: LRH
Transported by: LRA

DRIVER OF UNIT 2
Phone
Transported to:
Transported by:

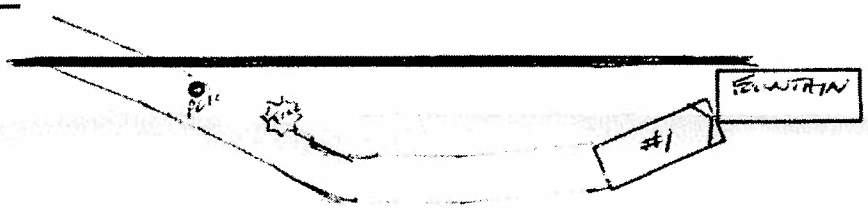
PERSONS INJURED

	Date of Birth	Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	Transported to:	Transported by:
Name 1.													
Address												Transported to:	Transported by:
Name 2.													
Address												Transported to:	Transported by:
Name 3.													
Address												Transported to:	Transported by:
Name 4.													
Address												Transported to:	Transported by:

DIAGRAM

DIAGRAM WHAT HAPPENED: *Instruction*
Number each vehicle and show direction of travel by arrow: FRONTAGE ROAD
INDICATE NORTH

Use solid line to show path before accident:
Dotted line to show path after accident:
Show pedestrian by:
Show railroad by:
Show utility poles by:
Show motorcycle by:
Show animal:



NARRATIVE

Describe what happened (refer to vehicles by number)

Unit #1 was traveling Eastbound on the frontage road in the 3600 blk. by Plumb Supply Unit #1 left the roadway, struck a pole, a tree & then a large fountain causing damage. Driver #1 stated that she does not remember what took place. Witness #1 stated that she seemed confused after the accident & witness #2 stated that she looked calm while driving in the dir.

WITNESS

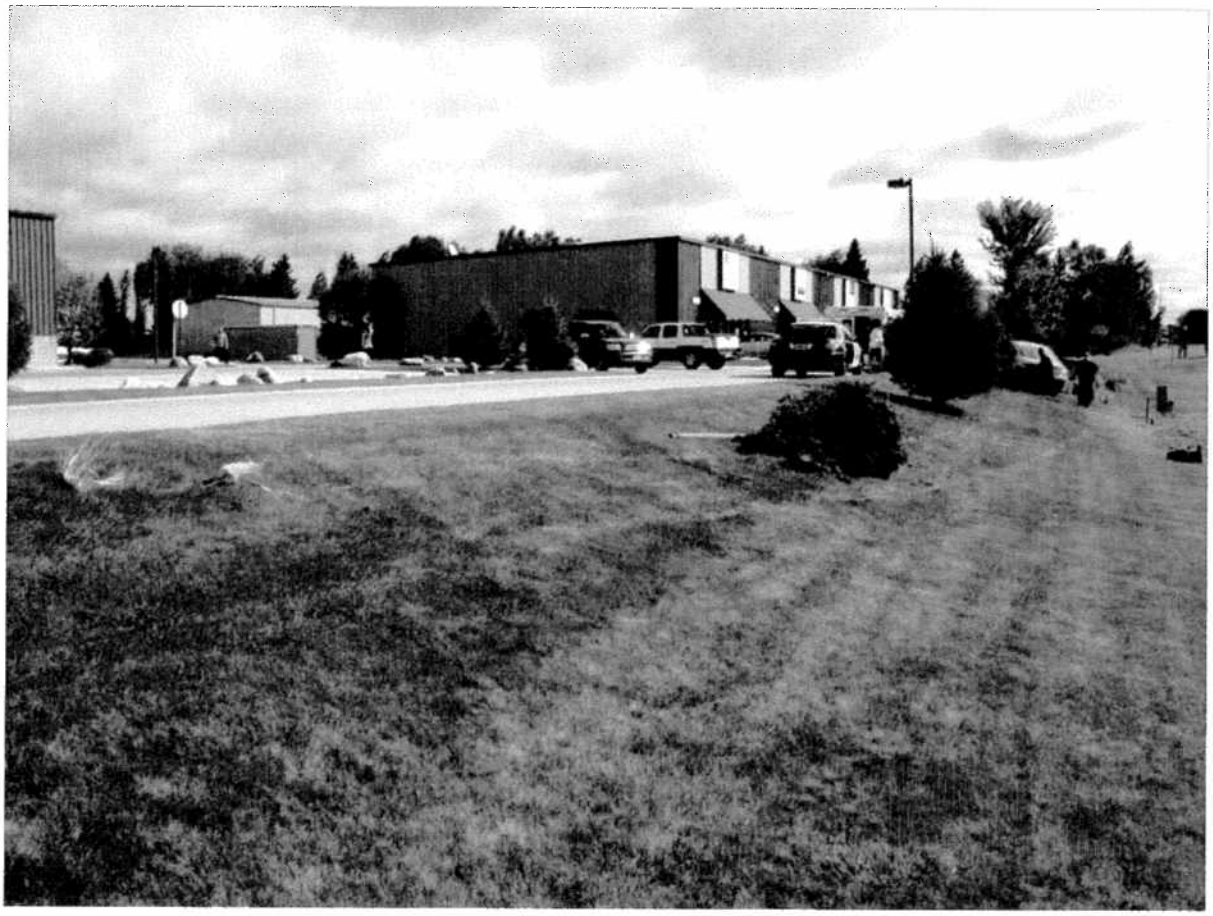
	Name (Last, First)	Street or RFD	City	State	Zip	Phone
#1	[redacted]					[redacted]
#2	[redacted]					[redacted]
#3	[redacted]					[redacted]

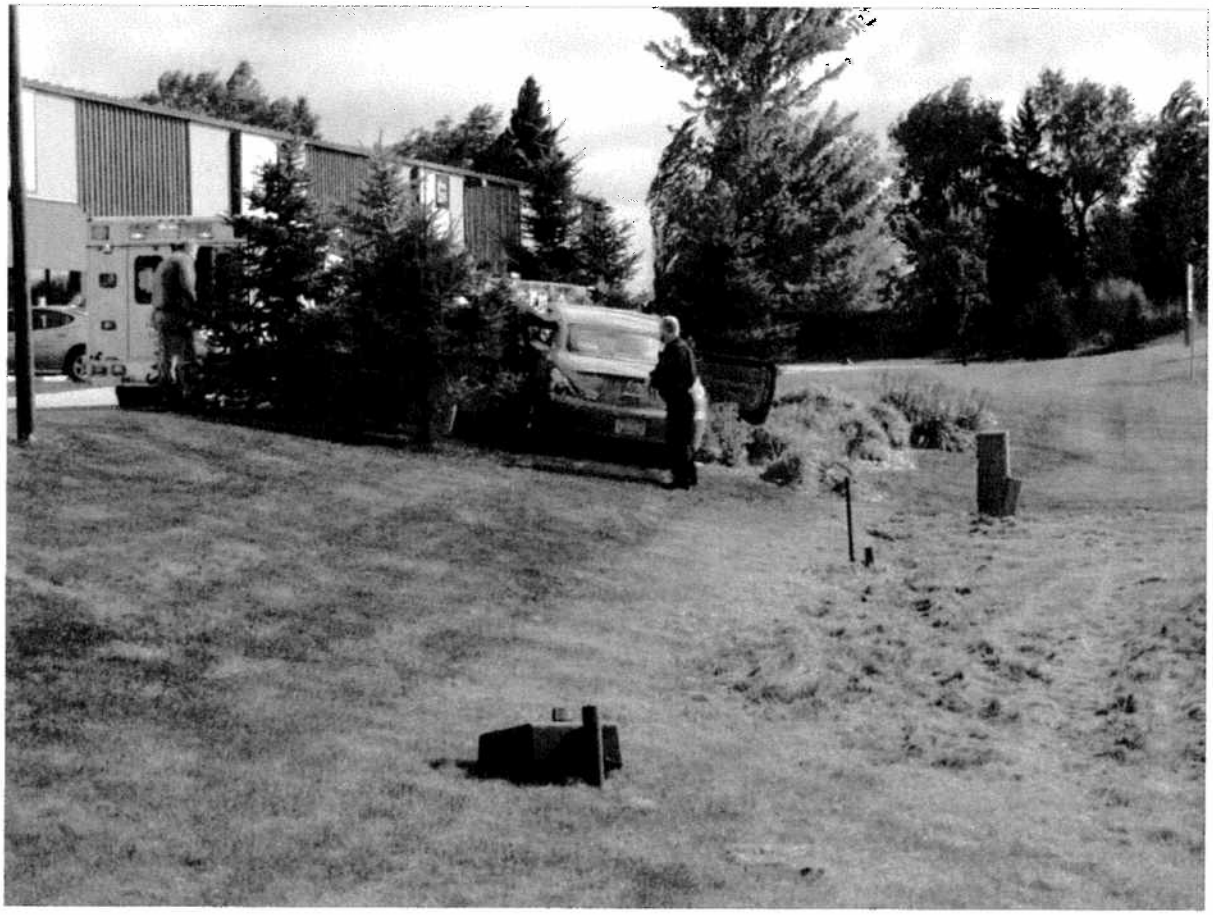
Signature of Officer
Badge No. 30-305
Time Officer Notified of Accident 1103 Hrs.
Time Officer Arrived At Scene 1107 Hrs.

Name of Agency SPIRIT LAKE POLICE
Date of Report 09-28-09
Investigation made at scene? Y ● N ○
Supplemental Information Will Follow? Y ○ N ●
T. I. #

Report Reviewed by
Date Reviewed 09/29/09
Report Given to All Drivers? Y ● N ○
Other Technical Investigating Agency

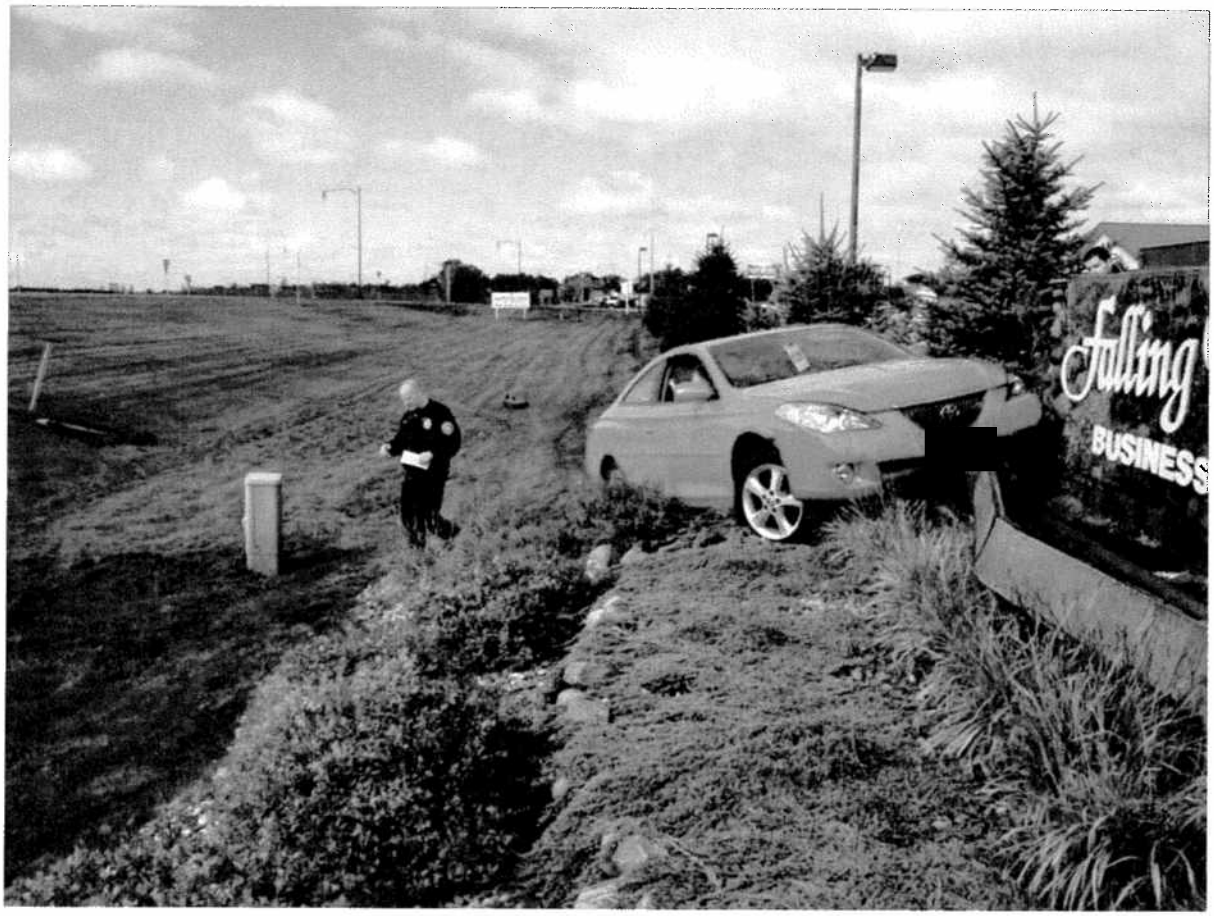
R






Falling Waters
BUSINESS PARK


Falling Waters
BUSINESS PARK


Falling
BUSINESS