

**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:

2019030062

Date of Accident 11/06/2019	Time of Accident 17:49 Hrs.	County IDA - 47	Accident occurred within corporate limits of (city) HOLSTEIN - 3515													
UNIT 1	Driver's Name - Last KUJALA				First DOUGLAS				Middle PAUL							
	Address 1429 QUINNESEC ST PO 177				City QUINNESEC				State MI	Zip 49876-9696						
	Date of Birth 11/21/1941		Driver's License Number K 240 149 676 891		CDL Yes <input type="radio"/> No <input type="radio"/>	Citation Charge 1 FAIL TO OBEY YIELD SIGN			Citation Charge 2							
	Male <input checked="" type="radio"/> Female <input type="radio"/>	State MI	Class E,CA	Endorsements N	Restrictions C. LENSES	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 KUJALA				First DOUGLAS				Middle PAUL							
	Address 1429 QUINNESEC ST PO 177				City QUINNESEC				State MI	Zip 49876-9696						
	License Plate No. RA82678	State MI	Year 2020	VIN: 1XP5DB9XXLD288448		Color WHI	Year 1990	Make PTRB	Model SEMI	Style CONVENTIONA						
	Trailer Plate No.	State	Year	VIN:		Tow 3	Tow # 2984731	Towed To IMPOUND	Approx. Cost to Repair or Replace \$20,000.00							
	Insurance Company Name AUTO-OWNERS				Insurance Co. Phone Number (515) 200-3753		Insurance Policy Number 4906136900									
Initial Travel Direction 03	Veh. Act. 01	Veh. Config. 13	Cargo Body Type 05	Veh. Defect 01	Point of Initial Impact 98	Most Damaged Area 16	Extent of Damage 4	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) 41		Driver Distractions 02	Speed Limit 55								
Traffic Controls 05	Horizontal Alignment 01	Vertical Alignment 01	SEQUENCE OF EVENTS	First Event 33	Second Event 98	Third Event	Fourth Event	Most Harmful Event 33								
COMMERCIAL	Carrier Name/Lessee SUPERIOR SPECIALIZED CARRIERS LLC															
	Street Address N3579 FOSTER CITY RD					City VULCAN			State MI	Zip Code 49892						
	Number of Axles 6		Gross Vehicle Weight Rating 3 - 26,001 LBS OR MORE			US DOT Number 2142757		MC Number		Underride/Override 1 - NONE						
	Haz Mat Involvement 02 - NO		Haz Mat Placard		Placard Number	Haz. Mat Released		Haz Mat Class								
	Trailer Plate: C544854		State MI	Year 2099	VIN 1R1F44827XK991075											
	Trailer Plate:		State	Year	VIN											
Converter Dolly 2 - NO DOLLY USED		Dolly Plate:		State	Plate Year	VIN										
PERSONS INVOLVED	DRIVER OF UNIT 1				Phone Number: (906) 396-2514			<input checked="" type="checkbox"/>	5	03	03	2	01	1	01	01
	Name				Phone Number			DOB:		Transported to: N/A						
	Address				Phone Number			DOB:		Transported by:						
	Name				Phone Number			DOB:		Transported to:						
	Address				Phone Number			DOB:		Transported by:						
	Name				Phone Number			DOB:		Transported to:						
	Address				Phone Number			DOB:		Transported by:						
	Name				Phone Number			DOB:		Transported to:						
	Address				Phone Number			DOB:		Transported by:						
	Name				Phone Number			DOB:		Transported to:						
Address				Phone Number			DOB:		Transported by:							

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Date of Accident 11/06/2019		Time of Accident 17:49 Hrs.		County IDA - 47		Accident occurred within corporate limits of (city) HOLSTEIN - 3515									
UNIT 2	Driver's Name - Last FISCHER					First LEROY			Middle AMOS						
	Address 423 E 4TH ST					City KINGSLEY			State IA	Zip 51028-0000					
	Date of Birth 05/08/1955		Driver's License Number 081WW7575		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 TX	Restrictions	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 LEROY FISCHER TRUCKING LLC					First			Middle						
	Address 423 E 4TH ST					City KINGSLEY			State IA	Zip 51028					
	License Plate No. SE5751		State IA	Year 2020	VIN: 1XP5DB9X8XD480361		Color BLU	Year 1999	Make PTRB	Model CONVENTIONAL	Style SEMI				
	Trailer Plate No.		State	Year	VIN:		Tow 3	Tow # 2984734	Towed To PRECISION TOWING		Approx. Cost to Repair or Replace \$80,000.00				
	Insurance Company Name GREAT WEST CASUALTY					Insurance Co. Phone Number (800) 228-8040		Insurance Policy Number GWL00321E							
Initial Travel Direction 02	Veh. Act. 01	Veh. Config. 13	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	Driver Condition 01	Vision Obscured 01	Contributing Circumstances Driver (up to two) 88		Driver Distractions 02	Speed Limit 55							
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							
COMMERCIAL															
Carrier Name/Lessee LEROY FISCHER TRUCKING															
Street Address 423 E 4TH ST					City KINGSLEY			State IA	Zip Code 51028						
Number of Axles 5		Gross Vehicle Weight Rating 3 - 26,001 LBS OR MORE			US DOT Number 2547587		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: 2803 DQ		State IA	Year 2020	VIN 1H4T04223KL017202											
Trailer Plate:		State	Year	VIN											
Converter Dolly 2 - NO DOLLY USED		Dolly Plate:	State	Plate Year	VIN										
PERSONS INJURED	DRIVER OF UNIT 2					Sex	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Ejection	Ejection Path	Trapped/extricated	Source of Transport	Died at scene/enroute
	Phone Number:					2	03	03	2	01	3	02	01		
	Transported to: MERCY ONE					Transported by: MERCY ONE AIR									
	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:					

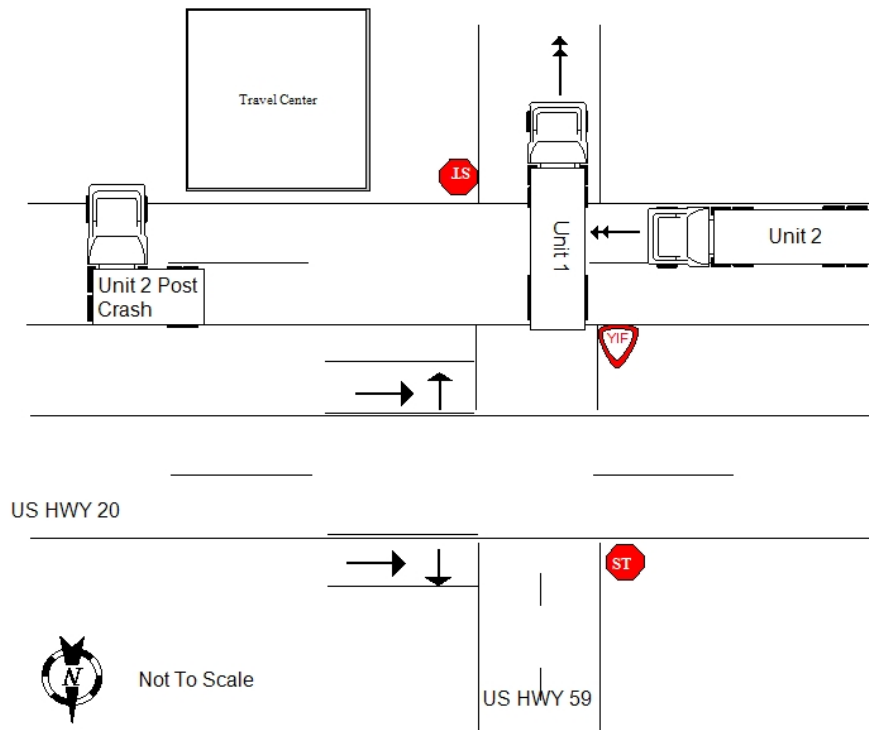
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Unit 2 was EB on US HWY 20 approaching the west intersection of US HWY 59. Unit 1 was SB on US Hwy 59 and proceeded to cross the EB lanes of HWY 20 to enter the Travel Center Parking lot. Unit 1 pulled into the path of Unit 2 causing a collision. The roadways were partially ice/snow covered but believed not to be a factor in the collision.