INVESTIGATING OFFICER'S REPORT

Sheet 1	of
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Form 4433003 (11-13) OF MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers: MAIL REPORTS TO: lowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2019030062 Date of Accident Time of Accident County Accident occurred within corporate limits of (city) 11/06/2019 17:49 IDA - 47 HOLSTEIN - 3515 Hrs. Driver's Name - Last First Middle KUJALA **DOUGLAS PAUL** N Address City State 1429 QUINNESEC ST PO 177 QUINNESEC 49876-9696 MI Date of Birth Driver's License Number CDL Citation Charge 1 Citation Charge 2 11/21/1941 K 240 149 676 891 **FAIL TO OBEY YIELD SIGN** 1 Yes No Class Endorsements Citation Charge 3 Citation Charge 4 Male Female State Restrictions C. LENSES E,CA N Test Results: Drug Test Given: Re-exam: Yes No Reason for Re-Exam Request: Alcohol Test Given: Test Result: \odot Owner's Name - Last First Middle **DOUGLAS PAUL KUJALA** Address State 1429 QUINNESEC ST PO 177 QUINNESEC ΜI 49876-9696 Make License Plate No. State Year VIN: Color Year Model RA82678 2020 1XP5DB9XXLD288448 WHI PTRB SEMI CONVENTIONA ΜI 1990 Trailer Plate No. VIN: State Year Tow Tow # Towed To Approx. Cost to Repair or Replace 2984731 **IMPOUND** \$20,000.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number **AUTO-OWNERS** (515) 200-3753 4906136900 Initial Travel Direction Veh. Act. Veh. Config. Cargo Body Type Veh. Defect Point of Initial Impact | Most Damaged Area | Extent of Damage Total Occ. in Veh. 01 13 05 01 98 16 **Emergency Status** Vision Obscured | Contributing Circumstances Driver (up to two) Special Veh. Func Bus Use **Driver Condition Driver Distractions** Speed Limit 01 02 55 Traffic Controls Horizontal Alignment | Vertical Alignment First Event Second Event Third Event Fourth Event Most Harmful Event SEQUENCE 05 01 01 OF EVENTS 33 98 33 Carrier Name/Lessee SUPERIOR SPECIALIZED CARRIERS LLC 0 Street Address City State Zip Code М N3579 FOSTER CITY RD **VULCAN** 49892 М Number of Axles Gross Vehicle Weight Rating US DOT Number MC Number Underride/Override Ε 3 - 26,001 LBS OR MORE 2142757 1 - NONE R Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name C 02 - NO ı Trailer Plate: VIN State Year Α C544854 2099 1R1F44827XK991075 ΜI Source of Transport Virbag Deployment L Trailer Plate: Seating Position State Year VIN Ejection Path njury Status Died at Converter Dolly Dolly Plate: State Plate Year VIN 2 - NO DOLLY USED Phone Number: (906) 396-2514 03 03 01 01 DRIVER OF UNIT 1 Transported to: Transported by: Ε N/A N/A R S Name Phone Number DOB: 0 Address Transported to: Transported by: N SN Name Phone Number DOB: Address Transported by: Transported to: ΝN JΙ Name Phone Number DOB: U T Address Transported to: Transported by: Ε D DOB: Name Phone Number Address Transported to: Transported by:

INVESTIGATING OFFICER'S REPORT

Sheet 2 of 4

Form 4433003 (11-13) OF MOTOR VEHICLE ACCIDENT Law Enforcement Case Numbers: MAIL REPORTS TO: lowa Department of Transportation, Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204 2019030062 Date of Accident Time of Accident County Accident occurred within corporate limits of (city) 11/06/2019 17:49 IDA - 47 HOLSTEIN - 3515 Hrs. Driver's Name - Last First Middle **FISCHER** LEROY AMOS Ν Address City State Zip 51028-0000 423 E 4TH ST KINGSLEY IA Date of Birth Driver's License Number CDL Citation Charge 1 Citation Charge 2 05/08/1955 081WW7575 2 Yes No Citation Charge 3 Citation Charge 4 Male Female State Class Endorsements Restrictions IΑ TX Re-exam: Yes No Reason for Re-Exam Request: Test Results: Drug Test Given: Test Result: Alcohol Test Given: \odot Owner's Name - Last First Middle LEROY FISCHER TRUCKING LLC Address City State Zip 423 E 4TH ST KINGSLEY 51028 Make License Plate No. State Year VIN: Color Year Model Style SE5751 2020 1XP5DB9X8XD480361 BLU PTRB CONVENTIONAL SEMI 1999 Trailer Plate No. State VIN: Year Tow Tow # Towed To approx. Cost to Repair or Replace 2984734 PRECISION TOWING \$80,000.00 Insurance Company Name Insurance Co. Phone Number Insurance Policy Number **GREAT WEST CASUALTY** (800) 228-8040 GWL00321E Initial Travel Direction Veh. Act. Veh. Config. Cargo Body Type Veh. Defect Point of Initial Impact | Most Damaged Area | Extent of Damage Total Occ. in Veh. 01 13 04 01 12 12 **Emergency Status** Bus Use **Driver Condition** Vision Obscured | Contributing Circumstances Driver (up to two) Special Veh. Func **Driver Distractions** Speed Limit 88 01 02 55 Traffic Controls Horizontal Alignment Vertical Alignment First Event Second Event Third Event Fourth Event Most Harmful Event SEQUENCE 01 01 01 OF EVENTS 33 33 Carrier Name/Lessee LEROY FISCHER TRUCKING 0 Street Address City State Zip Code М 423 E 4TH ST KINGSLEY 51028 M Number of Axles Gross Vehicle Weight Rating US DOT Number MC Number Underride/Override Ε 3 - 26,001 LBS OR MORE 2547587 1 - NONE R Haz Mat Involvement Haz Mat Placard Placard Number Haz. Mat Released Haz Mat Class Haz Mat Name C 02 - NO ı Trailer Plate: VIN State Year Α 2803 DQ 2020 1H4T04223KL017202 IΑ Source of Transport Deployment L Seating Position Trailer Plate: State Year VIN Status Ejection Path Died at Converter Dolly Dolly Plate: State Plate Year VIN 2 - NO DOLLY USED Phone Number: 03 03 01 01 DRIVER OF UNIT 2 Transported to: Transported by: Ε MERCY ONE MERCY ONE AIR R S Name Phone Number DOB: O N Address Transported to: Transported by: SN Name Phone Number DOB: Address Transported by: Transported to: ΝN JΙ Name Phone Number DOB: U T Address Transported to: Transported by: Ε D DOB: Name Phone Number Address Transported to: Transported by:

INVESTIGATING OFFICER'S REPORT OF

MOTOR VEHICLE ACCIDENT

METER Sheet 3 of 4

Law Enforcement Case Numbers:

Forr	m 4433003 (11-13)			MO	ror v	EHICL	ΕA	CCIDE	NT										cemen	t Cas	e Nur	nber	s:			
MAI	L REPORTS TO: lowa				office of D	river Servi	ces, F	P.O. Box 9					-4- E-	-14	c / _ ! s . :		20190	3006	52							
		Time of A	Accident Hrs.	County IDA - 47	,	Accident occurred within HOLSTEIN - 3515							ate III	nits o	r (city	′	Legal Private Property?									
ō	Literal Description	11.40	1113.	1571 47													County: Route:									
С	EB HWY 20/ HWY 59 W JUNCT.														47											
A	If accident occurred outside of N NE E SE S SW W NW														X Coordinate:											
_	city limits show general vicinity O O O O of nearest city														290816.625											
	On Road, Street or Highway: At Intersection with:														Y Coordinate: 4705644											
N	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact																									
	Note: Unless accid																If Divid	ded F	Highwa	av P	rovide	Rou	te			
		N NE		S SI				J,			IE E				-	, 0.	(Cardinal) Travel Direction									
	000000 and 00000											0		NB	NB SB				EB WB							
	Milepost	post Definable intersection,																								
	Number Or bridge, or railroad crossing																									
	ACCII	DENT EN	VIRONME	NT			R	OADWA'	Y CHAF	RACTERI	STICS					1										
Locati	on of First Harmful Eve	ent 01	Weather	Conditions	s (up to tv	vo) Majo	or Cor	ntributing C	Circumsta	ances Envii	ronment	01					æ				Contributing Circumstances					
Manner of Crash/Collision 05 01 Light Conditions 4 Surface Conditions					Road	dway					01					прас	sh)			nstai	t	onte				
Light (Conditions	4	Surface (Conditions	04	Туре	of R	oadway Ju	unction/F	eature		12		No.		Туре	r to ii	o cra		nent	Sircui	nspo	/enrc			
3					FRA	·						' Unit	ıtus	Non-Motorist Type	Location (prior to impact)	Action (prior to crash)	_	dinb	ing C	Source of Transport	Died at scene/enroute					
First	Harmful Event (Cra	sh) wo	RKZONE	Yes	No	Activity		cation	Type	Wor	kers Pr	resent		Struck by Unit No.	Injury Status	-Mot	ation	d) uc	Condition	Safety Equipment	tribut	ce o	ats			
		, ,,,	ATED?	Ö	\odot				.,,,,,				Sex	Struc	Injur	Non	Loca	Actic	Conc	Safe	Cont	Soul	Died			
	Name 001	·					Pho	ne Numb	er	•	DOB	3:														
										141 1 11							1.01			lai						
_	Address:									Alcohol	Test Gi	iven Te	st Re	sults:	Dru	g Te	est Give	en I	Result	Ch	arged	Yes	No			
MAIL REPORTS TO Date of Accid L 11/06/2019 O Literal Descrit EB HWY 20/ If accident or city limits sho On Road, Str O N Note: Unless location from Milepost Number Location of First Harm Manner of Crash/Colii Light Conditions First Harmful Even 33 N N MO Transported to N N MO Transported to N N MO Transported to N N MO Name R Address: T To Name R Address: T Transported to N N MO OWNer's Last V P E E Address H R I T T G Property otto N N M Address R G W Address R G Last Name T N Last Name E S Last Name S Last Name I Last Name S SELK L Name of Agency I N Signature of Office SELK L Name of Agency I N STATE PAT	Transported to:									Transpo	rted by	r:	•							<u> </u>		\cup				
	Name		Phone Numb			er		3:																		
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S	S Address:									Alcohol	Alcohol Test Given Test Results:				Dru	gle	est Give	st Given Res			arged	Yes	No			
Transported to:									Transpo	nsported by:											\cup	\cup				
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ΝP	If Property other th	an	Object D	•		-											Estimate of Damage									
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N O	STATE OF IOWA	e DOT															Pho	ne iv	lumbei							
											St	tate Z	ip Co	de			Was	s owr	ner or t	or tenant notified?						
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IT	If Property other th	an	Object Da	amaged															Est	timate of Damage						
			First Name					Middle Nam				lamo				Phone Number										
_	Owner's Last Harr							101	iladic 14a	Juio Name					Frione Number											
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Y O N 💽					T							11/06/2019					11/07/2019									
-						Badge Number Time Officer No							Roadway Clearance Time					24.00								
						351 17:52 Date of Report Time Officer A					cene		20:16 Hrs. Total Roadway Clearance					21:00 H					[ime			
	A STATE PATROL	- DIST 05	i			11/06/2019 18:16				Hrs.		002:2		uy C	. ioui a		027:08									
Report Reviewed By						of Revie	w			ade at sce		T.I. No. Othe					nical	Invest	tigati	ng Ag	ency					
Haac	k, K				11/1	2/2019		Υ ()	и ()																

Sheet 4 of 4

Form 4433003 (11-13)

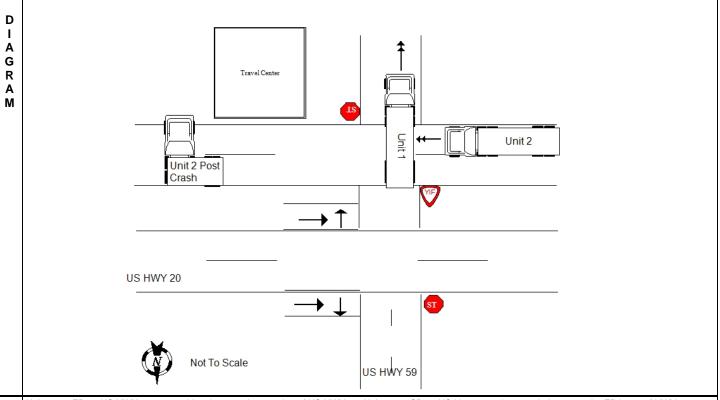
ARRATIVE

INVESTIGATING OFFICER'S REPORT OF MOTOR VEHICLE ACCIDENT

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



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.