

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 3

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:
202101962

Date of Accident 02/06/2021	Time of Accident 11:55 Hrs.	County LINN - 57	Accident occurred within corporate limits of (city) CEDAR RAPIDS - 1187														
UNIT 1	Driver's Name - Last HERNANDEZ					First ALEX					Middle						
	Address [REDACTED]					City [REDACTED]					State PA		Zip 19607-0000				
	Date of Birth [REDACTED]		Driver's License Number [REDACTED]			CDL Yes No		Citation Charge 1			Citation Charge 2						
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State PA	Class A	Endorsements NTP	Restrictions M	Citation Charge 3			Citation Charge 4							
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result:		Re-exam: Yes No <input type="radio"/> <input checked="" type="radio"/>		Reason for Re-Exam Request:						
	Owner's Name - Last TRNAVAC FREIGHT INC					First					Middle						
	Address 12042 JUNIPER LN					City HOMER GLEN					State IL		Zip 60491				
	License Plate No. P1084902		State IL	Year 2021	VIN: 4V4M99EH1DN143000			Color WHI		Year 2013	Make VOLV		Model TR	Style SEMI			
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow #		Towed To DARRAHS		Approx. Cost to Repair or Replace \$5,000.00				
	Insurance Company Name PEOPLES INSURANCE AGENCY					Insurance Co. Phone Number (800) 932-4801					Insurance Policy Number GL2001108						
Initial Travel Direction 01	Veh. Act. 01	Veh. Config. 13	Cargo Body Type 02	Veh. Defect 01	Point of Initial Impact 03	Most Damaged Area 03		Extent of Damage 4		Total Occ. in Veh. 1							
Special Veh. Func. 01	Emergency Status 01	Bus Use	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 06			Driver Distractions 02		Speed Limit 55							
Traffic Controls 01	Horizontal Alignment		Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 21	Second Event	Third Event	Fourth Event	Most Harmful Event 21								
COMMERCIAL	Carrier Name/Lessee TRNAVAC FRIEGHT INC																
	Street Address 12042 JUNIPER LN					City HOMER GLEN					State IL		Zip Code 60491				
	Number of Axles 3		Gross Vehicle Weight Rating 1 - 10,000 LBS OR LESS			US DOT Number 2327561			MC Number		Underride/Override 1 - NONE						
	Haz Mat Involvement 02 - NO		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class		Haz Mat Name							
	Trailer Plate:		State	Year	VIN			Sex [REDACTED]	Seating Position [REDACTED]	Injury Status [REDACTED]	Occupant Protection [REDACTED]	Airbag Deployment [REDACTED]	Ejection [REDACTED]	Ejection Path [REDACTED]	Trapped/extricated [REDACTED]	Source of Transport [REDACTED]	Died at scene/enroute [REDACTED]
	Trailer Plate: 629907		State IL	Year 2019	VIN 3H3V532C1KT258021												
Converter Dolly 2 - NO DOLLY USED		Dolly Plate:		State	Plate Year	VIN											
PERSONS INVOLVED	DRIVER OF UNIT 1			Phone Number: [REDACTED]			[REDACTED]		4	03	03	2	01	1	03	01	
	Name			Phone Number			DOB:		Transported by: AREA AMBULANCE								
	Address			Transported to:			Transported by:										
	Name			Phone Number			DOB:		Transported by:								
	Address			Transported to:			Transported by:										
	Name			Phone Number			DOB:		Transported by:								
	Address			Transported to:			Transported by:										
	Name			Phone Number			DOB:		Transported by:								
Address			Transported to:			Transported by:											

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L O C A T I O N	Date of Accident 02/06/2021	Time of Accident 11:55 Hrs.	County LINN - 57	Accident occurred within corporate limits of (city) CEDAR RAPIDS - 1187		Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description INTERSTATE 380/7TH ST NE EXIT RAMP					County: 57	Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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: 610498.25	
	On Road, Street or Highway:			At Intersection with:		Y Coordinate: 4648693.5	
	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;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around;"> <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>					<div style="display: flex; justify-content: space-around;"> NBSBEBWB </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>		
Milepost Number _____					Definable intersection, bridge, or railroad crossing _____		
ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS			
Location of First Harmful Event 01 Weather Conditions (up to two) _____				Major Contributing Circumstances Environment 02			
Manner of Crash/Collision 01 07,08				Roadway 02			
Light Conditions 1 Surface Conditions 04				Type of Roadway Junction/Feature 01			
FRA No. _____							
First Harmful Event (Crash) 21	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present	
Name 001	Phone Number _____		DOB: _____		Sex	Struck by Unit No.	
Address: _____				Alcohol Test Given	Test Results:	Drug Test Given	Result
Transported to: _____				Transported by: _____			
Name	Phone Number _____		DOB: _____				
Address: _____				Alcohol Test Given	Test Results:	Drug Test Given	Result
Transported to: _____				Transported by: _____			
If Property other than vehicles damaged explain _____				Object Damaged _____			
Owner's Last Name _____				First Name _____		Middle Name _____	
Address _____				City _____		State _____ Zip Code _____	
If Property other than vehicles damaged explain _____				Object Damaged _____			
Owner's Last Name _____				First Name _____		Middle Name _____	
Address _____				City _____		State _____ Zip Code _____	
Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown				Estimate of Damage _____			
W I T N E S S	Last Name _____	First Name _____	Address _____		City _____	State _____	Zip Code _____
	Last Name _____	First Name _____	Address _____		City _____	State _____	Zip Code _____
	Last Name _____	First Name _____	Address _____		City _____	State _____	Zip Code _____
	Last Name _____	First Name _____	Address _____		City _____	State _____	Zip Code _____
	Last Name _____	First Name _____	Address _____		City _____	State _____	Zip Code _____
Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>		Type of Primary Incident _____			Roadway Clearance Date 02/06/2021		Incident Clearance Date 02/06/2021
Signature of Officer PFIFFNER TAYLOR		Badge Number 1179	Time Officer Notified of Accident 11:55 Hrs.		Roadway Clearance Time 12:15 Hrs.		Incident Clearance Time 12:15 Hrs.
Name of Agency CEDAR RAPIDS POLICE DEPARTMENT		Date of Report 02/06/2021	Time Officer Arrived At Scene 12:00 Hrs.		Total Roadway Clearance Time 000:20		Total Incident Clearance Time 000:20
Report Reviewed By CAMP SHURE, GRAHAM		Date of Review 02/15/2021	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>		T.I. No. _____ Other Technical Investigating Agency _____		

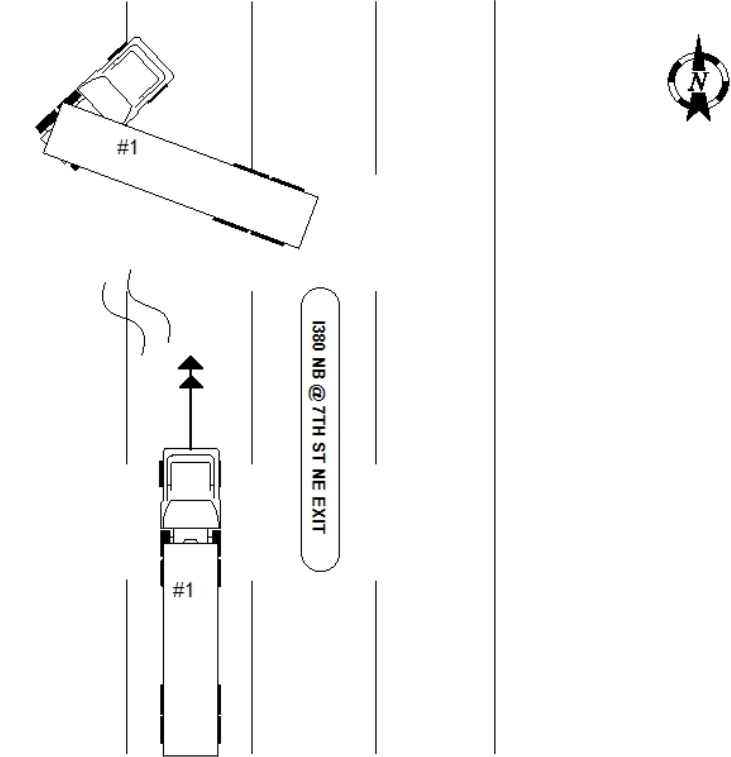
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<p>D I A G R A M</p>	
<p>N A R R A T I V E</p>	<p>UNIT 1 WAS TRAVELING NB ON I380 N NEAR I380 THE 7TH ST EXIT. DUE TO ICY/SNOW COVERED ROAD CONDITIONS, THE DRIVER OF UNIT 1 LOST CONTROL OF HIS TRACTOR TRAILER CAUSING IT TO JACKKNIFE ON I380 NB JUST SOUTH OF THE 7TH ST NE EXIT. THE TRACTOR TRAILER JACK KNIFED IN THE INSIDE MOST LANES BLOCKING 3 LANES OF TRAVEL ON I380 NB. DRIVER OF UNIT 1 WAS TRANSPORTED TO ST LUKES HOSPITAL BY AREA AMBULANCE FOR THE COMPLAINT OF ANKLE PAIN.</p>