

20-10104

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

Document Number Override		Primary Crash Document #		Agency Crash Number 20-10104		Investigating Officer/Deputy DEPUTY B. ZIBELL	
Crash Date 08/15/2020		Crash Time 06:08 AM		Date Arrived 08/15/2020		Time Arrived 06:17 AM	
Date Notified 08/15/2020		Time Notified 06:12 AM		Total Units 01		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input checked="" type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO	Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

ON STH78 NB 10 FT W OF MATTSO RD IN THE TOWN OF MERRIMAC IN SAUK COUNTY	Latitude 43.37295474	Longitude -89.6603033	Lat/LongSource TLT/ILT	Access Control
	X Coordinate 284474.625	Y Coordinate 4805669.5	On Roadway Link ID# 4558546	On Roadway Link Offset 10
	Override <input type="checkbox"/>	Tribal Land		Structure Type NO STRUCTURE

First Harmful Event MAILBOX		First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT		Light Condition DAWN	
Road Surface Condition(s) DRY		Environment Factor(s) NONE	
Roadway Factor(s) NONE		Weather Condition(s) FOG	
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	

01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type STRAIGHT TRUCK (INSERT TRUCK)				Operating As Endorsements	
UNIT	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With CULVERT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
01	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR					

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UNIT 01 INDIVIDUAL	Role DRIVER		Citations Issued 1		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name MUNOZ		First Name JUAN		Middle Initial CARLOS		Suffix JR	
	Street Address 5730 HIGHLAND WAY		Street Address 2		PO Box 101			
	City MIDDLETON		State WI		Zip Code 53562		Country of Residence UNITED STATES	
	DOB	Sex M	Race H	Hair BLACK	Eyes BROWN	Height 505	Weight 240	Phone Number (608) 513-6249 EXT.
	Driver's License Number		State WI		License Jurisdiction STATE		Country of Issuance UNITED STATES	
	License Type NON-CDL DRIVER'S LICENSE		License Status VALID LICENSE		DL Expire Year 2026			
	Equipment	On Duty Accident		Safety Equipment				
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
UNIT 01 INDIVIDUAL	Injury	Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED				
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED			
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #			
	Hospital		Date of Death		Time of Death			
	Non Motorist	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action UNKNOWN							
	Distracted By Source		Action Other					
	Drug & Alcoh	Individual Condition APPEARED NORMAL						
	Suspected Alcohol Use NO		Suspected Drug Use NO					
Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test Results		
Drug Test Given TEST NOT GIVEN		Drug Test Type				Drug Test Results		
Drug Type								
UNIT 02 INDIVIDUAL	Role PASSENGER		Citations Issued 0		<input type="checkbox"/> Use Driver Address		Individual Type INDIVIDUAL	
	Last Name GIESE ELSING		First Name SHYENNE		Middle Initial LIBBIE		Suffix	
	Street Address 765 CENTER RD		Street Address 2		PO Box			
	City STOUGHTON		State WI		Zip Code 53589		Country of Residence UNITED STATES	

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UNIT
INDIVIDUALUNIT
INDIVIDUAL

02

UNIT
INDIVIDUAL

DOB	Sex F	Race W	Hair BLOND	Eyes BLUE	Height 508	Weight 180	Phone Number (608) 480-0109 EXT.
Driver's License Number			State WI	License Jurisdiction STATE		Country of Issuance UNITED STATES	
License Type NON-CDL DRIVER'S LICENSE			License Status VALID LICENSE			DL Expire Year	
Equipment	On Duty Accident		Safety Equipment				
Row 01 - FRONT ROW	Seat Position 09 - RIGHT		SHOULDER & LAP BELT				
Helmet Use			Helmet Compliance				
Eye Protection			Tint Compliance				
Injury	Injury Severity SUSPECTED MINOR INJURY		Airbag NON DEPLOYED				
Ejected NOT EJECTED			Ejection Path NOT EJECTED/NOT APPLICA		Trapped/Extricated NOT TRAPPED		
Medical Transport EMS GROUND			EMS Agency Identifier 6000555		EMS Run #		
Hospital SAUK PRAIRIE HOSP			Date of Death		Time of Death		
Non Motorist	Striking Unit #		Location		To/From School		
Prior Action			Action				
Distracted By Action							
Distracted By Source			Action Other				
Drug & Alcoh	Individual Condition APPEARED NORMAL						
Suspected Alcohol Use NO			Suspected Drug Use NO				
Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type				Alcohol Test Results	
Drug Test Given TEST NOT GIVEN		Drug Test Type				Drug Test Results	
Drug Type							
License Plate Number GD81765			Plate Type HTK - HEAVY TRUCK		St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 5PVNJ8JT6L5S59657					Year 2020	Make HINO	
Model 258/268			Body Style TK - TRUCK			Color BLU - BLUE	
Initial Contact Point 12 - FRONT							

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UNIT VEHICLE	01	Vehicle Damage		01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
		Extent Of Damage DISABLING DAMAGE		Vehicle Factors			
		Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		BODY, DOORS, TIRES, WHEELS, WINDOWS /WIND SHIELD			
		Vehicle Removed By BLYSTONES TOWING					
	What Driver Was Doing GOING STRAIGHT		Driver Prior Action Other		Bus Use		
	Driver Actions UNKNOWN						
	<input type="checkbox"/> Vehicle Owner Same As Operator			<input type="checkbox"/> Use Operator Address			
	Organization Type ORGANIZATION/COMPANY		Company Name MJB LLC				
	Last Name		First Name		Middle	Suffix	Date of Birth
	Street Address 5004 TRADEWINDS PKWY		Street Address2		PO Box		
City MADISON		St WI	Zip Code 53718		Country of Residence UNITED STATES		
Telephone Number (608) 370-9310 EXT.							
01	01	Event MAILBOX					
	02	Event CULVERT					
	03	Event					
	04	Event					
UNIT HOL	01	UTC Number BF694129	Issue To? 001	Statute Number 346.89(1)	Description INATTENTIVE DRIVING		
	01	Insurance Company OLD-REPUBLIC-INS-CO		<input checked="" type="checkbox"/> Policy Holder Same As Owner		<input type="checkbox"/> Policy Holder Same As Driver	
	Organization Type ORGANIZATION/COMPA		Last Name		First Name		Policy Holder Company MJB LLC
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER				
UNIT TRUCK BUS	01	US DOT # 2881058		Carrier Name MJB LLC			
		Carrier Address 5004 TRADEWINDS PKWY		Carrier Address 2		Carrier PO Box Number	
		City MADISON		State WI	Zip Code 53718	Country of Residence UNITED STATES	
		GVWR 10,001-26,000 LBS		Vehicle Configuration SINGLE-UNIT TRUCK (2-AXLE		Cargo Body Type VAN/ENCLOSED BOX	
	Carrier Type INTRASTATE CARRIER		Permitted Load NOT APPLICABLE				
	<input type="checkbox"/> OS/OW Load		WI Permit Number		<input type="checkbox"/> Permitted Vehicle On Permitted Route		
	<input type="checkbox"/> Escort Vehicle Required By Permit		<input type="checkbox"/> Escort Vehicle Present				
	Measured Height		Measured Length		Measured Width		Measured Weight

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Property Owner

PROP OWNER 01	Individual TIMOTHY G HEALY (608) 493-2687	Address E13287 STATE ROAD 78-113 MERRIMAC, WI 53561 , US

Fixed Objects Struck

01	Striking Unit 01	Struck Object MAILBOX	Structure Number	Damage Tag Number
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Property Owner

PROP OWNER 02	Organization/Company ALLIANT ENERGY	Address 4902 N BILTMORE MADISON, WI 53707 1077, US

Fixed Objects Struck

02	Striking Unit 01	Struck Object UTILITY POLE	Structure Number	Damage Tag Number
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Description

Diagram

Reconstruction By

Photos By
B. ZIBELL

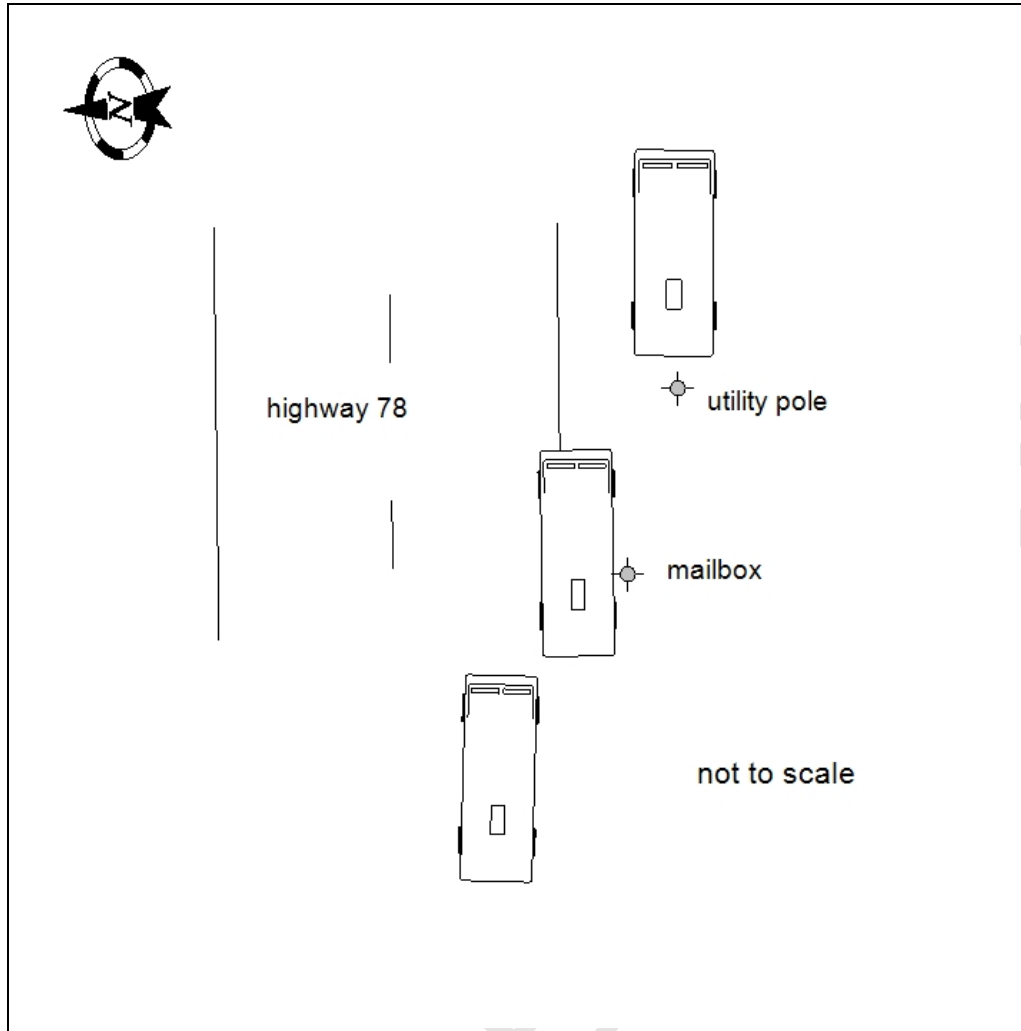
Additional Information

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highway 78

utility pole

mailbox

not to scale

PHOTOS

ON 08/15/2020 UNIT 1 WAS TRAVELING EAST BOUND ON HIGHWAY 78. UNIT 1 DRIVER CLAIMED HE FELL ASLEEP. UNIT 1 DROVE INTO A MAILBOX ON THE SOUTH SIDE OF THE ROAD. UNIT 1 CONTINUED DRIVING EASTBOUND IN THE SOUTH DITCH STRIKING A CULVER. UNIT 1 CONTINUED TRAVELING IN THE SOUTH DITCH AND STRUCK A UTILITY POLE. UNIT 1 TRAVELED 434 FT IN THE DITCH AND CAME TO REST STILL FACING EASTBOUND

Signature

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

Law Enforcement Agency

Agency Space				
Officer Rank DEP	Officer Last Name ZIBELL	Officer First Name BLAKE	Officer Middle Name S	Suffix
DOT Officer ID 9187		DNR Officer ID	Officer Badge Number 9187	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction SAUK		Law Enforcement Agency type COUNTY SHERIFF	
Law Enforcement Agency Name SAUK COUNTY SHERIFFS DEPTMEN		TAS Agency Name SAUK COUNTY SHERIFF		
Law Enforcement Agency Street Address 1300 LANGE COURT		Law Enforcement Agency Street Address2		
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement Agency Zip Code 53913		

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Law Enforcement Agency Phone Number (608) 356-4895 EXT.	ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205
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