

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

Form 4433003 (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:
19-03132

Date of Accident 12/29/2019	Time of Accident 02:45 Hrs.	County POLK - 77	Accident occurred within corporate limits of (city) URBANDALE - 7875					
UNIT 1	Driver's Name - Last MCDANNALD				First JAMIE		Middle ELIZABETH	
	Address 3703 SE PRIMROSE DRIVE				City ANKENY		State IA	Zip 50021
	Date of Birth 05/05/1986		Driver's License Number 737YY4703		CDL Yes <input type="radio"/> No <input checked="" type="radio"/>		Citation Charge 1 DRIVING ON WRONG SIDE OF TWO WAY H	
	Male <input type="radio"/> Female <input checked="" type="radio"/>		State IA	Class C	Endorsements		Restrictions	
	Alcohol Test Given: 2		Test Results:		Drug Test Given: 2		Test Result:	
	Owner's Name - Last MCDANNALD		First JAMIE		Middle ELIZABETH		Reason for Re-Exam Request:	
	Address 3703 SE PRIMROSE DRIVE				City ANKENY		State IA	Zip 50021
	License Plate No. CFL912		State IA	Year 2020	VIN: 1GKKNULSXHZ172465		Color WHI	Year 2017
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow #
	Insurance Company Name PROGRESSIVE				Insurance Co. Phone Number (800) 274-4499		Insurance Policy Number 21331574	
Initial Travel Direction 02		Veh. Act. 01	Veh. Config. 03	Cargo Body Type 01		Veh. Defect 01	Point of Initial Impact 12	
Special Veh. Func. 01		Emergency Status 01		Bus Use 06		Driver Condition 01		
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 03		SEQUENCE OF EVENTS 33		
Most Damaged Area 12		Extent of Damage 5		Total Occ. in Veh. 1		Contributing Circumstances Driver (up to two) 13		
Fourth Event 02		Most Harmful Event 33		Driver Distractions 02		Speed Limit 65		
Towed To RICK'S TOWING		Approx. Cost to Repair or Replace \$8,000.00		Insurance Policy Number 21331574		Insurance Co. Phone Number (800) 274-4499		
Carrier Name/Lessee		Street Address		City		State	Zip Code	
Number of Axles		Gross Vehicle Weight Rating		US DOT Number		MC Number		
Haz Mat Involvement		Haz Mat Placard		Placard Number		Haz. Mat Released		
Trailer Plate:		State	Year	VIN		Haz Mat Class		
Trailer Plate:		State	Year	VIN		Haz Mat Name		
Converter Dolly		Dolly Plate:		State	Plate Year	VIN		
Sex		Seating Position		Injury Status		Occupant Protection		
Airbag Deployment		Ejection		Ejection Path		Trapped/extricated		
Source of Transport		Died at scene/enroute		2		03		
06		2		01		1		
03		01		03		01		
DRIVER OF UNIT 1		Phone Number: (515) 240-9489		Transported to: METHODIST DOWNTOWN		Transported by: URBANDALE EMS		
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:				

COMMERCIAL

PERSONNEL

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UNIT 2	Driver's Name - Last MCDANIEL				First JEFFREY				Middle RAY											
	Address 320 PARK ST				City GRINNELL				State IA	Zip 50112-0000										
	Date of Birth 10/22/1969		Driver's License Number 785YY6121		CDL Yes <input type="radio"/> No <input type="radio"/>		Citation Charge 1		Citation Charge 2											
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State IA	Class A	Endorsements LTX	Restrictions J	Citation Charge 3		Citation Charge 4												
	Alcohol Test Given: 1		Test Results:		Drug Test Given: 1		Test Result: Yes <input type="radio"/> No <input checked="" type="radio"/>		Reason for Re-Exam Request:											
	Owner's Name - Last CASEYS SERVICES COMPANY				First				Middle											
	Address 1 SE CONVENIENCE BLVD				City ANKENY				State IA	Zip 50021										
	License Plate No. DA8963		State IA	Year 2020	VIN: 1XKYD49X1JJ212730		Color WHI	Year 2018	Make KW	Model SEMI										
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow #	Towed To HANNIFENS											
	Insurance Company Name LMC INSURANCE AND RISK MANAGEMENT		Insurance Co. Phone Number (515) 237-0114		Insurance Policy Number 1X3036820															
Initial Travel Direction 04		Veh. Act. 01	Veh. Config. 08	Cargo Body Type 04		Veh. Defect 01	Point of Initial Impact 12		Most Damaged Area 12											
Extent of Damage 5		Total Occ. in Veh. 1		Special Veh. Func. 01		Emergency Status 01		Bus Use 01												
Driver Condition 01		Vision Obscured 01		Contributing Circumstances Driver (up to two) 88			Driver Distractions 02		Speed Limit 65											
Traffic Controls 01		Horizontal Alignment 04		Vertical Alignment 04		SEQUENCE OF EVENTS 33		First Event												
Second Event		Third Event		Fourth Event		Most Harmful Event 33														
COMMERCIAL	Carrier Name/Lessee CASEY'S SERVICES COMPANY																			
	Street Address ONE SE CONVENIENCE BLVD						City ANKENY		State IA	Zip Code 50021										
	Number of Axles 3		Gross Vehicle Weight Rating 3 - 26,001 LBS OR MORE				US DOT Number 162449		MC Number		Override/Override 1 - NONE									
	Haz Mat Involvement 02 - NO		Haz Mat Placard		Placard Number		Haz. Mat Released		Haz Mat Class		Haz Mat Name									
	Trailer Plate: DF0210		State IA	Year 2020	VIN 1UYVS248BU154512						Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Trailer Plate:		State	Year	VIN															
	Converter Dolly		Dolly Plate:		State	Plate Year		VIN												
PERSONNEL	DRIVER OF UNIT 2					Phone Number: (641) 990-9650					Sex	Seating Position	Injury Status 5	Occupant Protection 03	Airbag Deployment 03	Ejection 2	Ejection Path 01	Trapped/extricated 1	Source of Transport 01	Died at scene/enroute 01
	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:									
	Name					Phone Number					DOB:									
Address					Transported to:					Transported by:										

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L O C A T I O N	Date of Accident 12/29/2019	Time of Accident 02:45 Hrs.	County POLK - 77	Accident occurred within corporate limits of (city) URBANDALE - 7875	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description 6100 BLK I80/35 WB MM 131.2				County: 77	Route:
	If accident occurred outside of city limits show general vicinity <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> of nearest city				X Coordinate: 441532.718	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4611412	
	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	
<div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div> and <div style="display: flex; justify-content: space-around; align-items: center;"> NNEESESSWWNW </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/> </div>				NB <input type="radio"/> SB <input type="radio"/> EB <input type="radio"/> WB <input type="radio"/>		
Milepost Number		Definable intersection, bridge, or railroad crossing				

ACCIDENT ENVIRONMENT	ROADWAY CHARACTERISTICS
Location of First Harmful Event 01 Weather Conditions (up to two)	Major Contributing Circumstances Environment 01
Manner of Crash/Collision 02 05	Roadway 01
Light Conditions 4 Surface Conditions 02	Type of Roadway Junction/Feature 01
	FRA No.

First Harmful Event (Crash) 33	WORKZONE RELATED? <input type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>	Activity	Location	Type	Workers Present	Sex	Struck by Unit No.	Injury Status	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	Condition	Safety Equipment	Contributing Circumstances	Source of Transport	Died at scene/enroute
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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									
	Transported to:	Transported by:																
	Name	Phone Number	DOB:															
	Address:	Alcohol Test Given		Test Results:	Drug Test Given	Result	Charged	Yes	No									

N P O R N O V P E E R I T 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
	CHRISTOPHER	EBI	3109 SW 12TH STREET	DES MOINES	IA	50315	(515) 803-0998
	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

Is This a Secondary Crash? Y <input type="radio"/> N <input checked="" type="radio"/>	Type of Primary Incident	Roadway Clearance Date 12/29/2019	Incident Clearance Date 12/29/2019
Signature of Officer OFFICER CHASE BREESER	Badge Number 1147	Time Officer Notified of Accident 02:45 Hrs.	Roadway Clearance Time 03:59 Hrs.
Name of Agency URBANDALE POLICE DEPARTMENT	Date of Report 12/29/2019	Time Officer Arrived At Scene 02:49 Hrs.	Total Roadway Clearance Time 001:14
Report Reviewed By TAYLOR, REBECCA	Date of Review 12/30/2019	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. Other Technical Investigating Agency

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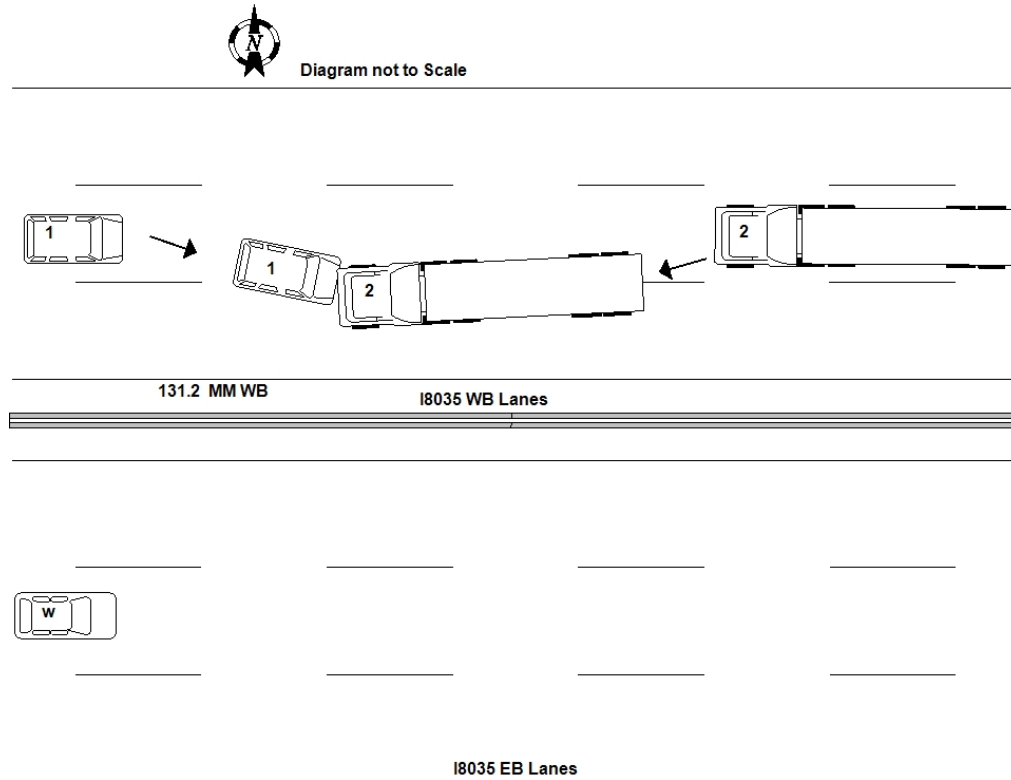
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Unit 1 was observed by Witness and Unit 2 traveling eastbound in westbound lanes in the center lane at approximately the 6300 block of I8035.

Unit 2 traveling westbound in the westbound lanes in the center lane at approximately the 6000 block of I8035.

Unit 2 observed Unit 1 vehicle traveling wrong way and heading directly towards him in same lane.

Unit 2 advised they slowed their semi truck and trailer to approximately between 40 mph to 45 mph.

Unit 2 attempted to swerve into the inside lane to avoid striking Unit 1.

Unit 2 advised that when they swerved Unit 1 also swerved into the inside lane and struck Unit 2 head on.

Both vehicles were totaled from the accident. Unit 1 was transported to Rick's towing and Unit 2 was transported to Hanifens.

Unit 1 driver was transported to Methodist downtown by Urbandale EMS with possible serious injuries.

Unit 2 advised that his semi truck has dash cam footage of the accident and provided information to retrieve that footage for the case.

Unit 2 driver given a copy of drivers exchange.

Witness advised he was traveling eastbound in the eastbound lanes at approximately the 6300 block of I8035 when he observed vehicle on other side of concrete barrier traveling the same direction.

Witness advised that he slowed down and was going between 60 mph and 65 mph which was approximately the same speed of Unit 1. Witness advised that he observed Unit 1 slightly swerving before the accident.

Witness advised he saw Unit 1 strike Unit 2 head on and continued driving until he was able to reach an exit to turn around to check on the drivers.

Citation written for Unit 1 driver for Driving on Wrong Way of Two Way Highway to be issued to driver when driver comes in to pick up drivers exchange, citation, and other paperwork.

Results pending from search warrant for Unit 1 drivers blood for possible OWI.