

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:

2018004622

Date of Accident 02/21/2018	Time of Accident 03:07 Hrs.	County Warren - 91	Accident occurred within corporate limits of (city)															
U N I T 2	Driver's Name - Last JUDKINS						First RICHARD						Middle HEWITT					
	Address 105 SW FLYNN DR						City ANKENY						State IA		Zip 50023			
	Date of Birth 10/06/1963			Driver's License Number 232AD8694			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 B		Restrictions B		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 CASEY'S GENERAL STORES INC						First						Middle					
	Address 1 SE CONVENIENCE BLVD						City ANKENY						State IA		Zip 50021			
	License Plate No. SF6941		State IA	Year 2018	VIN: 1M1AW09Y1FM050726			Color WHI		Year 2015	Make MACK		Model 600 CXU		Style SEMI			
	Trailer Plate No.		State	Year	VIN:			Tow 3	Tow # 2798442		Towed To HANIFEN'S			Approx. Cost to Repair or Replace \$100,000.00				
	Insurance Company Name EMC						Insurance Co. Phone Number (800) 447-2295			Insurance Policy Number 1E30368								
Initial Travel Direction 03		Veh. Act. 01	Veh. Config. 13	Cargo Body Type 02		Veh. Defect 01	Point of Initial Impact 11		Most Damaged Area 11		Extent of Damage 5		Total Occ. in Veh. 1					
Special Veh. Func. 01		Emergency Status 01		Bus Use	Driver Condition 01	Vision Obscured 01		Contributing Circumstances Driver (up to two) 88			Driver Distractions 02		Speed Limit 70					
Traffic Controls 01		Horizontal Alignment 01		Vertical Alignment 01		SEQUENCE OF EVENTS	First Event 33	Second Event	Third Event	Fourth Event	Most Harmful Event 33							
C O M M E R C I A L	Carrier Name/Lessee CASEY'S SERVICES COMPANY																	
	Street Address 1 SE CONVENIENCE BLVD						City ANKENY						State IA		Zip Code 50021			
	Number of Axles 5		Gross Vehicle Weight Rating 3 - 26,001 lbs or more				US DOT Number 162449		MC Number		Underride/Override 1 - None							
	Haz Mat Involvement 02 - No		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class		Haz Mat Name								
	Trailer Plate: TJ5618		State IA	Year 2018	VIN 1UYVS2485DU666914			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 2 - No dolly used		Dolly Plate:		State	Plate Year	VIN											
	DRIVER OF UNIT 2						Phone Number:		5 / 03 / 01 / 2 / 01 / 1 / 01 / 01									
							Transported to: NONE		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:										
P E R S O N S I N J U R I E D							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:									

**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:

2018004622

L O C A T I O N	Date of Accident 02/21/2018	Time of Accident 03:07 Hrs.	County Warren - 91	Accident occurred within corporate limits of (city)	Legal Intervention? <input type="checkbox"/>	Private Property? <input type="checkbox"/>
	Literal Description I-35 MEASURING 746 FEETSOUTH FROM EXIT 65SB				County: WARREN - 91	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: 434865.937	
	On Road, Street or Highway:			At Intersection with:	Y Coordinate: 4593175	
	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	
Milepost Number Or Definable intersection, bridge, or railroad crossing				EB	WB	

ACCIDENT ENVIRONMENT				ROADWAY CHARACTERISTICS																		
Location of First Harmful Event	01	Weather Conditions (up to two)		Major Contributing Circumstances Environment				01				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
Manner of Crash/Collision	02	01		Roadway				01														
Light Conditions	5	Surface Conditions		Type of Roadway Junction/Feature				01														
FRA No.																						

First Harmful Event (Crash)	33	WORKZONE RELATED?	<input type="radio"/>	Yes	<input checked="" type="radio"/>	No	<input type="radio"/>	Activity	Location	Type	Workers Present
-----------------------------	-----------	-------------------	-----------------------	-----	----------------------------------	----	-----------------------	----------	----------	------	-----------------

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					
Transported to:											Transported by:											

N P O R O V P E E H 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				

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				

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

Is This a Secondary Crash?	Y <input type="radio"/> N <input type="radio"/>	Type of Primary Incident				Roadway Clearance Date	Incident Clearance Date
----------------------------	---	--------------------------	--	--	--	------------------------	-------------------------

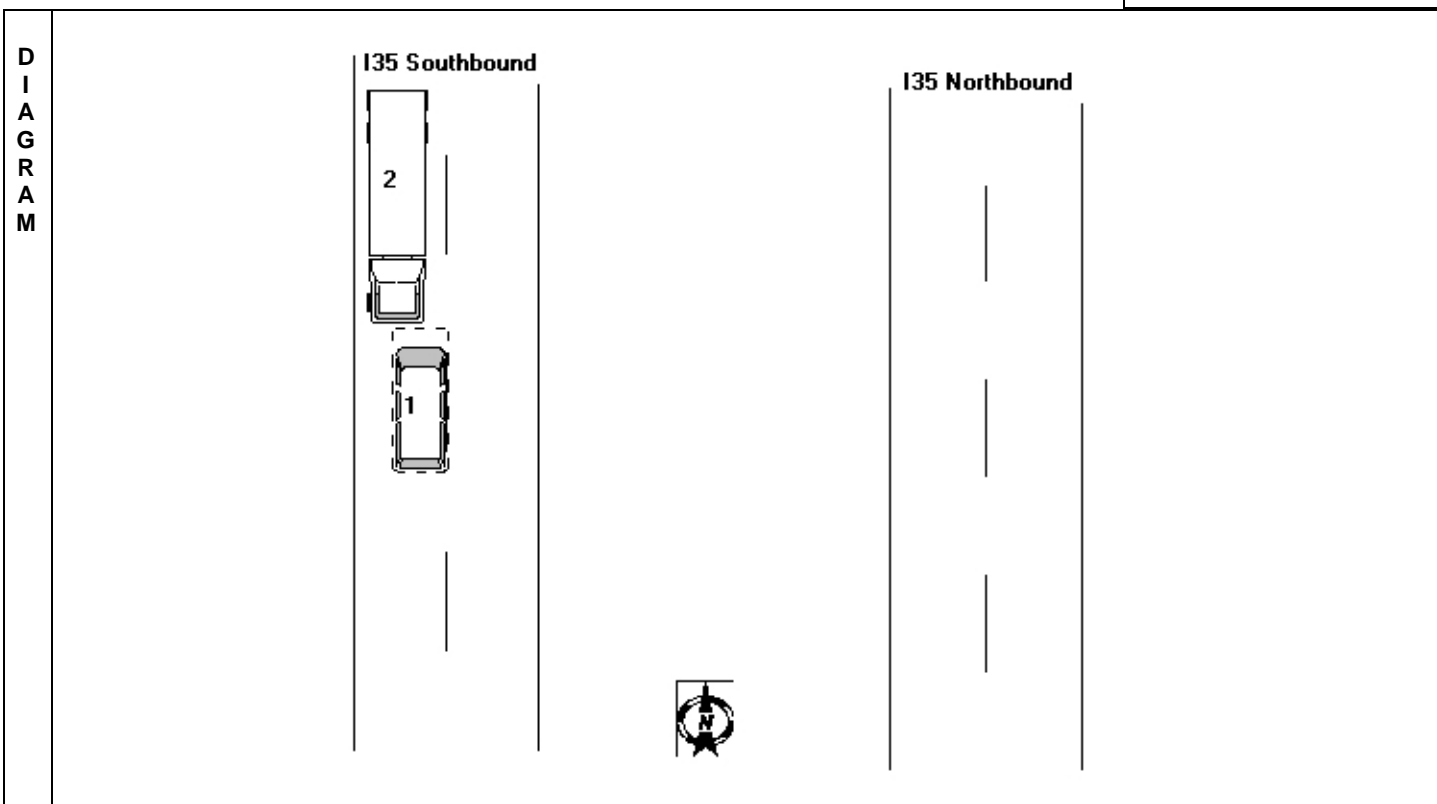
Signature of Officer DANIELS C	Badge Number 089	Time Officer Notified of Accident 03:31 Hrs.	Roadway Clearance Time Hrs.	Incident Clearance Time Hrs.
Name of Agency Iowa State Patrol - Dist 02	Date of Report 02/22/2018	Time Officer Arrived At Scene 04:42 Hrs.	Total Roadway Clearance Time	Total Incident Clearance Time
Report Reviewed By Stallo, K	Date of Review 06/25/2018	Investigation made at scene? Y <input checked="" type="radio"/> N <input type="radio"/>	T.I. No. 18-022	Other Technical Investigating Agency Iowa State Patrol - Dist 02

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

Law Enforcement Case Numbers:

2018004622

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



**N
A
R
R
A
T
I
V
E**

A motorist that was traveling southbound on Interstate 35 called in to authorities to report at the 64 mile marker it had met a vehicle traveling northbound in the southbound lanes of Interstate 35.

For an unknown reason, Vehicle 1 was traveling northbound in the southbound lanes of Interstate 35.

Vehicle 2 was traveling southbound in the southbound, right lane of Interstate 35.

Approximately 700 feet south of the southbound 65 mile marker exit at Cumming Avenue, Vehicle 1 struck Vehicle 2 in a head-on manner. After contact, Vehicle 1 spun and came to rest upright in the median facing southwest. Vehicle 2 entered the west ditch and came to rest facing southeast.

The driver of Vehicle 1 was pronounced dead at the scene. The collision is under investigation.

On 6/25/2018 the blood results were updated with a positive result for stimulants on Wayne Field.