



**Iowa Department of Transportation**  
**INVESTIGATING OFFICERS REPORT**  
**OF MOTOR VEHICLE ACCIDENT**

Law Enforcement Case Number:  
**13-005**

Legal Intervention?  Private Property?

Location/Literal Description:  
**Off Roadway/Roadway Not Found**

X-Coordinate: **00241527**  
Y-Coordinate: **04775301**

If Divided Highway, Provide Route (Cardinal) Travel Direction:  
**"N/A"**

**L O C A T I O N**

Date of Accident: **01/17/2013** Time of Accident: **14:00** Hrs. County: **Sioux - 84** Accident occurred within corporate limits of (city): **Sioux Center - 7055**

If accident occurred outside of city limits show general vicinity: **"N/A"** of nearest city **"N/A"**

On Road, Street, or Highway: **"N/A"** At Intersection with: **"N/A"**

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.

Distance **"N/A"** Direction **"N/A"** and Distance **"N/A"** Direction **"N/A"** of

Milepost Number **"N/A"** Or Definable intersection, bridge, or railroad crossing **"N/A"**

**U N I T 001**

Driver's Name - Last **KIRK** First **MITCHELL** Middle **DAVID** Suffix Home/Cell Phone **(605) 201-8006 x**

Address **508 E 9TH ST.** City **DELL RAPIDS** State **SD** Zip **57022**

Date of Birth **01/08/1965** Driver's License Number **01033743** Citation Charge Code 1 Citation Charge 1

Gender **Male** State **SD** Class **1** Endorsements **NONE** Restrictions **NONE** Citation Charge Code 2 Citation Charge 2

Alcohol Test Given? **1 - None** Test Results: **1 - None** Drug Test Given? **1 - None** Test Results: Citation Charge Code 3 Citation Charge 3

Alcohol Test Given? **1 - None** Test Results: **1 - None** Drug Test Given? **1 - None** Test Results: Citation Charge Code 4 Citation Charge 4

Seating Position **01** Injury Status **5** Occupant Protection **9** Airbag Deployment **5** Airbag Switch Status **9** Ejection **1** Ejection Path **1** Trapped **1**

Transported to: Transported by:

Owner's Name - Last **D & H DELIERY** First Middle Suffix Owner Company Name **D & H DELIERY**

Address **45214 262ND ST.** City **CANISTOTA** State **SD** Zip **57012**

Insurance Co. Name **PROTECTIVE INSURANCE** Insurance Policy # **IL56-V0004200** License Plate # **49486C** State **SD** Year **2013**

VIN No. **1GBJG31K291102882** Year **2009** Make **Chevrolet - CHEV** Model **BAYBRIDGE** Style **VAN** Tow # **NO** Approximate Cost to Repair or Replace **\$500.00**

Initial Travel Direction **1** Vehicle Action **88** Speed Limit Point of Initial Impact **01** Most Damaged Area **01** Extent of Damage **2** Underride/Override **1** Private?  **\$500.00**

Total Occupants **1** Traffic Controls **01** Vehicle Config. **88** Cargo Body Type **09** Vehicle Defect **01** Driver Condition **1** Vision Obscured **01** Contributing Circumstances, Driver (up to two) **27**

SEQUENCE OF EVENTS First Event **13** Second Event Third Event Fourth Event Most Harmful Event (by vehicle) **13**

Commercial Trailer Attached to Power Unit: State Year Attached to Trailer Unit: State Year Emergency Vehicle Type **1** Emergency Status **3**

Carrier Name Address City State Zip

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

**U N I T 002**

Driver's Name - Last **FEENSTRA** First **CHAD** Middle **RYAN** Suffix Home/Cell Phone **(712) 441-0922 x**

Address **1556 6TH AVE. CIR. SE** City **SIOUX CENTER** State **IA** Zip **51250**

Date of Birth **07/25/1972** Driver's License Number **792YY6032** Citation Charge Code 1 Citation Charge 1

Gender **Male** State **IA** Class **C** Endorsements **NONE** Restrictions **NONE** Citation Charge Code 2 Citation Charge 2

Alcohol Test Given? **1 - None** Test Results: **1 - None** Drug Test Given? **1 - None** Test Results: Citation Charge Code 3 Citation Charge 3

Alcohol Test Given? **1 - None** Test Results: **1 - None** Drug Test Given? **1 - None** Test Results: Citation Charge Code 4 Citation Charge 4

Seating Position **01** Injury Status **4** Occupant Protection **9** Airbag Deployment **5** Airbag Switch Status **9** Ejection **1** Ejection Path **1** Trapped **1**

Transported to: Transported by:

Owner's Name - Last **FEENSTRA** First **CHAD** Middle **RYAN** Suffix Owner Company Name

Address **1556 6TH AVE. CIR. SE** City **SIOUX CENTER** State **IA** Zip **51250**

Insurance Co. Name **LE MARS** Insurance Policy # **PAW239272** License Plate # **934RPL** State **IA** Year **2013**

VIN No. **1FTRW08L02KC98941** Year **2002** Make **Ford - FORD** Model **F150 SUPERCREW** Style **CW** Tow # **NO** Approximate Cost to Repair or Replace **\$0.00**

Initial Travel Direction **1** Vehicle Action **88** Speed Limit Point of Initial Impact **05** Most Damaged Area **05** Extent of Damage **1** Underride/Override **1** Private?  **\$0.00**

Total Occupants **2** Traffic Controls **01** Vehicle Config. **02** Cargo Body Type **01** Vehicle Defect **01** Driver Condition **1** Vision Obscured **01** Contributing Circumstances, Driver (up to two) **28**

SEQUENCE OF EVENTS First Event **13** Second Event Third Event Fourth Event Most Harmful Event (by vehicle) **13**

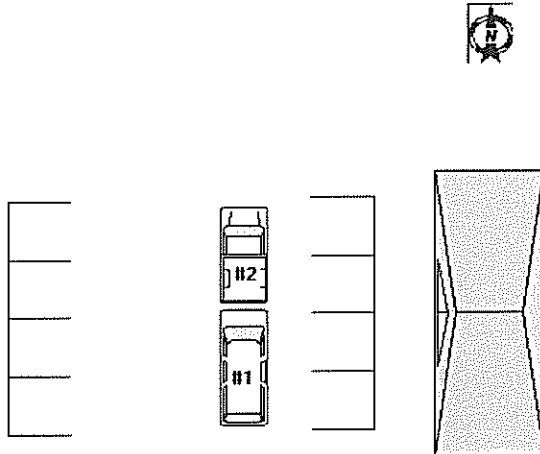
Commercial Trailer Attached to Power Unit: State Year Attached to Trailer Unit: State Year Emergency Vehicle Type **1** Emergency Status **3**

Carrier Name Address City State Zip

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

ACCIDENT ENVIRONMENT			ROADWAY CHARACTERISTICS Major Contributing Circumstances:		WORKZONE RELATED? <b>No</b>	SEQUENCE OF EVENTS
Location of First Harmful Event	<b>6</b>	Weather Conditions (up to two)	Environment	<b>1</b>	Location	First Harmful Event of Crash (use codes 11-42 only) <b>13</b>
Manner of Crash/Collision	<b>1</b>	<b>02</b>	Roadway	<b>01</b>	Type	
Light Conditions	<b>1</b>	Surface Conditions	Type of Roadway Junction/Feature	<b>01</b>	Workers Present?	

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M



Echo Parking Lot

**NARRATIVE**

Describe what happened (refer to vehicles by number)

UNIT 2 WAS STATIONARY IN THE ECHO PARKING LOT. UNIT 1 WAS ATTEMPTING TO PARK BUT LEFT THE VEHICLE IN GEAR AS THE OPERATOR WAS PROCEEDING TO EXIT IT. UNIT 1 STRUCK THE REAR OF UNIT 2. UNIT 1 SUSTAINED MINOR DAMAGE TO THE FRONT BUMPER. UNIT 2 SUSTAINED NO DAMAGE TO THE HITCH RECEIVER. OPERATOR OF UNIT 2 HAD MINOR BACK PAIN AFTER THE INCIDENT.

Officer <b>KOEDAM JOSH</b>	Badge No. <b>84-25</b>	Time Officer Notified of Accident <b>14:00</b>	Hrs.	Time Officer Arrived At Scene <b>14:00</b>	Hrs.
Name of Agency <b>Sioux Center Police Department</b>	Date of Report <b>01/17/2013</b>	Investigation made at scene? <b>Yes</b>	T.I. #		
Report Reviewed By:	Date Reviewed	Agency Specific	Other Technical Investigation Agency		



# Driver Information Exchange Report

Sioux Center Police Department  
712-722-0761

UNIT 001	Driver's Name - Last KIRK		First MITCHELL		Middle DAVID		Suffix	Date of Birth 01/08/1965		
	Address 508 E 9TH ST.			City DELL RAPIDS			State SD	Zip 57022	Home/Cell Phone (605) 201-8006 x	
	Gender Male	Driver's License Number 01033743	Class 1	State SD	Endorsements NONE	Restrictions NONE	Insurance Co. Name PROTECTIVE INSURANCE		Insurance Co. Phone # (800) 626-8381 x	
	Owner Company Name D & H DELIERY					Insurance Policy # IL56-V0004200				
	Owner's Name - Last		First		Middle		Suffix			
	Address 45214 262ND ST.			City CANISTOTA			State SD	Zip 57012-		
	VIN No. 1GBJG31K291102882	Year 2009	Make CHEV	Model BAYBRIDGE		Style VAN	Vehicle Configuration 88			
License Plate # 49486C		State SD	Year 2013	Most Damaged Area 01 - Front			Approximate Cost to Repair or Replace \$500.00			

UNIT 002	Driver's Name - Last FEENSTRA		First CHAD		Middle RYAN		Suffix	Date of Birth 07/25/1972		
	Address 1556 6TH AVE. CIR. SE			City SIOUX CENTER			State IA	Zip 51250	Home/Cell Phone (712) 441-0922 x	
	Gender Male	Driver's License Number 792YY6032	Class C	State IA	Endorsements NONE	Restrictions NONE	Insurance Co. Name LE MARS		Insurance Co. Phone # (712) 722-2222 x	
	Owner Company Name					Insurance Policy # PAW239272				
	Owner's Name - Last FEENSTRA		First CHAD		Middle RYAN		Suffix			
	Address 1556 6TH AVE. CIR. SE			City SIOUX CENTER			State IA	Zip 51250-		
	VIN No. 1FTRW08L82KC98941	Year 2002	Make FORD	Model F150 SUPERCREW		Style CW	Vehicle Configuration 02			
License Plate # 934RPL		State IA	Year 2013	Most Damaged Area 05 - Rear			Approximate Cost to Repair or Replace \$0.00			

County Sioux - 84		Accident occurred within corporate limits of (city) Sioux Center - 7055							
Literal Description Off Roadway/Roadway Not Found									
X-Coordinate 00241527					Y-Coordinate 04775301				
If accident occurred outside of city limits show general vicinity: "N/A"			Direction "N/A"	of	Nearest City "N/A"			Route (Cardinal) Travel Direction "N/A"	
On Road, Street, or Highway: "N/A"					At Intersection with: "N/A"				
Distance "N/A"	Direction "N/A"	and	Distance "N/A"	Direction "N/A"	of	Milepost Number "N/A"		Or	
Definable intersection, bridge, or railroad crossing "N/A"									
Officer KOEDAM JOSH			Badge No. 84-25	Law Enforcement Case Number 13-005			Date of Accident 01/17/2013	Time of Accident 14:00 Hrs.	