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

PLEASE TYPE OR PRINT

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

Sheet of

Law Enforcement Case Number:

Legal Intervention? ☐ Private Property? ☐

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

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

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

UNIT 1

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

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

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

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

Drug Test Given? ☐ 1. None 2. Blood 3. Urine 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 # | Approximate Cost to Repair or Replace $

Private? ☐

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. 2. 3. 4.

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

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

Drug Test Given? ☐ 1. None 2. Blood 3. Urine 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 # | Approximate Cost to Repair or Replace $

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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 2 - No 9 - Unknown

Street or RFD | City, State, & Zip Code

SEQUENCE OF EVENTS	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)		

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?