



Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT
OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
9012FEIY7892

Legal Intervention? Private Property?

Location Literal Description
"N/A"

X-Coordinate:
Y-Coordinate: **"N/A"**

If Divided Highway, Provide Route (Cardinal) Travel Direction
NB

L O C A T I O N

Date of Accident **10/27/04** Time of Accident **13:07** Hrs. County **Polk - 77** Accident occurred within corporate limits of (city) **Des Moines - 1945**

If accident occurred outside of city limits show general vicinity: **"N/A"** of nearest city **"N/A"**

On Road, Street, or Highway: **312** At Intersection with: **41**

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.

Distance **"N/A"** Direction **"N/A"** and Distance **"N/A"** Direction **"N/A"** of

Milepost Number **"N/A"** Or Definable intersection, bridge, or railroad crossing **"N/A"**

U N I T

Driver's Name - Last **WILLIAMS** First **GREGORY** Middle **L** Suffix Phone **(410) 555-1212 x**

Address **501 MAIN STREET** City **ASHVILLE** State **IA** Zip **50345**

Date of Birth **03/15/1955** Driver's License Number **1234567890123456789012345** Citation Charge Code 1 **12345678901234567890** Citation Charge 1 **SPEEDING IN THE EXCESS OF 80MPH**

Gender **Male** State **IA** Class **C** Endorsements **NONE** Restrictions **NONE** Citation Charge Code 2 Citation Charge 2

Alcohol Test Given? **4 - Breath** Test Results: **0.0 %** Drug Test Given? **3 - Urine** Test Results: **N - Negative** Citation Charge Code 3 Citation Charge 3

Seating Position **01** Injury Status **4** Occupant Protection **2** Airbag Deployment **3** Airbag Switch Status **3** Ejection **1** Ejection Path **1** Trapped **1**

Transported to: **NA** Transported by: **NA**

Owner's Name - Last **FRANKS** First **DEVON** Middle **H** Suffix **1ST** Owner Company Name

Address **220 HILLVIEW AVENUE** City **ASHVILLE** State **IA** Zip **50344**

Insurance Co. Name **STATE FARM MUTUAL** Insurance Policy # **TT543DF444TG77777777** License Plate # **9955UJ88** State **IA** Year **2004**

VIN No. **12345678901234567890** Year **2004** Make **Acura - ACRA** Model **INTEGA** Style **SEDAN** Tow # **3333333** Approximate Cost to Repair or Replace **\$5,500.00**

Initial Travel Direction **4** Vehicle Action **01** Speed Limit **55** Point of Initial Impact **01** Most Damaged Area **01** Extent of Damage **4** Underride/Override **3** Private? Vision Obscured **01** Contributing Circumstances, Driver (up to two) **03**

SEQUENCE OF EVENTS First Event **25** Second Event **01** Third Event **35** Fourth Event **37** Most Harmful Event (by vehicle)

Commercial Trailer License Plate # Attached to Power Unit: State Year Attached to Trailer Unit: State Year Emergency Vehicle Type **2** Emergency Status **3**

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 **GAURDRAIL** Estimate of Damage **\$10,000.00** Was owner or tenant notified? **Yes**

Owner's Name - Last **FRANKS** First **DEVON** Middle **H** Suffix **1ST** Company Owner Name

Street or RFD **220 HILLVIEW AVENUE** City **ASHVILLE** State **IA** Zip Code **50344**

ACCIDENT ENVIRONMENT ROADWAY CHARACTERISTICS WORKZONE RELATED? SEQUENCE OF EVENTS

Location of First Harmful Event **1** Weather Conditions (up to two) **01** Major Contributing Circumstances: Environment **1** Location **1** First Harmful Event of Crash (use codes 11-42 only) **25**

Manner of Crash/Collision **1** Surface Conditions **2** Roadway **01** Type **1**

Light Conditions **1** Type of Roadway Junction/Feature **02** Workers Present? **1**

P E R S O N

Name - Last **FRANKS** First **DEVON** Middle **H** Suffix **1ST**

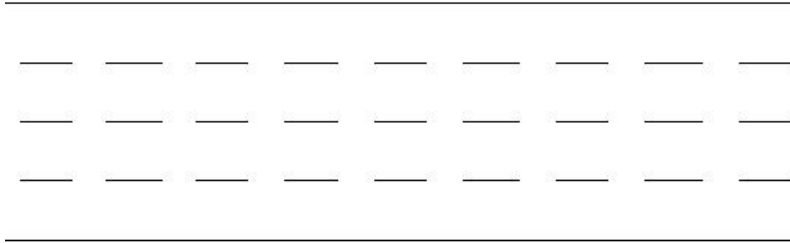
Address **220 HILLVIEW AVENUE** City **ASHVILLE** State **IA** Zip Code **50344**

Date of Birth **06/23/1955** Sex **Male** Unit No. **001** Seating Position **10** Injury Status **1** Occupant Protection **1** Airbag Deployment **1** Airbag Switch Status **3** Ejection **1** Ejection Path **1** Trapped **1**

Transported to: **NA** Transported by: **NA**

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

D
I
A
G
R
A
M



NARRATIVE

Describe what happened (refer to vehicles by number)

THIS IS A SAMPLE CONTACT. THIS IS A SAMPLE CONTACT, THIS IS A SAMPLE CONTACT, THIS IS A SAMPLE CONTACT.
THIS IS A SAMPLE CONTACT.

W I T N E S S	Witness Name - Last FRANKS	First DEVON	Middle H	Suffix 1ST	
	Address 220 HILLVIEW AVENUE		City ASHVILLE	State IA	Zip Code 50344
	Home Phone # (666) 666-6666 x66666		Work Phone # (410) 555-1212 x		
	Officer Admin, System	Badge No. SysAdmin	Time Officer Notified of Accident 12:50 Hrs.		Time Officer Arrived At Scene 13:09 Hrs.
Name of Agency Des Moines Police Department	Date of Report 10/27/2004	Investigation made at scene? Yes	T.I. # 5H4444		
Report Reviewed By:	Date Reviewed	Agency Specific 32111111	Other Technical Investigation Agency Ackley Police Department		