



Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT
OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
12-17-13

Legal Intervention? Private Property?

Location Literal Description
16TH ST SW

X-Coordinate: **00241077**
Y-Coordinate: **04772483**

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: **11:55** 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 **MAASSEN** First **ANGELA** Middle **LYNN** Suffix Home/Cell Phone **(713) 898-0908 x**

Address **2890 IBEX AVE** City **HULL** State **IA** Zip **51239-0000**

Date of Birth **05/25/1974** Driver's License Number **791YY4783** Citation Charge Code 1 **321.322** Citation Charge 1 **FAIL TO YIELD FROM A STOP SIGN**

Gender **Female** State **IA** Class **C** Endorsements **NONE** Restrictions **B** 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

Citation Charge Code 4 Citation Charge 4

Seating Position **01** Injury Status **5** Occupant Protection **2** Airbag Deployment **5** Airbag Switch Status **9** Ejection **1** Ejection Path **1** Trapped **1**

Transported to: Transported by:

Owner's Name - Last **MAASSEN** First **ANGELA** Middle **LYNN** Suffix Owner Company Name

Address **2890 IBEX AVE** City **HULL** State **IA** Zip **51239-0000**

Insurance Co. Name **GEICO** Insurance Policy # **4274-13-03-52** License Plate # **556WEF** State **IA** Year **2012**

VIN No. **1GNEK13T54J261367** Year **2004** Make **Chevrolet - CHEV** Model **TAH** Style **SW** Tow # **NO** Approximate Cost to Repair or Replace

Initial Travel Direction **1** Vehicle Action **03** Speed Limit **25** Point of Initial Impact **08** Most Damaged Area **08** Extent of Damage **2** Underride/Override **1** Private? **\$2,500.00**

Total Occupants **1** Traffic Controls **04** Vehicle Config. **04** Cargo Body Type **01** Vehicle Defect **01** Driver Condition **1** Vision Obscured **01** Contributing Circumstances, Driver (up to two) **13**

SEQUENCE OF EVENTS First Event **21** Second Event Third Event Fourth Event Most Harmful Event (by vehicle) **21**

Commercial Trailer License Plate # 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 **SMITH** First **ANTHONY** Middle **JOSEPH** Suffix Home/Cell Phone **(712) 898-0908 x**

Address **4106 CENTRAL ST** City **SIOUX CITY** State **IA** Zip **51108-0000**

Date of Birth **09/01/1984** Driver's License Number **450WW4111** Citation Charge Code 1 Citation Charge 1

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

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

Citation Charge Code 4 Citation Charge 4

Seating Position **01** Injury Status **5** Occupant Protection **2** Airbag Deployment **5** Airbag Switch Status **9** Ejection **1** Ejection Path **1** Trapped **1**

Transported to: Transported by:

Owner's Name - Last First Middle Suffix Owner Company Name **S AND S DISTRIBUTING**

Address **4106 CENTRAL ST** City **SIOUX CITY** State **IA** Zip **51108-1313**

Insurance Co. Name **ALLSTATE** Insurance Policy # **100162014234982** License Plate # **373XWC** State **IA** Year **2013**

VIN No. **1GDJG31U241177227** Year **2004** Make **General Motors - GMC** Model **SAV** Style **VN** Tow # **NO** Approximate Cost to Repair or Replace

Initial Travel Direction **2** Vehicle Action **01** Speed Limit **25** Point of Initial Impact **04** Most Damaged Area **04** Extent of Damage **2** Underride/Override **1** Private? **\$500.00**

Total Occupants **2** Traffic Controls **01** Vehicle Config. **05** Cargo Body Type **02** Vehicle Defect **01** Driver Condition **1** Vision Obscured **01** Contributing Circumstances, Driver (up to two) **28**

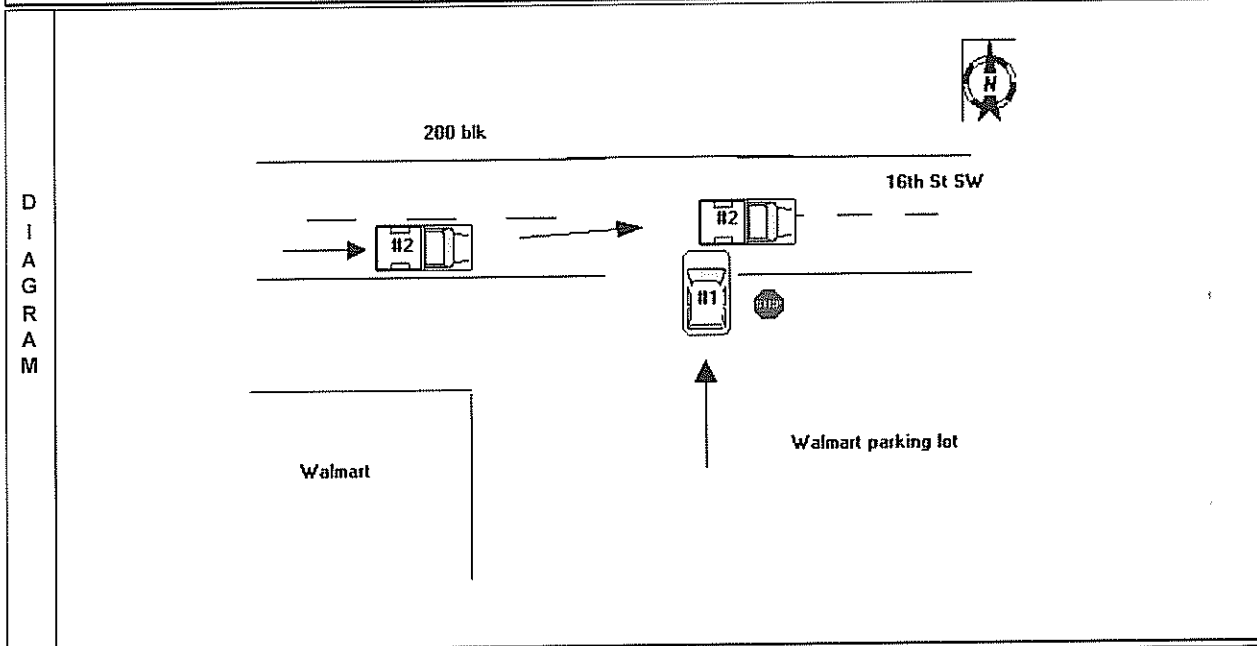
SEQUENCE OF EVENTS First Event **21** Second Event Third Event Fourth Event Most Harmful Event (by vehicle) **21**

Commercial Trailer License Plate # 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		WORKZONE RELATED?	SEQUENCE OF EVENTS
Major Contributing Circumstances:		Environment		No	
Location of First Harmful Event	1	Weather Conditions	1	Location	
Manner of Crash/Collision	5	(up to two)	02	Type	First Harmful Event of Crash (use codes 11-42 only) 21
Light Conditions	1	Surface Conditions	1	Workers Present?	
		Type of Roadway Junction/Feature	12		



NARRATIVE

Describe what happened (refer to vehicles by number)

VEHICLE #1 WAS NORTHBOUND IN THE WALMART PARKING LOT AND WHILE ATTEMPTING A RIGHT TURN ONTO 16TH ST SW IT COLLIDED WITH VEHICLE #2, WHICH WAS EASTBOUND ON 16TH ST SW. THE DRIVER #1 STATED SHE STOPPED FOR THE STOP SIGN AND THEN CONTINUED ON TO 16TH ST SW AND DIDN'T SEE #2

Officer HALMA MIKE	Badge No. 84-21	Time Officer Notified of Accident 11:55 Hrs.	Time Officer Arrived At Scene 12:00 Hrs.
Name of Agency Sioux Center Police Department	Date of Report 01/17/2013	Investigation made at scene? Yes	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 MAASSEN		First ANGELA		Middle LYNN		Suffix	Date of Birth 05/25/1974	
	Address 2890 IBEX AVE				City HULL		State IA	Zip 51239-0000	Home/Cell Phone (713) 898-0908 x
	Gender Female	Driver's License Number 791YY4783	Class C	State IA	Endorsements NONE	Restrictions B	Insurance Co. Name GEICO		Insurance Co. Phone # (800) 841-3000 x
	Owner Company Name						Insurance Policy # 4274-13-03-52		
	Owner's Name - Last MAASSEN		First ANGELA		Middle LYNN		Suffix		
	Address 2890 IBEX AVE				City HULL		State IA	Zip 51239-0000	
	VIN No. 1GNEK13T54J261367	Year 2004	Make CHEV		Model TAH		Style SW	Vehicle Configuration 04	
License Plate # 556WEF		State IA	Year 2012	Most Damaged Area 08 - Left Front			Approximate Cost to Repair or Replace \$2,500.00		

UNIT 002	Driver's Name - Last SMITH		First ANTHONY		Middle JOSEPH		Suffix	Date of Birth 09/01/1984	
	Address 4106 CENTRAL ST				City SIoux CITY		State IA	Zip 51108-0000	Home/Cell Phone (712) 898-0908 x
	Gender Male	Driver's License Number 450WW4111	Class A	State IA	Endorsements NONE	Restrictions NONE	Insurance Co. Name ALLSTATE		Insurance Co. Phone # (402) 431-1700 x
	Owner Company Name S AND S DISTRIBUTING						Insurance Policy # 100162014234982		
	Owner's Name - Last		First		Middle		Suffix		
	Address 4106 CENTRAL ST				City SIoux CITY		State IA	Zip 51108-1313	
	VIN No. 1GDJG31U241177227	Year 2004	Make GMC		Model SAV		Style VN	Vehicle Configuration 05	
License Plate # 373XWC		State IA	Year 2013	Most Damaged Area 04 - Right Rear			Approximate Cost to Repair or Replace \$500.00		

County Sioux - 84	Accident occurred within corporate limits of (city) Sioux Center - 7055								
Literal Description 16TH ST SW									
X-Coordinate 00241077					Y-Coordinate 04772483				
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 HALMA MIKE			Badge No. 84-21	Law Enforcement Case Number 12-17-13			Date of Accident 01/17/2013	Time of Accident 11:55 Hrs.	