



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

Law Enforcement Case Number:  
**08-6968**

Legal Intervention?  Private Property?

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

X-Coordinate: **00675450**  
Y-Coordinate: **04701500**

If Divided Highway, Provide Route (Cardinal) Travel Direction:  
**EB**

Date of Accident: **06/06/08** Time of Accident: **08:40** Hrs. County: **Dubuque - 31** Accident occurred within corporate limits of (city): **Peosta - 5957**

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

On Road, Street, or Highway: **19225 KAPP DR. PRIVATE PROPERT** At Intersection with: **PRIVATE PROPERTY**

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"**

**001** Driver's Name - Last: **BURGER** First: **ROBERT** Middle: **JUDE** Suffix: Phone: **(563) 855-2233 x**

Address: **215 4TH AVE NW** City: **WORTHINGTON** State: **IA** Zip: **52078**

Date of Birth: **11/14/1958** Driver's License Number: **858ZZ0027** Citation Charge Code 1: Citation Charge 1

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

Alcohol Test Given? **3 - Urine** Test Results: Drug Test Given? **3 - Urine** Test Results: Citation Charge Code 3: Citation Charge 3

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: First: Middle: Suffix: Owner Company Name: **HORSFIELD CONST. INC.**

Address: **505 E MAIN ST PO BOX 305** City: **EPWORTH** State: **IA** Zip: **52045**

Insurance Co. Name: **CINCINNATI** Insurance Policy #: **10877** License Plate #: **764MSD** State: **IA** Year: **2008**

VIN No. **1M2P264C5VM023849** Year: **1997** Make: **Mack - MACK** Model: **RD600** Style: **TR** Tow #: **NO** Approximate Cost to Repair or Replace: **\$0.00**

Initial Travel Direction: **2** Vehicle Action: **09** Speed Limit: **00** Point of Initial Impact: **05** Most Damaged Area: Extent of Damage: **1** Underride/Override: **1** Private?  **\$0.00**

Total Occupants: **1** Traffic Controls: **01** Vehicle Config.: **12** Cargo Body Type: **06** Vehicle Defect: **01** Driver Condition: **1** Vision Obscured: **88** Contributing Circumstances, Driver (up to two): **99**

SEQUENCE OF EVENTS: First Event: **26** Second Event: Third Event: Fourth Event: Most Harmful Event (by vehicle): **26**

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: Location of First Harmful Event: **6** Weather Conditions (up to two): **02** Light Conditions: **1** Surface Conditions: **8**

ROADWAY CHARACTERISTICS: Major Contributing Circumstances: Environment: **8** Roadway: **01** Type of Roadway Junction/Feature: **01**

WORKZONE RELATED?: **No** Location: Type: Workers Present?

SEQUENCE OF EVENTS: First Harmful Event of Crash (use codes 11-42 only): **13**

**PERSONS INVOLVED** Name - Last: **SCHIELTZ** First: **TYLER** Middle: **ALLAN** Suffix:

Address: **39719 CLAYTON RD.** City: **GUTTENBURG** State: **IA** Zip Code: **52052**

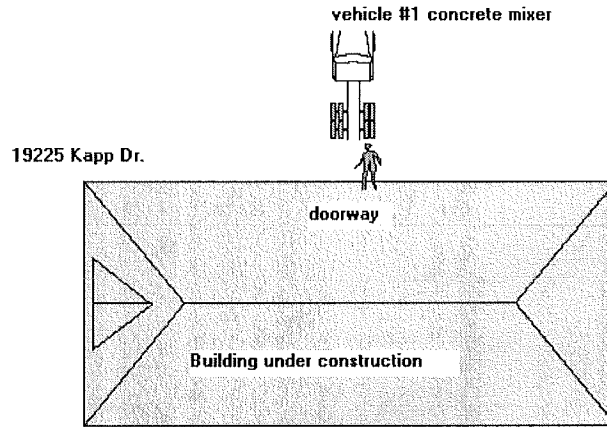
Date of Birth: **02/14/1984** Sex: **Male** Unit No.: Seating Position: **15** Injury Status: **2** Occupant Protection: Airbag Deployment: Airbag Switch Status: Ejection: Ejection Path: Trapped:

Transported to: **MERCY HOSPITAL DUBUQUE** Transported by: **CENTRAILA AMBULANCE**

**NON-MOTORIST** Type: **1** Location: **8** Action: **8** Condition: **1** Safety Equipment: **8** Contributing Circumstances: **88** Unit No. of Vehicle Striking: **001**

PT

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**NARRATIVE**

Describe what happened (refer to vehicles by number)

LOCATION OF ACCIDENT IS A CONSTRUCTION SITE LOCATED AT BODINE ELECTRIC 19225 KAPP RD. DRIVER OF CONCRETE MIXER HAD BEEN BACKING UP TOWARDS THE BUILDING. EMPLOYEES WERE AT THE DOORWAY DIRECTING DRIVER. LISTED INJURED PARTY (EMPLOYEE) WAS STRUCK BY THE CONCRETE SHOOT AND PINNED BETWEEN THE SHOOT AND THE WALL OF THE BUILDING.

Officer <b>STONE, MARK</b>	Badge No. <b>3118</b>	Time Officer Notified of Accident <b>08:41</b> Hrs.	Time Officer Arrived At Scene <b>08:53</b> Hrs.
Name of Agency <b>Dubuque County Sheriff's Off</b>	Date of Report <b>06/06/2008</b>	Investigation made at scene? <b>Yes</b>	T.I. #
Report Reviewed By: <i>MARK OBERHOFFEN</i>	Date Reviewed <i>6-7-8</i>	Agency Specific	Other Technical Investigation Agency