

## 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:

**16-006177**

Date of Accident <b>10/27/2016</b>	Time of Accident <b>16:20</b> Hrs.	County <b>O'BRIEN - 71</b>	Accident occurred within corporate limits of (city)															
UNIT 1	Driver's Name - Last <b>JAMES</b>											First <b>ROBERT</b>			Middle <b>ALLEN</b>			
	Address <b>4354 CEDAR RD</b>											City <b>LARRABEE</b>			State <b>IA</b>	Zip <b>51029-0000</b>		
	Date of Birth <b>07/14/1955</b>		Driver's License Number <b>861ZZ4137</b>				CDL Yes <input type="radio"/> No <input type="radio"/>	Citation Charge 1				Citation Charge 2						
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State <b>IA</b>	Class <b>A</b>	Endorsements <b>LN</b>		Restriction <b>NONE</b>		Citation Charge 3				Citation Charge 4						
	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>HY VEE INC</b>											First			Middle			
	Address <b>5820 WESTOWN PARKWAY</b>											City <b>WEST DES MOINES</b>			State <b>IA</b>	Zip <b>50266</b>		
	License Plate No. <b>DB1804</b>		State <b>IA</b>	Year <b>2017</b>	VIN: <b>4V4N99EH5EN172134</b>				Color <b>RED</b>		Year <b>2014</b>	Make <b>VOLV</b>		Model <b>TT</b>	Style <b>TT</b>			
	Trailer Plate No.		State	Year	VIN:				Tow <b>1</b>	Tow #		Towed To		Approx. Cost to Repair or Replace <b>\$1,000.00</b>				
	Insurance Company Name <b>EMPLOYERS MUTUAL</b>							Insurance Co. Phone Number <b>(800) 247-7756</b>			Insurance Policy Number <b>2E96450</b>							
Initial Travel Direction <b>04</b>		Veh. Act. <b>98</b>	Veh. Config. <b>13</b>	Cargo Body Type <b>02</b>		Veh. Defect <b>01</b>	Point of Initial Impact <b>04</b>		Most Damaged Area <b>98</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>98</b>			Driver Distractions <b>99</b>		Speed Limit <b>55</b>				
Traffic Controls <b>11</b>		Horizontal Alignment <b>01</b>		Vertical Alignment <b>03</b>		SEQUENCE OF EVENTS		First Event <b>36</b>	Second Event	Third Event	Fourth Event	Most Harmful Event <b>36</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 <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				Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Trailer Plate:		State	Year	VIN													
Converter Dolly		Dolly Plate:		Stat	Plate Yea	VIN												
PERSONS INJURED	DRIVER OF UNIT 1					Phone Number: <b>(712) 427-2541</b>			<b>5</b>	<b>03</b>	<b>03</b>	<b>2</b>	<b>01</b>	<b>1</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:									
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	Address					Transported to:			Transported by:									

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Law Enforcement Case Numbers:  <b>16-006177</b>
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<b>Date of Accident</b> 10/27/2016	<b>Time of Accident</b> 16:20 Hrs.	<b>County</b> O'BRIEN - 71	<b>Accident occurred within corporate limits of (city)</b>																
UNIT 2	<b>Driver's Name - Last</b> RETTELE					<b>First</b> RANDY					<b>Middle</b> M								
	<b>Address</b> 3972 S 37TH ST					<b>City</b> OMAHA					<b>State</b> NE		<b>Zip</b> 68107-0000						
	<b>Date of Birth</b> 06/29/1961		<b>Driver's License Number</b> E01525833			<b>CDL</b> Yes No <input type="radio"/> <input checked="" type="radio"/>		<b>Citation Charge 1</b>			<b>Citation Charge 2</b>								
	<b>Male</b> <input checked="" type="radio"/> <b>Female</b> <input type="radio"/>		<b>State</b> NE	<b>Class</b> O	<b>Endorsements</b> NONE		<b>Restriction</b> B		<b>Citation Charge 3</b>			<b>Citation Charge 4</b>							
	<b>Alcohol Test Given:</b> 1		<b>Test Results:</b>		<b>Drug Test Given:</b> 1		<b>Test Result:</b>		<b>Re-exam: Yes No</b> <input type="radio"/> <input checked="" type="radio"/>		<b>Reason for Re-Exam Request:</b>								
	<b>Owner's Name - Last</b> IOWA PLAINS AND SIGNING					<b>First</b>					<b>Middle</b>								
	<b>Address</b> 1104 W 5TH ST					<b>City</b> SLATER					<b>State</b> IA		<b>Zip</b> 50244						
	<b>License Plate No.</b>		<b>State</b>	<b>Year</b>	<b>VIN:</b> 813543		<b>Color</b> YEL		<b>Year</b> 2000	<b>Make</b> S B		<b>Model</b> DT80J		<b>Style</b> POWER BROO					
	<b>Trailer Plate No.</b>		<b>State</b>	<b>Year</b>	<b>VIN:</b>		<b>Tow</b> 1	<b>Tow #</b>		<b>Towed To</b>			<b>Approx. Cost to Repair or Replace</b> \$1,000.00						
	<b>Insurance Company Name</b> BITCO					<b>Insurance Co. Phone Number</b> (800) 383-1122					<b>Insurance Policy Number</b> CAP3618274								
<b>Initial Travel Direction</b> 04		<b>Veh. Act.</b> 09	<b>Veh. Config.</b> 35	<b>Cargo Body Type</b> 01		<b>Veh. Defect</b> 01	<b>Point of Initial Impact</b> 08		<b>Most Damaged Area</b> 08		<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</b>	<b>Driver Condition</b> 01		<b>Vision Obscured</b> 01		<b>Contributing Circumstances Driver (up to two)</b> 98,99			<b>Driver Distractions</b> 99		<b>Speed Limit</b> 55					
<b>Traffic Controls</b> 11		<b>Horizontal Alignment</b> 01		<b>Vertical Alignment</b> 03		<b>SEQUENCE OF EVENTS</b>		<b>First Event</b> 33	<b>Second Event</b>	<b>Third Event</b>	<b>Fourth Event</b>	<b>Most Harmful Event</b> 33							
COMMERCIAL	<b>Carrier Name/Lessee</b>																		
	<b>Street Address</b>										<b>City</b>					<b>State</b>	<b>Zip Code</b>		
	<b>Number of Axles</b>			<b>Gross Vehicle Weight Rating</b>					<b>US DOT Number</b>			<b>MC Number</b>		<b>Override/Override</b> 1 - NONE					
	<b>Haz Mat Involvement</b>		<b>Haz Mat Placard</b>		<b>Placard Number</b>		<b>Haz. Mat Released</b>		<b>Haz Mat Class</b>			<b>Haz Mat Name</b>							
	<b>Trailer Plate:</b>		<b>State</b>	<b>Year</b>	<b>VIN</b>				Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute	
	<b>Trailer Plate:</b>		<b>State</b>	<b>Year</b>	<b>VIN</b>														
<b>Converter Dolly</b>		<b>Dolly Plate:</b>		<b>Stat</b>	<b>Plate Yea</b>	<b>VIN</b>													
PERSONS IN UN IN JUR ED	<b>DRIVER OF UNIT 2</b>					<b>Phone Number: (402) 830-8262</b>					5	99	01	1	01	1	01	01	
						<b>Transported to:</b>										<b>Transported by:</b>			
	<b>Name</b>					<b>Phone Number</b>					<b>DOB:</b>								
	<b>Address</b>					<b>Transported to:</b>					<b>Transported by:</b>								
	<b>Name</b>					<b>Phone Number</b>					<b>DOB:</b>								
	<b>Address</b>					<b>Transported to:</b>					<b>Transported by:</b>								
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	<b>Address</b>					<b>Transported to:</b>					<b>Transported by:</b>								
	<b>Name</b>					<b>Phone Number</b>					<b>DOB:</b>								
	<b>Address</b>					<b>Transported to:</b>					<b>Transported by:</b>								

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OF MOTOR VEHICLE ACCIDENT**

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Law Enforcement Case Numbers:	
<b>16-006177</b>	
Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
County: <b>71</b>	Route: _____
X Coordinate: <b>291753.16</b>	
Y Coordinate: <b>4760444.80</b>	
If Divided Highway, Provide Route (Cardinal) Travel Direction	
NB <input type="checkbox"/>	SB <input type="checkbox"/>
EB <input type="checkbox"/>	WB <input type="checkbox"/>

<b>L O C A T I O N</b>	Date of Accident <b>10/27/2016</b>	Time of Accident <b>16:20</b> Hrs.	County <b>O'BRIEN - 71</b>	Accident occurred within corporate limits of (city)
	Literal Description <b>HIGHWAY 10</b>			
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>N</span> </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city			
	On Road, Street or Highway:		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. of			
	<div style="display: flex; justify-content: space-around;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>N</span> </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and		<div style="display: flex; justify-content: space-around;"> <span>N</span><span>NE</span><span>E</span><span>SE</span><span>S</span><span>SW</span><span>W</span><span>N</span> </div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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>02</b>	Weather Conditions (up to two)		Major Contributing Circumstances Environment	<b>01</b>	Roadway	<b>05</b>											
Manner of Crash/Collision	<b>98</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>36</b>	WORKZONE RELATED?	<input type="checkbox"/>	Yes <input checked="" type="radio"/> No <input type="radio"/>	Activity	<b>98</b>	Location	<b>04</b>	Type	<b>04</b>	Workers Present	<b>01</b>
<b>N O N M O T O R I S T S</b>	Name	<b>001</b>	Phone Number	DOB:								
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No	<input type="radio"/>	<input type="radio"/>	
	Transported to:		Transported by:									
<b>N O N M O T O R I S T S</b>	Name		Phone Number	DOB:								
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No	<input type="radio"/>	<input type="radio"/>	
	Transported to:		Transported by:									

<b>N P R O P E R T Y</b>	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage
	Owner's Last Name	First Name	Middle Name
	Address	City	State
	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	
<b>N P R O P E R T Y</b>	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage
	Owner's Last Name	First Name	Middle Name
	Address	City	State
	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown	

<b>W I T N E S S</b>	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

Signature of Officer <b>VANDERVEEN STEVEN</b>	Badge Number <b>71-9</b>	Time Officer Notified of Accident <b>16:25</b> Hrs.	Time Officer Arrived At Scene <b>16:36</b> Hrs.
Name of Agency <b>O'BRIEN COUNTY SHERIFF'S OFF</b>	Date of Report <b>10/27/2016</b>	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No.
Report Reviewed By	Date of Review	Report given to all Drivers? Y <input checked="" type="radio"/> N <input type="radio"/>	Other Technical Investigating Agency

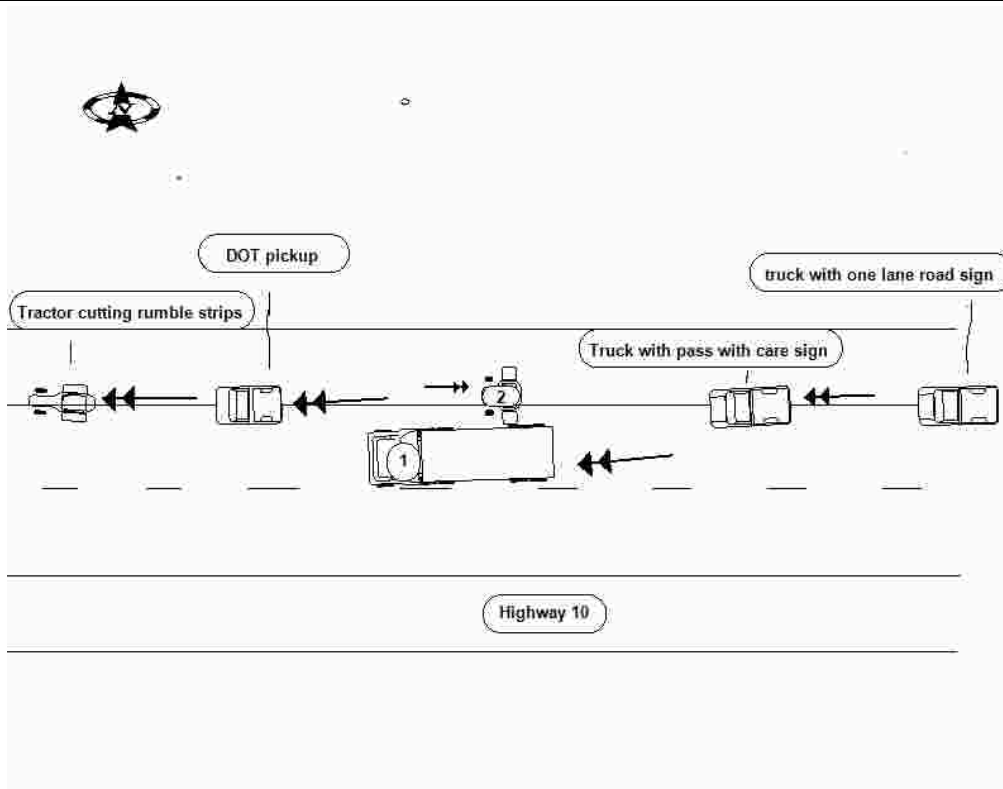
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MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Numbers:

16-006177

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Vehicle #1 is a Hy-Vee Semi truck trailer that was heading west from the corner of Tanager avenue two miles west of Sutherland on Highway 10. The driver of the semi came across a work convoy that was cutting rumble strips on the shoulder of the road heading slowly west on Highway 10. The work convoy was led by a tractor cutting rumble strips. Next was a DOT pickup with flashing light. Next was a Superior Broom street sweeper. Next was a truck with flashing arrows and a sign saying "PASS WITH CARE". The last vehicle in the line was a truck with flashing lights and a sign saying "ONE LANE ROAD AHEAD". This work convoy was moving slowly as the work was being done. The vehicles in this convoy were staggered out over a few thousand feet. The driver of Vehicle #1 drove his semi around the last two vehicles in the line. As he did so the driver observed a vehicle in the distance heading east toward himself and the work convoy. The driver of vehicle #1 moved over to the right behind the Sweeper Broom (Vehicle #2 in this report) and in front of the truck with the PASS WITH CARE sign. When the truck driver did this, the Sweeper Broom (Vehicle #2) began backing up to sweep the debris ground up by the lead vehicle in the work convoy. The Hy-Vee truck attempted move toward the left as he the sweeper was backing toward his truck. The driver of the semi was unable to get his trailer out of the way in time and the right rear of the trailer was impacted by the left rear and side of the Sweeper Broom. The semi suffered light damage to the rear bumper of the trailer and a damaged rim and tire on the trailer. The street sweeper also sustained light damage