

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number: 22-5235
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MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Date of Accident 04/08/2022	Time of Accident 15:34 Hrs.	County JACKSON - 49	Accident occurred within corporate limits of (city) MAQUOKETA - 4742													
UNIT 1	Driver's Name - Last FLENKER		First KAYLA		Middle CHRYSTAL											
	Address 313 S PROSPECT ST		City MAQUOKETA		State IA Zip 52060-0000											
	Date of Birth 12/28/1988	Driver's License Number 683ZZ3048	CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1		Citation Charge 2										
	Male <input type="radio"/> Female <input checked="" type="radio"/>	State IA	Class C	Endorsements	Restrictions	Citation Charge 3	Citation Charge 4									
	Alcohol Test Given: 1	Test Results:	Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>	Reason for Re-Exam Request:										
	Owner's Name - Last FLENKER		First KAYLA		Middle CHRYSTAL											
	Address 313 S PROSPECT ST		City MAQUOKETA		State IA Zip 52060-0000											
	License Plate No. ISC568	State IA	Year 2022	VIN: 5XYPGDA53GG183202	Color WHI	Year 2016	Make KIA	Model SOR	Style UT							
	Trailer Plate No.	State	Year	VIN:	Tow 1	Tow #	Towed To	Approx. Cost to Repair or Replace \$2,500.00								
	Insurance Company Name NATIONWIDE MUTUAL			Insurance Co. Phone Number (800) 421-3535		Insurance Policy Number 7214J01728										
Initial Travel Direction 03	Veh. Act. 01	Veh. Config. 03	Cargo Body Type 01	Veh. Defect 01	Point of Initial Impact 08	Most Damaged Area 08	Extent of Damage 2	Total Occ. in Veh. 3								
Special Veh. Func. 01	Emergency Status 01	Bus Use	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 99		Driver Distractions 02	Speed Limit 20								
Traffic Controls 02	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event	Third Event	Fourth Event	Most Harmful Event 33								
COMMERCIAL	Carrier Name/Lessee															
	Street Address				City		State	Zip Code								
	Number of Axles	Gross Vehicle Weight Rating			US DOT Number		MC Number	Override/Override 1 - NONE								
	Haz Mat Involvement	Haz Mat Placard	Placard Number	Haz. Mat Released	Haz Mat Class	Haz Mat Name										
	Trailer Plate:	State	Year	VIN												
	Trailer Plate:	State	Year	VIN												
	Converter Dolly	Dolly Plate:	State	Plate Year	VIN											
PERSONNEL	DRIVER OF UNIT 1		Phone Number: (563) 219-6614		Sex	Seating Position	Injury Status 5	Occupant Protection 99	Airbag Deployment 01	Ejection 1	Ejection Path 01	Trapped/extricated 1	Source of Transport 01	Died at scene/enroute 01		
	Name		Phone Number		DOB:		Transported to:								Transported by:	
	Address		Phone Number		DOB:		Transported to:								Transported by:	
	Name		Phone Number		DOB:		Transported to:								Transported by:	
	Address		Phone Number		DOB:		Transported to:								Transported by:	
	Name		Phone Number		DOB:		Transported to:								Transported by:	
	Address		Phone Number		DOB:		Transported to:								Transported by:	
	Name		Phone Number		DOB:		Transported to:								Transported by:	
	Address		Phone Number		DOB:		Transported to:								Transported by:	
	Name		Phone Number		DOB:		Transported to:								Transported by:	
Address		Phone Number		DOB:		Transported to:								Transported by:		

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Date of Accident 04/08/2022	Time of Accident 15:34 Hrs.	County JACKSON - 49	Accident occurred within corporate limits of (city) MAQUOKETA - 4742												
UNIT 2	Driver's Name - Last MWANYA		First DEZUMA		Middle WALKER,DOPAZ										
	Address 2607 WESTWOOD DR NW		City CEDAR RAPIDS		State IA Zip 52405-0000										
	Date of Birth 01/25/1991	Driver's License Number 449AS6540	CDL Yes <input type="radio"/> No <input checked="" type="radio"/>	Citation Charge 1		Citation Charge 2									
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class D	Endorsements 2	Restrictions	Citation Charge 3	Citation Charge 4								
	Alcohol Test Given: 1	Test Results:	Drug Test Given: 1	Test Result:	Re-exam: Yes <input type="radio"/> No <input checked="" type="radio"/>	Reason for Re-Exam Request:									
	Owner's Name - Last PENSKE RENTAL AGREEMENT # 754352		First		Middle										
	Address 4101 NE 14TH		City DES MOINES		State IA	Zip 50313									
License Plate No. 2729328	State IN	Year 2023	VIN: 1HTMMMML7KH581165	Color YEL	Year 2019	Make INTL	Model BOX TRUCK	Style BOX							
Trailer Plate No.	State	Year	VIN:	Tow 1	Tow #	Towed To	Approx. Cost to Repair or Replace \$100.00								
Insurance Company Name VANLINER INSURANCE COMPANY			Insurance Co. Phone Number		Insurance Policy Number TNA682710002										
Initial Travel Direction 03	Veh. Act. 01	Veh. Config. 07	Cargo Body Type 02	Veh. Defect 01	Point of Initial Impact 02	Most Damaged Area 02	Extent of Damage 2	Total Occ. in Veh. 2							
Special Veh. Func. 01	Emergency Status 01	Bus Use	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 99		Driver Distractions 02	Speed Limit 20							
Traffic Controls 02	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event	Third Event	Fourth Event	Most Harmful Event 33							
Carrier Name/Lessee															
Street Address					City		State	Zip Code							
Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number	Override/Override 1 - NONE							
Haz Mat Involvement		Haz Mat Placard	Placard Number	Haz. Mat Released	Haz Mat Class	Haz Mat Name									
Trailer Plate:		State	Year	VIN											
Trailer Plate:		State	Year	VIN											
Converter Dolly		Dolly Plate:		State	Plate Year	VIN									
PERSONNEL	DRIVER OF UNIT 2		Phone Number: (774) 386-7398			Sex	Seating Position	Injury Status 5	Occupant Protection 99	Airbag Deployment 01	Ejection 1	Ejection Path 01	Trapped/extricated 1	Source of Transport 01	Died at scene/enroute 01
			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:					
	Name				Phone Number		DOB:								
	Address				Transported to:					Transported by:					

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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 Number:
22-5235

L O C A T I O N	Date of Accident 04/08/2022	Time of Accident 15:34 Hrs.	County JACKSON - 49	Accident occurred within corporate limits of (city) MAQUOKETA - 4742	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description NORTH MAIN ST				County: 49	Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <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: 693132.062	
	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				Y Coordinate: 4660115	

ACCIDENT ENVIRONMENT	ROADWAY CHARACTERISTICS
Location of First Harmful Event 01 Weather Conditions (up to two)	Major Contributing Circumstances Environment 01
Manner of Crash/Collision 06 02	Roadway 01
Light Conditions 1 Surface Conditions 01	Type of Roadway Junction/Feature 12
FRA No.	

First Harmful Event (Crash) 33	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present	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
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N O N M O T O R I S T S	Name 001	Phone Number	DOB:	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
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No					
	Transported to:		Transported by:											
	Name	Phone Number	DOB:	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
	Address:		Alcohol Test Given	Test Results:	Drug Test Given	Result	Charged	Yes	No					

N P O R N O V P E E R I T Y U L D A M R G	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage		
	Owner's Last Name	First Name	Middle Name	Phone Number	
	Address		City	State Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown
	If Property other than vehicles damaged explain	Object Damaged	Estimate of Damage		
	Owner's Last Name	First Name	Middle Name	Phone Number	

W I T N E S S	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

Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 04/08/2022	Incident Clearance Date 04/08/2022
Signature of Officer SGT DARIN RISINGER	Badge Number 62	Time Officer Notified of Accident 15:35 Hrs.	Roadway Clearance Time 15:38 Hrs.
Name of Agency MAQUOKETA POLICE DEPARTMENT	Date of Report 04/08/2022	Time Officer Arrived At Scene 15:38 Hrs.	Total Roadway Clearance Time 000:03
Report Reviewed By DARIN RISINGER	Date of Review 04/18/2022	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No. Other Technical Investigating Agency

**INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT**

Form 4433003 (11-13)

Law Enforcement Case Number:

22-5235

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VEHICLE 1 WAS TURNING FROM WEST PLATT ONTO SOUTH MAIN WHEN VEHICLE 2 PROCEEDED FROM NORTH MAIN, ACROSS PLATT AND SOUTH ONTO SOUTH MAIN. VEHICLE 2 WAS IN THE MIDDLE TURNING LANE AND CROSSED STRAIGHT SOUTHBOUND, STRIKING THE DRIVERS SIDE REAR QUARTER PANEL OF VEHICLE 1. THE PASSENGER IN VEHICLE 2 ADMITTED THAT THE DRIVER MADE THE ERROR AND STRUCK VEHICLE 1.