



Human Performance Attachment

**Iowa DOT Certified Abstract of Driving Record / Investigating Officer's Report of Motor
Vehicle Accident**

Oakland, IA

HWY18MH003

(11 pages)



Driver & Identification Services
 PO Box 9204 | Des Moines, IA 50306-9204
 Phone: 515-244-9124 | Fax: 515-239-1837

Certified Abstract of Driving Record

Inquiry Date:	9/13/2018	DL/ID #:	██████████	CDL Permit Class:	None
Customer #:	██████████	Class:	A	CDL Permit Issue Date:	None
Name:	Hendricks, Donald Norman	Audit #:	██████████	CDL Permit Expiration Date:	None
Address:	██████████	Issue Date:	10/██/2017	CDL Permit Endorsements:	None
		Expiration Date:	██/██/2018	CDL Permit Restrictions:	None
City/State:	CARSON, IA 515254370	Endorsements:	Tank, Passenger, School Bus, Double/Triple Trailers	ID Status:	DED
Mailing Address:	██████████	Restrictions:	Corrective Lenses, No Class A Passenger Vehicle	DL Status:	DED
		Restriction Supplement:	None	CDL Status:	DED
Mailing City/State:	CARSON, IA ██████████			CDL Permit Status:	RPD
Date of Birth:	██████████			CDL Cert Status:	Excepted Interstate
Sex:	M			CDL Med Status:	None

History Information

Convictions

Citation Date	Conviction Date	ACD	Explanation	JUR	County
07/07/2014	07/23/2014	M14	Fail to Obey Traffic Sign/Signal	NE	
08/30/2016	09/01/2016	S92	Speed (10 mph & under in 35-55 mph zone)	IA	Pottawattamie
09/05/2017	09/13/2017	M57	Fail to Yield Half of Roadway	IA	Pottawattamie

Accidents - Accident involvement indicated does NOT mean the individual was at fault or given a citation.

Accident Date	JUR	Case Number
09/05/2017	IA	1001697
12/12/2017	IA	1042224

Compliance Item	Status	Additional Information
Earliest Reinstatement Date: Non-Commercial		
Earliest Reinstatement Date: Commercial		
Active Judgements	0	
Life Sanctions	0	
Incapables	0	

Indefinite Sanctions	0	
Civil Penalty Owed	0	
Drinking Driver School		
Treatment & Evaluation		
Days Remaining on IID	0	
IID Required Through		
SR22 Required Through		NOT REQUIRED
Financial Responsibility		
Probation In Effect		
Number of Unserved Sanctions	0	

Name: Hendricks, Donald Norman **DL/ID:** [REDACTED]

Pursuant to Iowa Code §321.10, I, Darcy Doty, Director of Driver & Identification Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by Driver & Identification Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:



9/13/2018

[Handwritten signature and [REDACTED]

Driver & Identification Services
Iowa Department of Transportation

Name: Hendricks, Donald Norman **DL/ID:** [REDACTED]

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

Form 4133003 (11-13)

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Numbers:

S17-002938

Date of Accident 09/05/2017		Time of Accident 17:21 Hrs.		County Pottawattamie - 78			Accident occurred within corporate limits of (city)										
UNIT 1	Driver's Name - Last [REDACTED]						First [REDACTED]			Middle [REDACTED]							
	Address [REDACTED]						City OAKLAND			State IA	Zip 51560-0000						
	Date of Birth [REDACTED]		Driver's License Number [REDACTED]			CDL	Citation Charge 1			Citation Charge 2							
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class C	Endorsements		Restrictions	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Citation Charge 3							
	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 POTTAWATTAMIE COUNTY						First			Middle							
	Address 227 SOUTH 6TH STREET						City COUNCIL BLUFFS			State IA	Zip 51501						
	License Plate No. [REDACTED]		State IA	Year	VIN: [REDACTED]			Color GRY	Year 2016	Make CHEV	Model SLV	Style PK					
	Trailer Plate No.		State	Year	VIN:			Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$2,500.00					
	Insurance Company Name						Insurance Co. Phone Number			Insurance Policy Number							
Initial Travel Direction 01		Veh. Act. 01	Veh. Config. 02	Cargo Body Type 01	Veh. Defect 99	Point of Initial Impact 10	Most Damaged Area 10	Extent of Damage 2	Total Occ. in Veh. 1								
Special Veh. Func. 05		Emergency Status 04	Bus Use	Driver Condition 01	Vision Obscured 99	Contributing Circumstances Driver (up to two) 88		Driver Distractions 02	Speed Limit 55								
Traffic Controls 01		Horizontal Alignment		Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event 38	Third Event	Fourth Event	Most Harmful Event 38							
COMMERCIAL	Carrier Name/Lessee																
	Street Address						City			State	Zip Code						
	Number of Axles		Gross Vehicle Weight Rating			US DOT Number		MC Number		Underride/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			Sax	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Tapped/extracted	Source of Transport	Died at scene/emp. file
	Trailer Plate:		State	Year	VIN												
Converter Dolly		Dolly Plate:		State	Plate Year	VIN											
PERSONNEL	DRIVER OF UNIT 1				Phone Number: [REDACTED]			5	03	03	2	01	1	01	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:								



IN COMPLIANCE WITH SECTION 321.10, (IOWA CODE) IT IS HEREBY CERTIFIED THAT BOTH SIDES OF THIS DOCUMENT ARE TRUE AND ACCURATE COPIES OF SEQUENTIAL PAGES OF AN INSTRUMENT ON FILE IN THE DEPARTMENT OF TRANSPORTATION, IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF SAID DEPARTMENT THIS DATE: SEPTEMBER 13, 2018

[Redacted Signature]

Driver & Identification Services

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

Form 4133003 (11-13)

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Numbers: S17-002938
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Date of Accident 09/05/2017		Time of Accident 17:21 Hrs.		County Pottawattamie - 78		Accident occurred within corporate limits of (city)									
U N I T 2	Driver's Name - Last HENDRICKS					First DONALD					Middle NORMAN				
	Address 108 NORTH ST					City CARSON					State IA	Zip 51525-0000			
	Date of Birth		Driver's License Number			CDL	Citation Charge 1 FAILURE TO YIELD HALF OF ROADWAY			Citation Charge 2					
	Male <input checked="" type="radio"/>	Female <input type="radio"/>	State IA	Class A	Endorsements NPST	Restrictions BM	Yes <input checked="" type="radio"/>	No <input type="radio"/>	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 HENDRICKS					First DONALD					Middle NORMAN				
	Address					City CARSON					State IA	Zip 51525-0000			
	License Plate No.		State IA	Year 2017	VIN:		Color BRO		Year 2015	Make FORD	Model F25	Style PK			
	Trailer Plate No.		State	Year	VIN:		Tow 1	Tow #	Towed To		Approx. Cost to Repair or Replace \$2,500.00				
	Insurance Company Name Nationwide Agribusiness					Insurance Co. Phone Number (800) 282-1446			Insurance Policy Number						
Initial Travel Direction 03	Veh. Act. 01	Veh. Config. 02	Cargo Body Type 01	Veh. Defect 99	Point of Initial Impact 10	Most Damaged Area 10	Extent of Damage 2	Total Occ. in Veh. 1							
Special Veh. Func 01	Emergency Status 01	Bus Use	Driver Condition 01	Vision Obscured 99	Contributing Circumstances Driver (up to two) 16		Driver Distractions 97	Speed Limit 55							
Traffic Controls 01	Horizontal Alignment		Vertical Alignment	SEQUENCE OF EVENTS	First Event 33	Second Event 38	Third Event	Fourth Event	Most Harmful Event 38						
COMMERCIAL															
Carrier Name/Lessee						Street Address						City	State	Zip Code	
Number of Axles		Gross Vehicle Weight Rating				US DOT Number		MC Number		Underride/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			Sax	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Tapped/extricated	Source of Transport	Died at scene/emp. file
Trailer Plate:	State	Year	VIN												
Converter Dolly	Dolly Plate:		State	Plate Year	VIN										
PERSONS INVOLVED															
DRIVER OF UNIT 2				Phone Number:		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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[Redacted Signature]

Driver & Identification Services

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

Form 44 33003 (11-13)

MAIL REPORTS TO: Iowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204

Law Enforcement Case Numbers:

S17-002938

L O C A T I O N	Date of Accident 09/05/2017	Time of Accident 17:21 Hrs.	County Pottawattamie - 78	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>	
	Literal Description US 59 (MM: 48)				County: POTTAWATTAMIE	Route:	
	If accident occurred outside of city limits show general vicinity N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> of nearest city				X Coordinate: 298691.15		
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4571731.60		
	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					If Divided Highway, Provide Route (Cardinal) Travel Direction	
	N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> and N NE E SE S SW W NW <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				NB SB EB WB <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
Milepost Number		Definable intersection, bridge, or railroad crossing					

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS				Sex	Struck by Unit No.	Injury Status	Non-Victim Type	Location (prior to impact)	Action (prior to crash)	Corollor	Safety Equipment	Contributing Circumstances	Source of Transport	Disat scene/9 trcLte
Location of First Harmful Event	01	Weather Conditions (up to two)		Major Contributing Circumstances Environment	01													
Manner of Crash/Collision	07		01	Roadway	01													
Light Conditions	1	Surface Conditions	01	Type of Roadway Junction/Feature	01													
FRA No.																		

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

N P O R N O V P E E R I T C 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					
Address	City	State	Zip Code	Was owner or tenant notified? 1 = Yes 2 = No 9 = Unknown				

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

Signature of Officer OLDEROG RYAN	Badge Number 78-56	Time Officer Notified of Accident 17:21 Hrs.	Time Officer Arrived At Scene 17:25 Hrs.
Name of Agency Pottawattamie Cnty Sheriff Off	Date of Report 09/05/2017	Investigation made at scene? Y <input type="radio"/> N <input checked="" type="radio"/>	T.I. No.
Report Reviewed By BARNES, JONATHON	Date of Review 09/06/2017	Report given to all Drivers? Y <input type="radio"/> N <input checked="" type="radio"/>	Other Technical Investigating Agency



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Driver & Identification Services

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Law Enforcement Case Numbers:

S17-002938

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**D
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A
G
R
A
M**

Vehicles Moved Prior to Law Enforcement Arrival

**N
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Unit 1 was traveling north on Highway 59 near the 48 mile marker. Unit 2 was traveling south on Highway 59 in the same area. Unit 2 then struck unit 1. The driver of unit 2 advised he looked down at something and by the time he looked up he struck unit 1.

The driver of unit 2 was cited for failure to yield half of roadway with a court date set for September 26, 2017 at 0900 hours.



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Driver & Identification Services