

6TL09B7DC5

20-00940

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-00940</b>		Investigating Officer/Deputy <b>DEPUTY A. MEEKER</b>	
Crash Date <b>01/25/2020</b>		Crash Time <b>09:05 AM</b>		Date Arrived <b>01/25/2020</b>		Time Arrived <b>09:05 AM</b>	
Date Notified <b>01/25/2020</b>		Time Notified <b>09:05 AM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input checked="" type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	
						<input type="checkbox"/> Secondary Crash	

## Description

<p>Diagram</p> <p>Drawing not to scale</p> <p>Churchill rd</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT #1 WAS TRAVELING EAST BOUND ON CHURCHILL RD WHILE UNIT 2 WAS TRAVELING WEST BOUND. UNIT #1 LOST CONTROL ON THE SNOW COVERED ROAD AND STRUCK THE END OF THE TRAILER BEING TOWED BY UNIT #2. UNIT #2 CAME TO REST IN THE NORTH SIDE DITCH WITH DISABLING DAMAGE. UNIT #1 WAS TOWED BY STEVE'S TOWING SERVICE. UNIT #2 HAD MINOR DAMAGE TO THE TRAILER AND WAS REMOVED BY OPERATOR. UNIT #1 CITED FOR FAILURE TO KEEP VEHICLE UNDER CONTROL.

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## Location

ON CHURCHILL RD 0.49 MI W OF CTHF EB IN THE TOWN OF WINFIELD IN SAUK COUNTY	Latitude <b>43.576728123</b>	Longitude <b>-90.009640033</b>
	X Coordinate <b>256990.296875</b>	Y Coordinate <b>4829264.5</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>06 - SIDESWIPE/OPPOSITE DIRECTION</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH</b>		ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY, SNOW</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

## Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>				Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>01</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>45</b>	Total Lanes <b>02</b>		
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>HILLCREST</b>		
	Truck Bus or HazMat <b>NO</b>						
	UNIT 01 VEHICLE 01	<b>Vehicle</b>					
		License Plate Number <b>739ZAH</b>		Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>JTDJT923985200378</b>		Make <b>TOYOTA</b>	Year <b>2008</b>	Model <b>YARIS</b>			
Color <b>WHI - WHITE</b>		Body Style <b>HB - HATCHBACK</b>		Bus Use			
Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage					
Extent Of Damage <b>DISABLING DAMAGE</b>		<b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>					

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>STEVES AUTO SERVICE</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>FAILURE TO CONTROL</b>			
01	Owner Name <b>DANIEL L JANECHCK</b>		Owner Address <b>S1655 HEIDRICH RD LAVALLE, WI 53941 , US</b>	
	<b>Sequence Of Events</b>			
01	Event	<b>MOTOR VEH IN TRANSPORT</b>		
	Event	<b>DITCH</b>		
	Event			
	Event			
01	<b>Policy Holder</b>			
	Insurance Company <b>WISCONSIN-AUTOMOBILE-INS-PLAN</b>		Individual <b>DANIEL JANECHCK</b>	
01	<b>Individual</b>			
	Driver <b>TAYLOR NICOLE JANECHCK</b>		Citations Issued <b>01</b>	Sex <b>FEMALE</b>
	Date of Birth		Race <b>WHITE</b>	
	Address <b>S1655 HEIDRICH RD LA VALLE, WI 53941 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Helmet Use		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Eye Protection		Helmet Compliance	
01	Injury		Airbag	
	Injury Severity <b>NO APPARENT INJURY</b>		<b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT TRAPPED</b>			
01	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	
	Hospital		EMS Run #	
	Date of Death		Time of Death	
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
01	Distracted By Action <b>NOT DISTRACTED</b>			

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UNIT INDIVIDUAL	01	001	<b>Non Motorist</b>		Striking Unit #	Location	
			Prior Action				
			Action				
	Action Other					To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results		
	Drug Type						
	Individual Condition <b>APPEARED NORMAL</b>						
	<b>Violations</b>						
01		UTC Number <b>BB341073</b>	Issue To? <b>001</b>	Statute Number <b>346.57(2)</b>	Description <b>FAILURE TO KEEP VEHICLE UNDER CONTROL</b>		

## Unit Summary

UNIT	02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>		
		Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>					Operating As Endorsements	
		Total Occs <b>02</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>1</b>	Total HazMat Types <b>0</b>		
		Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>02</b>		
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
		Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>		
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>HILLCREST</b>		
		Truck Bus or HazMat <b>NO</b>						
		<b>Vehicle</b>						
		02	02	License Plate Number <b>MS1782</b>		Plate Type <b>LTK - LIGHT TRUCK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number <b>1FT7X2B63CEA41091</b>				Make <b>FORD</b>	Year <b>2012</b>	Model <b>F250</b>		
Color <b>WHI - WHITE</b>				Body Style <b>PK - PICKUP</b>		Bus Use		
Initial Contact Point <b>00 - NON-COLLISION</b>								

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UNIT	VEHICLE	Vehicle Damage	
		Extent Of Damage <b>NO DAMAGE</b>	<b>00 - NO DAMAGE</b>
		Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	
		Owner Name <b>FRANK A VOGEL</b>	Owner Address <b>1606 JEFFERSON ST HOLSTEIN, WI 53061 , US</b>
		<b>Sequence Of Events</b>	
UNIT	VEHICLE	Event <b>MOTOR VEH IN TRANSPORT</b>	
		Event	
		Event	
		Event	
UNIT	VEHICLE	<b>Policy Holder</b>	
		Insurance Company <b>PROGRESSIVE-UNIVERSAL-INSURANCE-COMP</b>	
UNIT	VEHICLE	Individual <b>FRANK VOGEL</b>	
		<b>Trailer/Towed</b>	
UNIT	TRAILER/	Trailer Plate # <b>FR13649</b>	
		Plate Type <b>TRL - TRAI</b>	
UNIT	TRAILER/	Make <b>UNK</b>	
		State <b>WI</b>	
UNIT	TRAILER/	Country of Issuance <b>UNITED STATES</b>	
		Unit Type <b>UTILITY TRAILER</b>	
UNIT	TRAILER/	Individual <b>FRANK A VOGEL</b>	
		Address <b>1606 JEFFERSON ST HOLSTEIN, WI 53061 , US</b>	
UNIT	TRAILER/	Vehicle Identification Number <b>81TGM210009652</b>	
UNIT	INDIVIDUAL	<b>Individual</b>	
		Driver <b>PETER JON VOGEL (920) 973-0487</b>	
		Citations Issued <b>0</b>	
		Sex <b>MALE</b>	
UNIT	INDIVIDUAL	Date of Birth	
		Race <b>WHITE</b>	
		Address <b>18622 COUNTY ROAD X KIEL, WI 53042 , US</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	
		On Duty Crash	
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
		Row <b>01 - FRONT ROW</b>	
UNIT	INDIVIDUAL	Seat Position <b>07 - LEFT</b>	
		Helmet Use	
		Helmet Compliance	
		Eye Protection	
UNIT	INDIVIDUAL	Tint Compliance	

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02	002	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>			
			Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
			Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
			Hospital		Date of Death		Time of Death	
			<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
			Distracted By Action <b>NOT DISTRACTED</b>					
			<b>Non Motorist</b>		Striking Unit #		Location	
			Prior Action					
			Action					
			Action Other					
02	002	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>			
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
			Drug Type					
			Individual Condition <b>APPEARED NORMAL</b>					
			<b>Individual</b>					
			Passenger <b>MICHAEL G BINVERSIE</b> <b>(920) 901-9936</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
					Date of Birth		Race <b>WHITE</b>	
			Address <b>11703 RUST RD</b> <b>NEWTON, WI 53063 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
			02	003	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>
<b>Safety Equipment</b>		On Duty Crash				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>						
Helmet Use		Helmet Compliance						
Eye Protection		Tint Compliance						

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UNIT	INDIVIDUAL
02	003