

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: **20-15115**
 Date of Acc: **10/12/20**
 Time of Acc: **20:00** Hrs.
 Name of Agency: **MAQUOKETA POLICE DEPARTMENT**
 Officer: **OFFICER JAYSON HEIAR**
 Badge #: **58**
 Report Date: **10/13/2020**
 Officer Notified: **10:03** Hrs.
 Officer Arrived: **10:39** Hrs.
 Scene Investigated: **YES**

Report to All Drivers:
 Legal Intervention: **NO**
 Private Property: **NO**
 County: **JACKSON - 49**
 Acc Loc City: **MAQUOKETA - 4742**
 Acc Dir From City:
 Closest City:
 Miles From City:
 Road, Street, HWay:
 Definable Location:
 Milepost Number:

At Intersection with:
 Div HWay Trvl Dir:
 Distance 1:
 Direction 1:
 Distance 2:
 Direction 2:
 X-Coordinate: **00693692**
 Y-Coordinate: **04660303**
 Location Literal: **E QUARRY ST**
 Description:

Unit 001

Driver Name - Last: LAFRENZ	Bus Use:	Transported to:
First: NORMA		
Middle: JEAN	Drvr Distractions: 99 - UNKNOWN	Transported by:
City: MAQUOKETA		
State: IA	Traffic Controls: 01 - NO CONTROLS PRESENT	Special Veh Func: 01 - NO SPECIAL FUNCTION
Zip: 52060		
Suffix:	Point of Init Impact: 11 - FRONT DRIVER SIDE CORNER	Emergency Status: 01 - NOT APPLICABLE
Gender: Female	Most Damaged Area: 11 - FRONT DRIVER SIDE CORNER	Cont. Circum., Drvr: 13 - TRAVELING WRONG WAY/ON WRONG SIDE, 98 - OTHER (EXPLAIN IN NARRATIVE)
Age: 56	Undridd/Ovrid: 1 - NONE	
CDL: YES	Rpr/Rplc Cost: \$1,200.00	
License State: IA	Ext of Damage: 3 - FUNCTIONAL DAMAGE	
License Class: D	First Event: 33 - VEHICLE IN TRAFFIC	Carrier Name:
License Endorsmnt: L3		Carrier Address:
License Restrictions:	Second Event: 04 - CROSSED CENTERLINE (UNDIVIDED)	Carrier City:
Speed Limit: 25	Third Event:	Carrier State:
Seating Position: 01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER	Fourth Event:	Carrier Zip:
Driver Condition: 05 - MEDICAL CONDITION (SEIZ)		Cargo Body Type: 01 - NOT APPLICABLE
Alcohol Test Given: NO		
Drug Test Given: 1 - NONE		
Total Occupants: 1		
Vehicle Year: 1993		Number of Axles:
Vehicle Make: DODGE - DODG		HazMat Involvement:
Vehicle Model: DAKOTA	Most Harmful Event: 04 - CROSSED CENTERLINE (UNDIVIDED)	HazMat Placard:
Vehicle Style: PK	Abg Switch Stat:	Placard #:
Vehicle Color: SILVER - SIL	Abg Deploy: 01 - NOT APPLICABLE	HazMat Released?:
Vehicle Config: 02 - FOUR-TIRE TRUCK (PICK-UP)	Trapped: 1 - NOT TRAPPED/APPLICABLE	Converter Dolly:
Vehicle Defect: 01 - NONE	Ejection: 2 - NOT EJECTED	GVWR:
	Ejection Path: 01 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 1: 321.20B
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT	Occpnt Protect: 99 - UNKNOWN	Citation Charge 1: FAILURE TO PROVIDE PROOF OF FINANCIAL LIABILITY - ACC
Tow: 1 - DRIVEN AWAY		Cit Chrg Code 2: 321.264
		Citation Charge 2: STRIKING UNATTENDED VEHICLE
Tow #:		
Initial Trvl Dir: 02 - EAST		Citation Charge 3:
Vision Obscured: 01 - NOT OBSCURED		
	Source of Trans: 01 - NOT TRANSPORTED	Citation Charge 4:
	Died at Scene: 01 - NOT APPLICABLE	
	5 - UNINJURED	

Unit 002

Driver Name - Last:	Bus Use:	Transported to:
First:		
Middle:	Drvr Distractions: 01 - NOT APPLICABLE/NO DRIVER	Transported by:
City:		
State:	Traffic Controls: 01 - NO CONTROLS PRESENT	Special Veh Func: 01 - NO SPECIAL FUNCTION
Zip:		
Suffix:	Point of Init Impact: 05 - REAR PASSENGER SIDE CORNER	Emergency Status: 01 - NOT APPLICABLE
Gender:		
Age:	Most Damaged Area: 05 - REAR PASSENGER SIDE CORNER	Cont. Circum., Drvr: 88 - NO IMPROPER ACTION
CDL:	Undrrid/Ovrid: 1 - NONE	
License State:	Rpr/Rplc Cost: \$3,000.00	
License Class:	Ext of Damage: 3 - FUNCTIONAL DAMAGE	
License Endorsmnt:	First Event: 35 - PARKED MOTOR VEHICLE	
License Restrictions:		
Speed Limit: 25	Second Event:	Carrier Name:
Seating Position:		Carrier Address:
		Carrier City:
Driver Condition:	Third Event:	Carrier State:
Alcohol Test Given:		Carrier Zip:
Drug Test Given:	Fourth Event:	Cargo Body Type: 01 - NOT APPLICABLE
Total Occupants: 0		
Vehicle Year: 1999	Most Harmful Event: 35 - PARKED MOTOR VEHICLE	Number of Axles:
Vehicle Make: FORD - FORD		HazMat Involvement:
Vehicle Model: RANGER		HazMat Placard:
Vehicle Style: PK		Placard #:
Vehicle Color: GREEN - GRN	Abg Switch Stat:	HazMat Released?:
Vehicle Config: 02 - FOUR-TIRE TRUCK (PICK-UP)	Abg Deploy:	Converter Dolly:
Vehicle Defect: 01 - NONE		GVWR:
		Cit Chrg Code 1:
Vehicle Action: 12 - LEGALLY PARKED	Trapped:	Citation Charge 1:
	Ejection:	
Tow: 1 - DRIVEN AWAY	Ejection Path:	Cit Chrg Code 2:
		Citation Charge 2:
Tow #:	Occpnt Protect:	
Initial Trvl Dir: 02 - EAST		
Vision Obscured:		
	Source of Trans:	Citation Charge 3:
	Died at Scene:	
		Citation Charge 4:

Accident Environment

First Harmful Event Loc: 07 - IN PARKING LANE/ZONE	Roadway Characteristics
Manner of Crash/Collision: 03 - REAR END (FRONT TO REAR)	Environment: 01 - NONE APPARENT
Light Conditions: 4 - DARK, ROADWAY LIGHTED	Roadway: 01 - NONE APPARENT
Weather Conditions: 01 - CLEAR	
	Type of Road Junc/Feat: 01 - NON-JUNCTION/NO SPECIAL FEATURE
Surface Conditions: 01 - DRY	
	FRA No.:
Workzone Related: NO	Horizontal Alignment:
Activity:	Vertical Alignment:
Location:	
Type:	First Harmful Evt of Crash: 33 - VEHICLE IN TRAFFIC
Workers Present:	

Narrative

**** ReExam Reason: NORMA ADMITTED THAT SHE HAS BEEN HAVING BLACKOUTS. SHE BELIEVES THAT SHE BLACKED OUT WHEN SHE HIT THE PARKED VEHICLE, AND ALSO ON A SEPARATE INCIDENT SHE BLACKED OUT AND STRUCK A UTILITY POLE. LAFRENZ STATED THAT SHE HAS BEEN DOCTORING AND THEY HAVE BEEN CHANGING HER MEDICATIONS TRYING TO GET HER ON THE RIGHT ONES/DOSAGES. SHE BELIEVES THE BLACK OUTS ARE A RESULT OF THE ALTERING MEDICATIONS. Unit 001 was driving eastbound in the 600 block of East Quarry St. The driver (Norma Lafrenz) stated that she blacked out and struck Unit 002 that was legally parked off of the traveled portion of the roadway. Unit 001 left the scene without reporting it. The owner of Unit 002 reported damage to his truck the next morning as a hit and run. Unit 001 left all damaged pieces from her vehicle at the scene and investigating officer located Unit 001 and matched the pieces from the scene to the vehicle.

