

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number:	21-11136	Report to All Drivers:		At Intersection with:	
Date of Acc:	07/17/21	Legal Intervention:	NO	Div HWay Trvl Dir:	
Time of Acc:	15:00 Hrs.	Private Property:	YES	Distance 1:	
Name of Agency:	MAQUOKETA POLICE DEPARTMENT	County:	JACKSON - 49	Direction 1:	
Officer:	OFFICER NICHOLAS KONRARDY	Acc Loc City:	MAQUOKETA - 4742	Distance 2:	
Badge #:	59	Acc Dir From City:		Direction 2:	
Report Date:	07/17/2021	Closest City:		X-Coordinate:	00693064
Officer Notified:	Hrs.	Miles From City:		Y-Coordinate:	04660213
Officer Arrived:	Hrs.	Road,Street,HWay:		Location Literal Description:	JAMES ST
Scene Investigated:		Definable Location:			
		Milepost Number:			

Unit 001

Driver Name - Last:	ROBERTSON	Bus Use:		Transported to:	
First:	JERIMY	Drvr Distractions:	02 - NOT DISTRACTED	Transported by:	
Middle:	JOHN	Traffic Controls:		Special Veh Func:	
City:	LONE TREE	Point of Init Impact:		Emergency Status:	
State:	IA	Most Damaged Area:	12 - FRONT MIDDLE	Cont. Circum., Drvr:	
Zip:	52755-0000	Undrrid/Ovrid:		Carrier Name:	
Suffix:		Rpr/Rplc Cost:	\$100.00	Carrier Address:	
Gender:	Male	Ext of Damage:		Carrier City:	
Age:	51	First Event:		Carrier State:	
CDL:	NO	Second Event:		Carrier Zip:	
License State:	IA	Third Event:		Cargo Body Type:	
License Class:	C	Fourth Event:		Number of Axles:	
License Endorsmnt:		Most Harmful Event:		HazMat Involvement:	
License Restrictions:		Abg Switch Stat:		HazMat Placard:	
Speed Limit:		Abg Deploy:		Placard #:	
Seating Position:		Trapped:		HazMat Released?:	
Driver Condition:		Ejection:		Converter Dolly:	
Alcohol Test Given:		Ejection Path:		GVWR:	
Drug Test Given:		Occpnt Protect:		Cit Chrg Code 1:	
Total Occupants:		Source of Trans:		Citation Charge 1:	
Vehicle Year:	2019	Died at Scene:		Cit Chrg Code 2:	
Vehicle Make:	RAM - RAM			Citation Charge 2:	
Vehicle Model:	150			Citation Charge 3:	
Vehicle Style:	PK			Citation Charge 4:	
Vehicle Color:	GREEN - GRN				
Vehicle Config:	02 - FOUR-TIRE TRUCK (PICK-UP)				
Vehicle Defect:					
Vehicle Action:					
Tow:					
Tow #:					
Initial Trvl Dir:					
Vision Obscured:					

Property Damage 001

Object Damaged:	UTILITY POLE	Company Owner Name:	
Estimate of Damage:	\$100.00	City:	
Owner's Name - Last:		State:	
First:		Zip Code:	
Middle:			
Suffix:			

Accident Environment

First Harmful Event Loc:	07 - IN PARKING LANE/ZONE	Roadway Characteristics	
Manner of Crash/Collision:	99 - UNKNOWN	Environment:	01 - NONE APPARENT
Light Conditions:	1 - DAYLIGHT	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:		First Harmful Evt of Crash:	99 - UNKNOWN
Type:			
Workers Present:			