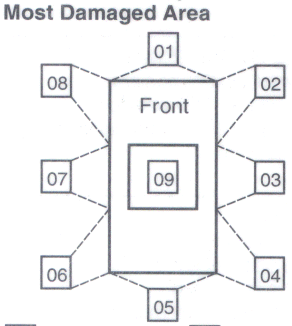
Driver / Vehicle Characteristics

Initial Travel Direction
(prior to coded Vehicle Action)
1 - North
2 - East
3 - South
4 - West
9 - Unknown

Vehicle Action
01 - Movement essentially straight
02 - Turning left
03 - Turning right
04 - Making U-turn
05 - Overtaking/passing
06 - Changing lanes
07 - Entering traffic lane (merging)
08 - Leaving traffic lane
09 - Backing
10 - Slowing/stopping
11 - Stopped for stop sign/signal
12 - Legally parked
13 - Illegally parked/Unattended
88 - Other (explain in narrative)
99 - Unknown

Point of Initial Impact
Most Damaged Area



10 Undercarriage 99 Unknown

Extent of Damage
1 - None
2 - Minor damage
3 - Functional damage
4 - Disabling damage
5 - Severe, vehicle totalled
9 - Unknown

Underride/Override
1 - None
2 - Underride, compartment intrusion
3 - Underride, no compartment intrusion
4 - Underride, compartment intrusion unknown
5 - Override, moving vehicle
6 - Override, parked/stationary vehicle
9 - Unknown

Traffic Controls
01 - No controls present
02 - Traffic signals
03 - Flashing traffic control signal
04 - Stop signs
05 - Yield signs
06 - No Passing Zone (marked)
07 - Warning sign
08 - School zone signs
09 - Railway crossing device
10 - Traffic director
11 - Work Zone signs
88 - Other control (explain in narrative)
99 - Unknown

Vehicle Configuration
01 - Passenger car
02 - Four-tire light truck (pick-up, panel)
03 - Van or mini-van
04 - Sport utility vehicle
05 - Single-unit truck (2-axle, 6-tire)
06 - Single-unit truck (> = 3 axles)
07 - Truck/trailer
08 - Truck tractor (bobtail)
09 - Tractor/semi-trailer
10 - Tractor/doubles
11 - Tractor/triples
12 - Other heavy truck (cannot classify)
13 - Motor home/recreational vehicle
14 - Motorcycle
15 - Moped/ All-Terrain Vehicle
16 - School bus (seats > 15)
17 - Small school bus (seats 9-15)
18 - Other bus (seats > 15)
19 - Other small bus (seats 9-15)
20 - Farm vehicle/equipment
21 - Maintenance/construction vehicle
22 - Train
88 - Other (explain in narrative)
99 - Unknown

Cargo Body Type
01 - Not applicable

Truck Cargo Type:
02 - Van/enclosed box
03 - Dump truck (grain, gravel)
04 - Cargo tank
05 - Flatbed
06 - Concrete mixer
07 - Auto transporter
08 - Garbage/refuse
09 - Other truck cargo type (explain in narrative)

Trailer Type:
10 - Small utility (one axle)
11 - Large utility (2+ axles)
12 - Boat
13 - Camper
14 - Large mobile home
15 - Oversize load
16 - Towed vehicle
17 - Pole
18 - Other trailer type (explain in narrative)
99 - Unknown

Vehicle Defect
01 - None
02 - Brakes
03 - Steering
04 - Blowout
05 - Other tire defect (explain in narrative)
06 - Wipers
07 - Trailer hitch
08 - Exhaust
09 - Headlights
10 - Tail lights
11 - Turn signal
12 - Suspension
88 - Other (explain in narrative)
99 - Unknown

Driver Condition
1 - Apparently normal
2 - Physical impairment
3 - Emotional (e.g. depressed, angry, disturbed)
4 - Illness
5 - Asleep, fainted, fatigued, etc.
6 - Under the influence of alcohol/drugs/medications
8 - Other (explain in narrative)
9 - Unknown

Vision Obscured
01 - Not obscured
02 - Trees/crops
03 - Buildings
04 - Embankment
05 - Sign/billboard
06 - Hillcrest
07 - Parked vehicles
08 - Moving vehicles
09 - Person/object in or on vehicle
10 - Blinded by sun or headlights
11 - Frosted windows/windshield
12 - Blowing snow
13 - Fog/smoke/dust
88 - Other (explain in narrative)
99 - Unknown

Contributing Circumstances, Driver (up to two)
01 - Ran traffic signal
02 - Ran stop sign
03 - Exceeded authorized speed
04 - Driving too fast for conditions
05 - Made improper turn
06 - Travelling wrong way or on wrong side of road
07 - Crossed centerline
08 - Lost control
09 - Followed too close
10 - Swerved to avoid: vehicle, object, non-motorist, or animal in roadway
11 - Over correcting/over steering
12 - Operating vehicle in an erratic, reckless, careless, negligent, or aggressive manner

Failed to yield right-of-way:
13 - From stop sign
14 - From yield sign
15 - Making left turn
16 - Making right turn on red signal
17 - From driveway
18 - From parked position
19 - To pedestrian
20 - At uncontrolled intersection
21 - Other (explain in narrative)

Inattentive/distracted by:
22 - Passenger
23 - Use of phone or other device
24 - Fallen object
25 - Fatigued/asleep

Other (explain in narrative):
26 - Vision obstructed
27 - Other improper action
28 - No improper action

99 - Unknown

Emergency Vehicles

Emergency Vehicle Type
1 - Not applicable
2 - Police
3 - Fire
4 - Ambulance
5 - Towing
6 - Military
7 - Maintenance
9 - Unknown

Emergency Status
1 - Yes, in emergency
2 - No, not in emergency
3 - Not applicable
9 - Unknown

Hazardous Materials Released? (Cargo Only)

1 - Yes
2 - No
3 - Not applicable
9 - Unknown

Iowa Department of Transportation

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT CODE SHEET

Form 433014
01-01

Work Zone Related?

Location
1 - Before work zone warning sign
2 - Between advance warning sign and work area
3 - Within transition area for lane shift
4 - Within or adjacent to work activity
5 - Between end of work area and "End Work Zone" sign
8 - Other work zone area (explain in narrative)
9 - Unknown

Type
1 - Lane closure
2 - Lane shift/crossover/ head-to-head traffic
3 - Work on shoulder or median
4 - Intermittent or moving work
8 - Other type of work zone (explain in narrative)
9 - Unknown

Workers Present?
1 - Yes
2 - No
9 - Unknown

Accident Environment

Location of First Harmful Event
1 - On Roadway
2 - Shoulder
3 - Median
4 - Roadside
5 - Gore
6 - Outside trafficway
9 - Unknown

Manner of Crash/Collision
1 - Non-collision
2 - Head-on
3 - Rear-end
4 - Angle, oncoming left turn
5 - Broadside
6 - Sideswipe, same direction
7 - Sideswipe, opposite direction
9 - Unknown

Light Conditions
1 - Daylight
2 - Dusk
3 - Dawn
4 - Dark, roadway lighted
5 - Dark, roadway not lighted
6 - Dark, unknown roadway lighting
9 - Unknown

Weather Conditions (up to two)
01 - Clear
02 - Partly cloudy
03 - Cloudy
04 - Fog, smoke
05 - Mist
06 - Rain
07 - Sleet, hail, freezing rain
08 - Snow
09 - Severe winds
10 - Blowing sand, soil, dirt, snow
88 - Other (explain in narrative)
99 - Unknown

Surface Conditions
1 - Dry
2 - Wet
3 - Ice
4 - Snow
5 - Slush
6 - Sand, mud, dirt, oil, gravel
7 - Water (standing, moving)
8 - Other (explain in narrative)
9 - Unknown

Roadway Characteristics

Contributing Circumstances, Environment
1 - None apparent
2 - Weather conditions
3 - Physical obstruction
4 - Pedestrian action
5 - Glare
6 - Animal in roadway
7 - Previous accident
8 - Other (explain in narrative)
9 - Unknown

Contributing Circumstances, Roadway
01 - None apparent
02 - Road surface condition
03 - Debris
04 - Ruts, holes, bumps
05 - Work Zone (construction, maintenance, utility)
06 - Worn, travel-polished surface
07 - Obstruction in roadway
08 - Traffic control device inoperative, missing, obscured
09 - Shoulders (none, low, soft, high)
10 - Non-highway work
11 - Non-contact vehicle
99 - Unknown

Type of Roadway Junction/ Feature
Non-intersection:
01 - No special feature
02 - Bridge/overpass/underpass
03 - Railroad crossing
04 - Business drive
05 - Farm/residential drive
06 - Alley intersection
07 - Crossover in median
08 - Other non-intersection (explain in narrative)
Intersection:
11 - Four-way intersection
12 - T - intersection
13 - Y - intersection
14 - Five-leg or more
15 - Offset four-way intersection
16 - Intersection with ramp
17 - On-ramp merge area
18 - Off-ramp diverge area
19 - On-ramp
20 - Off-ramp
21 - With bike/pedestrian path
22 - Other intersection (explain in narrative)
99 - Unknown

Harmful Events

Sequence of Events
Most Harmful Event
First Harmful Event

Pre-crash events:
01 - Ran off road, right
02 - Ran off road, straight
03 - Ran off road, left
04 - Crossed centerline/median
05 - Animal or object in roadway
06 - Evasive action (swerve, panic braking, etc.)
07 - Downhill runaway
08 - Cargo/equipment loss or shift
09 - Equipment failure (tires, brakes, etc.)
10 - Separation of units

Non-collision events:
11 - Overturn/rollover
12 - Jackknife
13 - Other non-collision (explain in narrative)

Collision with:
20 - Non-motorist (see non-motorist type)
21 - Vehicle in traffic
22 - Vehicle in/from other roadway
23 - Parked motor vehicle
24 - Railway vehicle/train
25 - Animal
26 - Other non-fixed object (explain in narrative)

Collision with fixed object:
30 - Bridge/bridge rail/overpass
31 - Underpass/structure support
32 - Culvert
33 - Ditch/embankment
34 - Curb/island/raised median
35 - Guardrail
36 - Concrete barrier (median or right side)
37 - Tree
38 - Poles (utility, light, etc.)
39 - Sign post
40 - Mailbox
41 - Impact attenuator
42 - Other fixed object (explain in narrative)

Misc. events:
50 - Fire/explosion
51 - Immersion
52 - Hit and run
99 - Unknown

Injury/Protective Devices

Injury Status
1 - Fatal
2 - Incapacitating
3 - Non-incapacitating
4 - Possible
5 - Uninjured
9 - Unknown

Occupant Protection
1 - None used
2 - Shoulder and lap belt used
3 - Lap belt only used
4 - Shoulder belt only used
5 - Child safety seat used
6 - Helmet used
8 - Other (explain in narrative)
9 - Unknown

Airbag Deployment
1 - Deployed front of person
2 - Deployed side of person
3 - Deployed both front/side
4 - Other deployment (explain in narrative)
5 - Not deployed
6 - Not applicable
9 - Unknown

Airbag Switch Status
1 - Switch in ON position
2 - Switch in OFF position
3 - No ON/OFF switch present
9 - Unknown

Ejection
1 - Not ejected
2 - Partially ejected
3 - Totally ejected
4 - Not applicable (motorcycle, bicycle, etc.)
9 - Unknown

Ejection Path
1 - Not ejected/not applicable
2 - Through front windshield
3 - Through side window/door
4 - Through roof
5 - Through back window/tailgate
9 - Unknown

Trapped
1 - Not trapped
2 - Freed by non-mechanical means
3 - Extricated by mechanical means
9 - Unknown

Non-Motorist

Type
1 - Pedestrian
2 - Pedalcyclist (bicycle, tricycle, unicycle, pedal car)
3 - Skater
8 - Other (explain in narrative)
9 - Unknown

Location (prior to impact)
1 - Marked crosswalk at intersection
2 - At intersection, no crosswalk
3 - Non-intersection crosswalk
4 - Driveway access crosswalk
8 - Other non-intersection (explain in narrative)
9 - Unknown

Action
1 - Entering or crossing roadway
2 - Walking, running, jogging, playing, cycling
3 - Working
4 - Pushing vehicle
5 - Approaching or leaving vehicle
6 - Playing or working on vehicle
7 - Standing
8 - Other (explain in narrative)
9 - Unknown

Condition
1 - Apparently normal
2 - Physical impairment
3 - Emotional (e.g. depressed, angry, disturbed)
4 - Illness
5 - Asleep, fainted, fatigued, etc.
6 - Under the influence of alcohol/drugs/medications
8 - Other (explain in narrative)
9 - Unknown

Safety Equipment
1 - Helmet
2 - Reflective clothing
3 - Lighting
4 - None
8 - Other (explain in narrative)
9 - Unknown

Contributing Circumstances
01 - Improper crossing
02 - Darting
03 - Lying or sitting in roadway
04 - Failure to yield right of way
05 - Not visible (dark clothing)
06 - Inattentive (talking, eating, etc.)
07 - Failure to obey traffic signs, signals, or officer
08 - Wrong side of road
88 - Other (explain in narrative)
99 - Unknown

Form 433003
01-01

MAIL REPORTS TO:
Iowa Department of Transportation
Office of Driver Services
Park Fair Mall, 100 Euclid Avenue
P.O. Box 9204
Des Moines, Iowa 50306-9204

Iowa Department of Transportation
INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Sheet of

Law Enforcement Case Number:

Legal Intervention? ☐ Private Property? ☐

PLEASE TYPE OR PRINT

LOCATION

Date of Accident | Time of Accident Hrs. | County | Accident occurred within corporate limits of (city)

If accident occurred outside of city limits show general vicinity — miles ○ N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW of nearest city

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.

Feet or Miles ○ N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW and Feet or Miles ○ N ○ NE ○ E ○ SE ○ S ○ SW ○ W ○ NW of

Milepost Number | Or Definable intersection, bridge, or railroad crossing

County: _____ Route: _____
X-Coordinate: _____
Y-Coordinate: _____

If Divided Highway, Provide Route (Cardinal) Travel Direction
NB ○ SB ○ EB ○ WB ○

UNIT 1

Driver's Name (Last, First, Middle) | Address | City | State | Zip

Date of Birth | Driver's License Number | Citation Charge 1. _____ 3. _____ 2. _____ 4. _____

Male ○ Female ○ | State | Class | Endorsements | Restrictions

Alcohol Test Given? ☐ 1. None 3. Urine 5. Vitreous Test Results: 2. Blood 4. Breath 9. Refused _____

Drug Test Given? ☐ 1. None 3. Urine 2. Blood 9. Refused Pos. ○ Neg. ○

Owner's Name (Last, First, Middle) | Address | City | State | Zip

Insurance Co. Name | Insurance Policy # | License Plate # | State | Year

VIN # | Year | Make | Model | Style | Tow # Private? ☐ | Approximate Cost to Repair or Replace $

Initial Travel Direction ☐ | Vehicle Action ☐ | Speed Limit ☐ | Point of Initial Impact ☐ | Most Damaged Area ☐ | Extent of Damage ☐ | Underride/ Override ☐

Total Occupants ☐ | Traffic Controls ☐ | Vehicle Config. ☐ | Cargo Body Type ☐ | Vehicle Defect ☐ | Driver Condition ☐ | Vision Obscured ☐ | Contributing Circumstances, Driver (up to two) ☐ ☐

Commercial Trailer License Plate # | Attached to Power Unit: _____ State Year | Attached to Trailer Unit: _____ State Year | Emergency Vehicle Type ☐ | Emergency Status ☐

Carrier Name | Address | City | State | Zip

US DOT# or MC# ○ ○ | Number of Axles | Gross Vehicle Weight Rating | Placard # ☐☐☐☐-☐ | Hazardous Materials Released? ☐

UNIT 2

Driver's Name (Last, First, Middle) | Address | City | State | Zip

Date of Birth | Driver's License Number | Citation Charge 1. _____ 3. _____ 2. _____ 4. _____

Male ○ Female ○ | State | Class | Endorsements | Restrictions

Alcohol Test Given? ☐ 1. None 3. Urine 5. Vitreous Test Results: 2. Blood 4. Breath 9. Refused _____

Drug Test Given? ☐ 1. None 3. Urine 2. Blood 9. Refused Pos. ○ Neg. ○

Owner's Name (Last, First, Middle) | Address | City | State | Zip

Insurance Co. Name | Insurance Policy # | License Plate # | State | Year

VIN # | Year | Make | Model | Style | Tow # Private? ☐ | Approximate Cost to Repair or Replace $

Initial Travel Direction ☐ | Vehicle Action ☐ | Speed Limit ☐ | Point of Initial Impact ☐ | Most Damaged Area ☐ | Extent of Damage ☐ | Underride/ Override ☐

Total Occupants ☐ | Traffic Controls ☐ | Vehicle Config. ☐ | Cargo Body Type ☐ | Vehicle Defect ☐ | Driver Condition ☐ | Vision Obscured ☐ | Contributing Circumstances, Driver (up to two) ☐ ☐

Commercial Trailer License Plate # | Attached to Power Unit: _____ State Year | Attached to Trailer Unit: _____ State Year | Emergency Vehicle Type ☐ | Emergency Status ☐

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 | Estimate of Damage $

Owner's Full Name (Last, First, Middle) | Was owner or tenant notified? ☐ 1 - Yes 9 - Unknown 2 - No

Street or RFD | City, State, & Zip Code

ACCIDENT ENVIRONMENT

Location of First Harmful Event ☐ | Weather Conditions (up to two) ☐☐

Manner of Crash/Collision ☐ ☐☐

Light Conditions ☐ | Surface Conditions ☐

ROADWAY CHARACTERISTICS

Major Contributing Circumstances:
Environment ☐
Roadway ☐☐
Type of Roadway Junction/Feature ☐☐

WORK ZONE RELATED?

○ Yes ○ No
☐ Location
☐ Type
☐ Workers Present?

SEQUENCE OFEVENTS

Unit 1	Unit 2	
☐☐	☐☐	First Event
☐☐	☐☐	Second Event
☐☐	☐☐	Third Event
☐☐	☐☐	Fourth Event
☐☐	☐☐	Most Harmful Event (by vehicle)
☐☐		First Harmful Event of Crash (use codes 11-42 only)

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

Motorcycle Seating Position
01 - Motorcycle Driver
04 - Motorcycle Passenger
88 - Other (explain in narrative)

SEATING POSITION

01	02	03
04	05	06
07	08	09

10 - Sleeper Section
11 - Enclosed Cargo Area
12 - Unenclosed Cargo Area
13 - Trailing Unit
14 - Exterior
15 - Pedestrian
16 - Pedalcyclist
17 - Pedalcyclist, passenger
88 - Other (explain in narrative)
99 - Unknown

DRIVERS

	Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
DRIVER OF UNIT 1										
Phone										
Transported to:	Transported by:									
DRIVER OF UNIT 2										
Phone										
Transported to:	Transported by:									

PERSONS INJURED

		Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
Name 1.	Date of Birth										
Address	Transported to:	Transported by:									
Name 2.	Date of Birth										
Address	Transported to:	Transported by:									
Name 3.	Date of Birth										
Address	Transported to:	Transported by:									
Name 4.	Date of Birth										
Address	Transported to:	Transported by:									

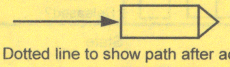
DIAGRAM

DIAGRAM WHAT HAPPENED: *Instruction*

Number each vehicle and show direction of travel by arrow:

INDICATE NORTH

Use solid line to show path before accident:



Dotted line to show path after accident:

Show pedestrian by:

Show railroad by:

Show utility poles by:

Show motorcycle by:

Show animal by:

NARRATIVE

Describe what happened (refer to vehicles by number)

WITNESS

Name (Last, First)	Street or RFD	City	State	Zip	Phone

Signature of Officer	Badge No.	Time Officer Notified of Accident Hrs.	Time Officer Arrived At Scene Hrs.
Name of Agency	Date of Report	Investigation made at scene? Y ○ N ○	Supplemental Information Will Follow? Y ○ N ○ / T.I. #
Report Reviewed by	Date Reviewed	Report Given to All Drivers? Y ○ N ○	Other Technical Investigating Agency